

2020

# Agents' First Look

Medicare Advantage Plans



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## A Message from Mike Polen

Thank you for your interest in representing WellCare Health Plans. We appreciate your commitment to the Medicare beneficiaries you serve, and we work hard to provide you with quality plans that care for your clients' entire well-being.

Our quality Medicare Advantage and Part D Prescription Drug Plans give you affordable options you can feel good about representing to your Medicare beneficiaries. We've also invested time and resources to give you best-in-industry agent tools, which make it easier and faster for you to process applications and grow your business.

The Agents' First Look provides an overview of WellCare, how we support you, benefits to your Medicare beneficiaries, and 2020 county/plan information. As we continue to grow our footprint through prescription drug and market expansion, we are going back to the basics of what white-glove service truly means. We are re-evaluating all facets of our business to ensure the right foundation is in place to support our agent, member and provider partners.

**THANK YOU** for all you do to support the Medicare beneficiaries and WellCare members in your community.



Michael Polen  
Executive Vice President  
Medicare and Operations

## Our Promise to Your Clients

Agents like you are the local market faces of WellCare's commitment to the health and well-being of our Medicare beneficiaries. It's important that you represent plans you can believe in. You can feel good about presenting WellCare to your clients.

WellCare's promise is to support the beneficiary's well-being in every area of life – physically, socially and emotionally.

- Our Medicare Advantage plans offer coverage beyond basic Medicare and include prescription drug coverage, dental, hearing, vision and fitness, and more.
- When beneficiaries need extra support for things like quitting smoking, losing weight or dealing with depression, WellCare connects them to programs that can help.
- Our plans have predictable costs, low deductibles and co-pays, and caps on out-of-pocket spending. Your clients will find it is affordable to visit the doctor, prevent illness, and manage chronic conditions. WellCare's Medicare Part D Prescription Drug Plans offer affordable coverage on the prescription medications your clients need to help them live a healthier life.



**Hi, I'm Your WellBeing.**

**I represent how good your clients can feel when they have support from WellCare.**

## Introducing Your WellBeing

In our 2020 Medicare marketing, you'll see the renewed commitment we make to help your clients in every area of their lives – physically, emotionally and socially. Our brand icon, known as "Your WellBeing," represents this commitment, because when all areas of your clients' lives are supported, their well-being thrives.



## Resources and Support for Agent Success

We offer the following resources to make it easier for you to grow your business as you present our products to Medicare beneficiaries.

### Tools for Success

- **Personalized Non-Agent Assisted Enrollment URL** – When Medicare beneficiaries use your personalized URL to enroll in a WellCare plan, you get commissions for the non-agent-assisted enrollment.
- **Online Agent Connect Portal** – Online portal allows you to check the status of applications, monitor your book of business, view commission statements and communicate with WellCare.
- **Electronic Enrollment Platform** – Submit enrollment applications anytime, online or offline, from your desktop computer or mobile/tablet device.
- **Paper Application Fax Confirmation** – We offer a personal bar code sheet that will track your faxed paper applications and email you a confirmation within minutes of submission.
- **Online Provider and Formulary Directories** – Easy access to formularies and our provider network.
- **Real-Time Local Market Support** – Local offices with district sales managers, sales assistants and marketing outreach specialists offer you real-time support.



**Weekly Advanced Commission** – receive up-front commissions shortly after applications are processed and approved. No waiting for monthly payments!

## Resources for a Better Medicare Beneficiary Experience

### Face-to-Face Orientation Sessions

Education on how you can help with members' transition to a new plan, including using ancillary benefits, billing, coverage, pre-approvals, transportation, public assistance and more. Sessions are hosted by WellCare associates at regional sales offices or other convenient locations.

### Community Connections Help Line

Toll-free line to connect members and beneficiaries with social service needs: 1-866-775-2192.

### Case Managers

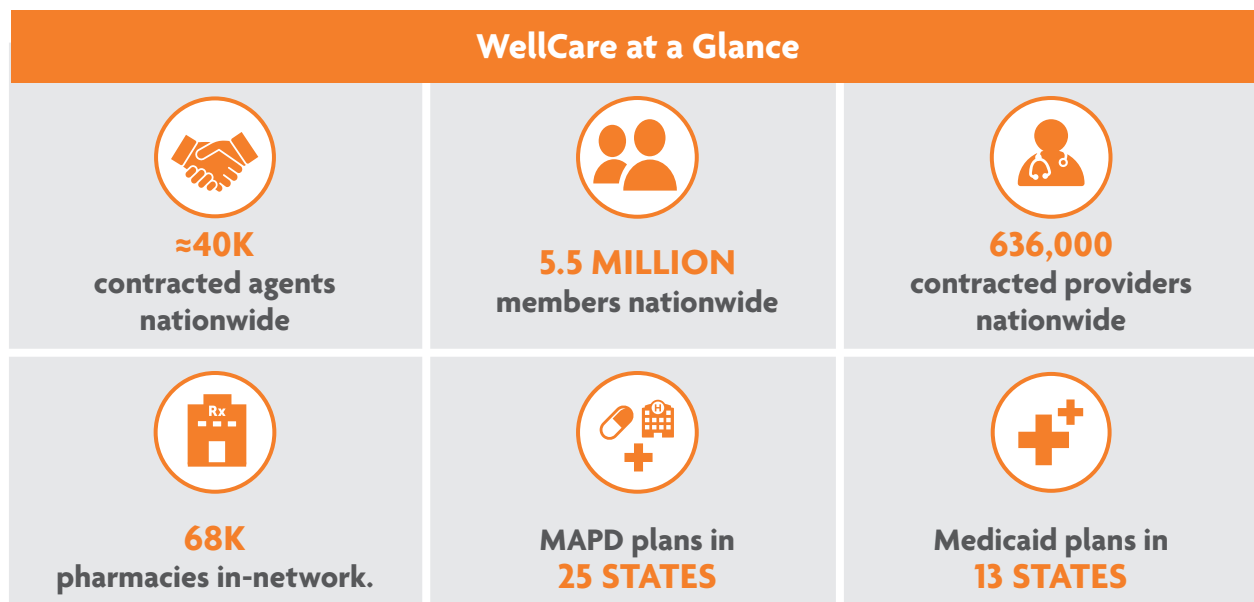
Registered Nurses assigned to close member care gaps and develop personalized care plans.

### Valued Member Retention Efforts

- Dedicated member retention team that is solely focused on keeping your members happy and enrolled in our plans.
- Lifetime Renewals – Receive renewal payments every month if the Medicare beneficiary you enrolled remains active in the plan.

### Coverage for Medicare Beneficiaries

- Predictable Costs – Our plans have no or low monthly premiums, annual deductibles and co-pays on primary care, specialist visits, preventive care and prescription drugs.
- Dependable Networks – 636k contracted healthcare providers and 68k pharmacies.
- Prescription Drug Expansion – Part D Prescription Drug plans in all 50 states and Washington D.C.





## Part D Prescription Drug Growth

- 2 basic alternative plans; 4 enhanced plans including multiple low premium products.
- 1.6M new PDP members nationwide.



## Part A and B Medicare Advantage Growth

- Expanding into Indiana, Michigan, Missouri, New Hampshire, Ohio, and Washington for Medicare Advantage
- 68 new plans
- 87 new counties
- 38 Plans with a \$0 cost

## 2020 Benefits and Features

### Our Network

- WellCare's provider network includes a variety of exceptional doctors, hospitals and specialists. Primary Care Providers (PCPs) serve as a 'medical home' for our members and coordinate their care with specialists.

### Help with Health Challenges

- Community-based teams offer support to members who have chronic conditions or who have been hospitalized, including House Call in-home visits. These teams can help coordinate doctor visits, educate members about everyday healthy behaviors, and offer extra care and support.

### More Stars in More Markets

- Our resource investments and efforts are moving us in a good direction, and WellCare PY 2019 Star rating improved from 3.43 to 3.57 overall. This success provides access to enhanced quality bonuses that will be reinvested into additional benefits and programs for our members.
- We thank our agent partners for providing quality support to members and driving completion of the HRA, which directly impacts improvement to our star scores.

## Rx for Good Health

- 90-day supply of medications
- Members pay \$0 for a 90-day supply of medicine on Tiers 1 and 2 from CVS Caremark Medication Home Delivery. For tiers 3 & 4, members will only be responsible for a 2-month retail co-pay for a 90-day supply of medication.

Grid with tiered amounts	
Tier 1: Preferred Generic	\$0 copay
Tier 2: Generic	\$0 copay
Tier 3: Preferred Brand	2 x 30-day retail copay
Tier 4: Non-Preferred Drug	2 x 30-day retail copay (when applicable)
Tier 5: Specialty Tier	Coinsurance applies, limited to 30-day supplies

## Secure Member Portal

- Through the secure member portal, members have direct access to online tools/information related to their health plan:
  - » Order a new member ID card
  - » Monitor claim status and provider authorizations
  - » View prescription order status
  - » Search medication costs
  - » Pay plan premiums
  - » And more!

## Supplemental Benefits

- New in 2020 some plans offer a Flex Card benefit that helps to cover out of pocket expenses for ancillary services like dental, vision and hearing. The Flex Card is a prepaid debit card that may be used to pay providers that accepts VISA.
- Some plans will offer benefits like alternative therapies for pain management including medically necessary acupuncture, massage and chiropractic services.
- Also, some states will offer: Fitness trackers and streaming exercise classes available on certain plans.
- Additional OTC items available and more order method flexibility (phone or web) for select plans with the debit card Over-the-counter benefit.



### You can feel good representing WellCare to your clients.

**Our Medicare Advantage plans offer affordable coverage and valuable benefits in one package with the extra help your Medicare beneficiaries need to meet the challenges in their daily lives.**

Learn more about the specific benefits available in your markets on the following pages.

# ALABAMA



## At a Glance:\*

- 36,000 Medicare PDP members
- 510 Primary care providers
- 1,317 Specialists
- 19 Hospitals



# ALABAMA

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Value (HMO) H6975001000</b>	\$0 premium plan \$0 Tier 1 Drugs



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Value (HMO) H6975001000
<b>Counties</b>	Sumter
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700
<b>Inpatient Hospital - Acute</b>	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$10
<b>Specialist Office Visits</b>	\$40
<b>Over-the-Counter Items</b>	\$50 Every Three Months
<b>Medically Necessary Transportation</b>	N/A
<b>Fitness Membership</b>	N/A
<b>Dental Benefits</b>	Medicare Only
<b>Vision Benefits</b>	Medicare Only
<b>Hearing Benefits</b>	Medicare Only
<b>Rx Deductible</b>	\$250
<b>Deductible Tiers</b>	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$10
<b>Tier 3: Preferred Brand</b>	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$99
<b>Tier 5: Specialty Tier</b>	28%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$15

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# ARKANSAS



## At a Glance:\*

- 17,000 Medicare Advantage members
- 30,000 Medicare PDP members
- 1,435 Primary care providers
- 6,000 Specialists
- 70 Hospitals



# ARKANSAS

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Dividend (HMO)</b> <b>H1416064000</b>	\$60/mth giveback of the Part B premium for up to \$720
<b>WellCare Preferred (HMO)</b> <b>H1416055000</b>	\$0 premium plan \$0 Tier 1 Drugs
<b>WellCare Rx (HMO)</b> <b>H1416041000</b>	Flexible Spending card \$500 for Dental Vision and Hearing Services, \$0 PCP
<b>WellCare Liberty (HMO-POS SNP)</b> <b>H1416043000</b>	New POS for network flexibility on select services Flexible Spending card \$1000 for Dental Vision and Hearing Services Dental \$1500/year In home Support Services \$200 each quarter for up to \$800/year OTC
<b>WellCare Access (HMO-POS SNP)</b> <b>H1416033000</b>	New POS for network flexibility of select services Flex Card (\$750) for Dental Vision and Hearing Services \$75 each quarter for up to \$300/year OTC In home Support Services



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Dividend (HMO) H1416064000	WellCare Preferred (HMO) H1416055000
<b>Counties</b>	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell
<b>Premium Part B Giveback</b>	<b>\$60</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>	<b>\$6,000</b>
<b>Inpatient Hospital - Acute</b>	<b>\$475 co-pay per day for Days 1-4 \$0 co-pay per day for Days 5-90.</b>	<b>\$350 co-pay per day for Days 1-4 \$0 co-pay per day for Days 5-90.</b>
<b>PCP Office Visits</b>	<b>\$5</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$50</b>	<b>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$35 Every Three Months</b>	<b>\$100 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 500</b>	<b>Dental 1000</b>
<b>Vision Benefits</b>	<b>Vision 100</b>	<b>Vision 300</b>
<b>Hearing Benefits</b>	<b>\$699/\$999 (2 Aids)</b>	<b>\$699/\$999 (2 Aids)</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>\$1</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$10</b>	<b>\$8</b>
<b>Tier 3: Preferred Brand</b>	<b>\$40</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>\$99</b>	<b>\$99</b>
<b>Tier 5: Specialty Tier</b>	<b>33%</b>	<b>33%</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>

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Plan Benefits	WellCare Rx (HMO) H1416041000
<b>Counties</b>	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell
<b>Premium Part B Giveback</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$13.10</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>
<b>Inpatient Hospital - Acute</b>	<b>\$310 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$80 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>20 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 1000</b>
<b>Vision Benefits</b>	<b>Vision 100</b>
<b>Hearing Benefits</b>	<b>\$699/\$999 (2 Aids)</b>
<b>Rx Deductible</b>	<b>\$435</b>
<b>Deductible Tiers</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$20</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>50%</b>
<b>Tier 5: Specialty Tier</b>	<b>25%</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>

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Plan Benefits	WellCare Liberty (HMO-POS D-SNP) H1416043000	WellCare Access (HMO-POS D-SNP) H1416033000
<b>Counties</b>	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, IZard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, IZard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)*</b>	<b>\$0</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,400</b>	<b>\$3,400</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 co-pay up to 90 days per admission.</b>	<b>\$0 co-pay up to 90 days per admission.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Over-the-Counter Items</b>	<b>\$200 Every Three Months</b>	<b>\$75 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>48 One-way trips Every Year</b>	<b>36 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 1500</b>	<b>Dental 750</b>
<b>Vision Benefits</b>	<b>Vision 350</b>	<b>Vision 300</b>
<b>Hearing Benefits</b>	<b>Hearing 1000 (2 Aids)</b>	<b>Hearing 350 (2 Aids)</b>
<b>Rx Deductible*</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>Tiers 2 to 5</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>

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Plan Benefits	WellCare Premier (PPO) H0270001000 In-Network	WellCare Premier (PPO) H0270001000 Out-Network
<b>Counties</b>	Pulaski, White	Pulaski, White
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	N/A
<b>Inpatient Hospital - Acute</b>	\$285 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	50% coinsurance per day for Days 1-90.
<b>PCP Office Visits</b>	\$0	50%
<b>Specialist Office Visits</b>	\$45	50%
<b>Over-the-Counter Items</b>	\$50 Every Three Months	\$50 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 500 INN	PPO Dental 500 OON
<b>Vision Benefits</b>	PPO Vision 100 INN	PPO Vision 100 OON 50%
<b>Hearing Benefits</b>	\$699/\$999 (2 Aids) INN	\$699/\$999 (2 Aids) OON
<b>Rx Deductible</b>	\$150	\$150
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$7	\$7
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$99	\$99
<b>Tier 5: Specialty Tier</b>	30%	30%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$80	50%

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Plan Benefits	WellCare Advance (HMO-POS) H1416058000	WellCare Value (HMO-POS) H1416032000
<b>Counties</b>	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, IZard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, IZard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell
<b>Premium Part B Giveback</b>	<b>\$40</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>	<b>\$30</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$4,500</b>	<b>\$6,700</b>
<b>Inpatient Hospital - Acute</b>	<b>\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>	<b>\$295 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$35</b>	<b>\$25</b>
<b>Over-the-Counter Items</b>	<b>\$75 Every Three Months</b>	<b>\$60 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>24 One-way trips Every Year</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 1000</b>	<b>Dental 500</b>
<b>Vision Benefits</b>	<b>Vision 200</b>	<b>Vision 100</b>
<b>Hearing Benefits</b>	<b>Hearing 500</b>	<b>\$699/\$999 (2 Aids)</b>
<b>Rx Deductible</b>	<b>N/A</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>N/A</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>N/A</b>	<b>\$10</b>
<b>Tier 3: Preferred Brand</b>	<b>N/A</b>	<b>\$40</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>N/A</b>	<b>\$99</b>
<b>Tier 5: Specialty Tier</b>	<b>N/A</b>	<b>33%</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>

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# ARIZONA



## At a Glance.\*

- 4,000 Medicare Advantage members
- 27,000 Medicare PDP members
- 3,447 Primary care providers
- 30,633 Specialists
- 72 Hospitals



# ARIZONA

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Dividend (HMO) H6439004000</b>	\$900 yr giveback Rolling OTC
<b>WellCare Compass (HMO) H6439003000</b>	Rolling OTC Rich OTC Rich vision
<b>WellCare Liberty (HMO SNP) H5430001000</b>	Increased TRN 36 trips Rich Dental Rich OTC 24 visits Alt Therapy



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Dividend (HMO) H6439004000	WellCare Compass (HMO) H6439003000
<b>Counties</b>	Maricopa, Pima, Pinal, Yavapai	Maricopa, Pima, Pinal, Yavapai
<b>Premium Part B Giveback</b>	\$75	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$12
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$375 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$175 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$5	\$0
<b>Specialist Office Visits</b>	\$40	\$25
<b>Over-the-Counter Items</b>	\$50 Every Three Months	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	6 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Preventive Plus	Dental 1000
<b>Vision Benefits</b>	Vision 100	Vision 300
<b>Hearing Benefits</b>	Hearing 500 (2 Aids)	Hearing 750 (2 Aids)
<b>Rx Deductible</b>	\$200	\$435
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$2
<b>Tier 2: Generic</b>	\$15	\$18
<b>Tier 3: Preferred Brand</b>	\$45	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%	50%
<b>Tier 5: Specialty Tier</b>	29%	25%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Liberty (HMO D-SNP) H5430001000
<b>Counties</b>	Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, Yavapai
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$150 Every Three Months
<b>Medically Necessary Transportation</b>	36 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 2000
<b>Vision Benefits</b>	Care1st Vision 350
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%”</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Value (HMO) H6439002000
<b>Counties</b>	Maricopa, Pima, Pinal, Yavapai
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$200 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$35
<b>Over-the-Counter Items</b>	\$75 Every Three Months
<b>Medically Necessary Transportation</b>	6 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 500
<b>Vision Benefits</b>	Vision 200
<b>Hearing Benefits</b>	Hearing 500 (2 Aids)
<b>Rx Deductible</b>	\$0
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$15
<b>Tier 3: Preferred Brand</b>	\$45
<b>Tier 4: Non-Preferred Drug</b>	\$100
<b>Tier 5: Specialty Tier</b>	33%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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# CALIFORNIA



## At a Glance:\*

- 33,000 Medicare Advantage members
- 137,000 Medicare PDP members
- 3,794 Primary care providers
- 19,324 Specialists
- 118 Hospitals



# CALIFORNIA

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Dividend (HMO)</b> <b>H5087025000</b>	\$1380 yr giveback Rich Dental Rolling OTC
<b>WellCare Best (HMO)</b> <b>H5087005000</b>	Rich Dental Rolling OTC In-home support
<b>WellCare Best (HMO)</b> <b>H5087024000</b>	Rich Dental Rolling OTC In-home support



**Here are more details about the  
WellCare portfolio this year.**

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above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Dividend (HMO) H5087025000	WellCare Best (HMO) H5087005000
<b>Counties</b>	Los Angeles, Orange, Riverside, San Bernardino, Ventura	Los Angeles, Orange
<b>Premium Part B Giveback</b>	\$115	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$2,500
<b>Inpatient Hospital - Acute</b>	\$125 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$5	\$0
<b>Over-the-Counter Items</b>	\$25 Every Month	\$35 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year	Unlimited One-way trips every year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	CA Dental	CA Dental
<b>Vision Benefits</b>	Vision 100	Vision 200
<b>Hearing Benefits</b>	Hearing 1000	Hearing 1000
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$0
<b>Tier 3: Preferred Brand</b>	\$47	\$33
<b>Tier 4: Non-Preferred Drug</b>	\$99	\$99
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Best (HMO) H5087024000	WellCare Plus (HMO) H5087017000
<b>Counties</b>	Ventura	Los Angeles
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$2,500	\$2,500
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.	\$800 co-pay per day for Days 1-3 \$0 co-pay per day for Days 4-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$0
<b>Over-the-Counter Items</b>	\$35 Every Month	\$65 Every Month
<b>Medically Necessary Transportation</b>	Unlimited One-way trips every year	Unlimited One-way trips every year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	CA Dental	CA Dental
<b>Vision Benefits</b>	Vision 200	Vision 350
<b>Hearing Benefits</b>	Hearing 1000	Hearing 2000
<b>Rx Deductible</b>	\$0	\$435
<b>Deductible Tiers</b>	N/A	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$0	\$20
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$99	50%
<b>Tier 5: Specialty Tier</b>	33%	25%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Plus (HMO) H5087002000	WellCare Best (HMO) H5087016000
<b>Counties</b>	Orange, Riverside, San Bernardino, Ventura	Riverside, San Bernardino
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$2,500	\$2,500
<b>Inpatient Hospital - Acute</b>	\$800 co-pay per day for Days 1-3 \$0 co-pay per day for Days 4-90.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$0
<b>Over-the-Counter Items</b>	\$65 Every Month	\$55 Every Month
<b>Medically Necessary Transportation</b>	Unlimited One-way trips every year	Unlimited One-way trips every year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	CA Dental	CA Dental
<b>Vision Benefits</b>	Vision 350	Vision 350
<b>Hearing Benefits</b>	Hearing 2000	Hearing 2000
<b>Rx Deductible</b>	\$435	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$20	\$8
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%	\$99
<b>Tier 5: Specialty Tier</b>	25%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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# CONNECTICUT



## At a Glance:\*

- 8,000 Medicare Advantage members
- 18,000 Medicare PDP members
- 1,785 Primary care providers
- 9,337 Specialists
- 46 Hospitals



# CONNECTICUT

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<p><b>WellCare Premier (PPO) H1914001000</b></p>	<p>\$0 Premium Out of Network coverage Dental Vision, Hearing OTC Meals for post-acute/chronic condition Nursing hotline Personal Emerg Response System</p>
<p><b>WellCare Freedom (HMO SNP) H0712029000</b></p>	<p>Full SNP OTC (\$150 quarterly) Dental (\$1500) Vision Hearing Transportation Health Club membership Nursing hotline Personal Emerg Response System</p>



**Here are more details about the  
WellCare portfolio this year.**

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above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Premier (PPO) H1914001000 In-Network	WellCare Premier (PPO) H1914001000 Out-Of-Network
<b>Counties</b>	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$5,000	N/A
<b>Inpatient Hospital - Acute</b>	\$325 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	30% coinsurance per day for Days 1-90.
<b>PCP Office Visits</b>	\$0	\$20
<b>Specialist Office Visits</b>	\$40	\$50
<b>Over-the-Counter Items</b>	\$20 Every Month	\$20 Every Month
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 1000 INN	PPO Dental 1000 OON
<b>Vision Benefits</b>	PPO Vision 100 INN	PPO Vision 100 OON 30%
<b>Hearing Benefits</b>	Medicare Only	Medicare Only
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$15	\$15
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	45%	45%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	30%
<b>X-Ray Services</b>	\$15	30%

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Plan Benefits	WellCare Freedom (HMO D-SNP) H0712029000
<b>Counties</b>	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$150 Every Three Months
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 1500
<b>Vision Benefits</b>	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Compass (HMO-POS) H0712020000
<b>Counties</b>	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$10.20
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$5,000
<b>Inpatient Hospital - Acute</b>	\$375 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$35
<b>Over-the-Counter Items</b>	\$35 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 750
<b>Vision Benefits</b>	Vision 200
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)
<b>Rx Deductible</b>	\$435
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	\$6
<b>Tier 2: Generic</b>	\$19
<b>Tier 3: Preferred Brand</b>	\$47
<b>Tier 4: Non-Preferred Drug</b>	50%
<b>Tier 5: Specialty Tier</b>	25%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Access (HMO D-SNP) H0712005000
<b>Counties</b>	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$25 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 1000
<b>Vision Benefits</b>	Vision 200
<b>Hearing Benefits</b>	Hearing 1000
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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# FLORIDA



## At a Glance:\*

- 103,000 Medicare Advantage members
- 65,000 Medicare PDP members
- 6,082 Primary care providers
- 31,456 Specialists
- 222 Hospitals



# FLORIDA

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Premier (PPO)</b> <b>H5199008000</b>	Most OON benefits match IN cost shares \$5 PCP copay \$500 dental allowance
<b>WellCare Prime (PPO)</b> <b>H5199013000</b>	Most OON benefits match IN cost shares \$2500 IN MOOP \$0 PCP Copay \$1000 dental allowance
<b>WellCare Dividend Prime (HMO)</b> <b>H1032204000</b>	\$960 per year back \$3400 MOOP \$750 dental allowance
<b>WellCare Elite (HMO)</b> <b>H1032205000</b>	\$3400 MOOP \$1000 dental allowance High quarterly rolling OTC allowance
<b>WellCare Premier (PPO)</b> <b>H5199008000</b>	Most OON benefits match IN cost shares \$5 PCP copay \$500 dental allowance
<b>WellCare Prime (PPO)</b> <b>H5199013000</b>	Most OON benefits match IN cost shares \$2500 IN MOOP \$0 PCP Copay \$1000 dental allowance
<b>WellCare Guardian (HMO SNP)</b> <b>H1032225000</b>	Insulins on tier 3 for \$10 \$3400 MOOP \$1000 dental allowance High quarterly rolling OTC allowance
<b>WellCare Premier (PPO)</b> <b>H5199008000</b>	Most OON benefits match IN cost shares \$5 PCP copay \$500 dental allowance
<b>WellCare Prime (PPO)</b> <b>H5199013000</b>	Most OON benefits match IN cost shares \$2500 IN MOOP \$0 PCP Copay \$1000 dental allowance



PLAN	Key Selling Features
<b>WellCare Dividend Prime (HMO)</b> <b>H1032195000</b>	\$1320 per year back High monthly rolling OTC allowance \$1000 dental allowance
<b>WellCare Elite (HMO)</b> <b>H1032196000</b>	\$2500 MOOP \$0 Inpatient Hospital High monthly rolling OTC allowance \$1500 dental allowance
<b>WellCare Premier (PPO)</b> <b>H5199012000</b>	Most OON benefits match IN cost shares \$0 PCP copay \$1000 dental allowance \$3400 IN MOOP
<b>WellCare Prime (PPO)</b> <b>H5199010000</b>	Most OON benefits match IN cost shares \$2000 IN MOOP \$0 PCP Copay \$1000 dental allowance
<b>WellCare Champion (HMO SNP)</b> <b>H1032228000</b>	\$1320 per year back Insulins on tier 3 for \$10 High monthly rolling OTC allowance \$1000 dental allowance
<b>WellCare Guardian (HMO SNP)</b> <b>H1032226000</b>	Insulins on tier 3 for \$10 \$2500 MOOP \$0 Inpatient Hospital \$1500 dental allowance
<b>WellCare Reserve (HMO SNP)</b> <b>H1032197000</b>	\$2000 dental allowance High monthly rolling OTC allowance \$1000 hearing aid allowance per year
<b>WellCare Dividend Prime (HMO)</b> <b>H1032210000</b>	\$1080 per year back \$3400 MOOP High monthly rolling OTC allowance
<b>WellCare Elite (HMO)</b> <b>H1032211000</b>	\$3000 MOOP \$1000 dental allowance Low inpatient hospital copay



PLAN	Key Selling Features
<b>WellCare Premier (PPO)</b> <b>H5199012000</b>	Most OON benefits match IN cost shares \$0 PCP copay \$1000 dental allowance \$3400 IN MOOP
<b>WellCare Prime (PPO)</b> <b>H5199010000</b>	Most OON benefits match IN cost shares \$2000 IN MOOP \$0 PCP Copay \$1000 dental allowance
<b>WellCare Dividend (HMO)</b> <b>H1032040000</b>	\$1572 per year back \$1000 MOOP \$0 Inpatient Hospital \$0 Specialist
<b>WellCare Guardian (HMO SNP)</b> <b>H1032186000</b>	\$1572 per year back Insulins on tier 3 for \$10 \$1000 dental allowance \$0 Inpatient Hospital \$0 Specialist
<b>WellCare Liberty (HMO SNP)</b> <b>H1032176000</b>	\$5000 dental allowance \$350 vision allowance High monthly OTC allowance
<b>WellCare Dividend Prime (HMO)</b> <b>H1032215000</b>	\$1140 per year back High quarterly rolling OTC allowance \$3400 MOOP
<b>WellCare Elite (HMO)</b> <b>H1032216000</b>	\$3400 MOOP Low Inpatient hospital copay High monthly rolling OTC allowance Low Rx copays
<b>WellCare Premier (PPO)</b> <b>H5199012000</b>	Most OON benefits match IN cost shares \$0 PCP copay \$1000 dental allowance \$3400 IN MOOP
<b>WellCare Prime (PPO)</b> <b>H5199010000</b>	Most OON benefits match IN cost shares \$2000 IN MOOP \$0 PCP Copay \$1000 dental allowance
<b>WellCare Reserve (HMO SNP)</b> <b>H1032217000</b>	\$0 Inpatient Hospital \$0 specialist \$1000 dental allowance High monthly rolling OTC allowance



PLAN	Key Selling Features
<b>WellCare Dividend Prime (HMO)</b> <b>H1032193000</b>	\$960 per year back \$3400 MOOP \$750 dental allowance High monthly rolling OTC allowance
<b>WellCare Elite (HMO)</b> <b>H1032194000</b>	\$3400 MOOP \$1000 dental allowance Low inpatient hospital copays \$0 tier 1 and 2 rx copay
<b>WellCare Premier (PPO)</b> <b>H5199008000</b>	Most OON benefits match IN cost shares \$5 PCP copay \$500 dental allowance
<b>WellCare Prime (PPO)</b> <b>H5199013000</b>	Most OON benefits match IN cost shares \$2500 IN MOOP \$0 PCP Copay \$1000 dental allowance
<b>WellCare Reserve (HMO SNP)</b> <b>H1032206000</b>	\$2000 dental allowance \$350 vision allowance High monthly rolling OTC allowance
<b>WellCare Dividend Prime (HMO)</b> <b>H1032198000</b>	\$900 per year back High monthly rolling OTC allowance \$3400 MOOP
<b>WellCare Elite (HMO)</b> <b>H1032199000</b>	\$3400 MOOP \$15 specialist copay \$1000 dental allowance \$0 tier 1 and 2 rx copay
<b>WellCare Premier (PPO)</b> <b>H5199012000</b>	Most OON benefits match IN cost shares \$0 PCP copay \$1000 dental allowance \$3400 IN MOOP
<b>WellCare Prime (PPO)</b> <b>H5199010000</b>	Most OON benefits match IN cost shares \$2000 IN MOOP \$0 PCP Copay \$1000 dental allowance
<b>WellCare Liberty (HMO SNP)</b> <b>H1032175000</b>	\$3000 dental allowance \$300 vision allowance High monthly OTC allowance



PLAN	Key Selling Features
<b>WellCare Dividend Prime (HMO)</b> <b>H1032212000</b>	\$1200 per year back \$3400 MOOP High quarterly rolling OTC allowance
<b>WellCare Elite (HMO)</b> <b>H1032213000</b>	\$3400 MOOP \$1000 dental allowance \$300 vision allowance Low Inpatient hospital copay
<b>WellCare Premier (PPO)</b> <b>H5199012000</b>	Most OON benefits match IN cost shares \$0 PCP copay \$1000 dental allowance \$3400 IN MOOP
<b>WellCare Prime (PPO)</b> <b>H5199010000</b>	Most OON benefits match IN cost shares \$2000 IN MOOP \$0 PCP Copay \$1000 dental allowance
<b>WellCare Champion (HMO SNP)</b> <b>H1032227000</b>	\$1200 per year back Insulins on tier 3 for \$10 \$3400 MOOP High quarterly rolling OTC allowance
<b>WellCare Guardian (HMO SNP)</b> <b>H1032224000</b>	Insulins on tier 3 for \$10 \$3400 MOOP \$1000 dental allowance \$300 vision allowance
<b>WellCare Reserve (HMO SNP)</b> <b>H1032214000</b>	\$1500 dental allowance High monthly rolling OTC allowance \$0 Inpatient hospital
<b>WellCare Dividend Prime (HMO)</b> <b>H1032200000</b>	\$1572 per year back \$3400 MOOP High monthly rolling OTC allowance
<b>WellCare Elite (HMO)</b> <b>H1032201000</b>	\$3400 MOOP \$1500 dental allowance \$0 tier 1 and 2 rx copay \$5 specialist copay



PLAN	Key Selling Features
<b>WellCare Premier (PPO) H5199012000</b>	Most OON benefits match IN cost shares \$0 PCP copay \$1000 dental allowance \$3400 IN MOOP
<b>WellCare Prime (PPO) H5199010000</b>	Most OON benefits match IN cost shares \$2000 IN MOOP \$0 PCP Copay \$1000 dental allowance
<b>WellCare Champion (HMO SNP) H1032203000</b>	\$1572 per year back Insulins on tier 3 for \$10 High monthly rolling OTC allowance
<b>WellCare Guardian (HMO SNP) H1032184000</b>	Insulins on tier 3 for \$10 \$1500 dental allowance \$300 vision allowance \$5 specialist copay
<b>WellCare Reserve (HMO SNP) H1032202000</b>	\$2000 dental allowance High monthly rolling OTC allowance \$0 inpatient hospital



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Dividend Prime (HMO) H1032189000	WellCare Elite (HMO) H1032190000
<b>Counties</b>	Alachua, Bradford, Levy, Union	Alachua, Bradford, Levy, Union
<b>Premium Part B Giveback</b>	\$40	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	\$3,400
<b>Inpatient Hospital - Acute</b>	\$275 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$225 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$35	\$25
<b>Over-the-Counter Items</b>	\$20 Every Month	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	6 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Preventive Plus	Dental 500
<b>Vision Benefits</b>	Vision 100	Vision 200
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$7
<b>Tier 3: Preferred Brand</b>	\$47	\$45
<b>Tier 4: Non-Preferred Drug</b>	46%	48%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Premier (PPO) H5199008000 In-Network	WellCare Premier (PPO) H5199008000 Out-Of-Network
<b>Counties</b>	Baker, Columbia, Dixie, Gilchrist, Alachua, Bradford, Brevard, Clay, Duval, Flagler, Hamilton, Indian River, Lake, Leon, Levy, Marion, Putnam, Sumter, Union, Volusia	Baker, Columbia, Dixie, Gilchrist, Alachua, Bradford, Brevard, Clay, Duval, Flagler, Hamilton, Indian River, Lake, Leon, Levy, Marion, Putnam, Sumter, Union, Volusia
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,000	N/A
<b>Inpatient Hospital - Acute</b>	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$5	\$5
<b>Specialist Office Visits</b>	\$40	\$40
<b>Over-the-Counter Items</b>	\$40 Every Three Months	\$40 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 500 INN	PPO Dental 500 OON
<b>Vision Benefits</b>	PPO Vision 200 INN	PPO Vision 200 OON
<b>Hearing Benefits</b>	PPO Hearing 1000 (2 Aids) INN	PPO Hearing 1000 (2 Aids) OON
<b>Rx Deductible</b>	\$175	\$175
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$12	\$12
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	29%	29%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$20	\$20

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Plan Benefits	WellCare Prime (PPO) H5199013000 In-Network	WellCare Prime (PPO) H5199013000 Out-Of-Network
<b>Counties</b>	Alachua, Baker, Bradford, Brevard, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Indian River, Lake, Leon, Levy, Marion, Putnam, Sumter, Union, Volusia	Alachua, Baker, Bradford, Brevard, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Indian River, Lake, Leon, Levy, Marion, Putnam, Sumter, Union, Volusia
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$90	\$90
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$2,500	N/A
<b>Inpatient Hospital - Acute</b>	\$200 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$200 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$25	\$25
<b>Over-the-Counter Items</b>	\$75 Every Three Months	\$75 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 1000 INN	PPO Dental 1000 OON
<b>Vision Benefits</b>	PPO Vision 200 INN	PPO Vision 200 OON
<b>Hearing Benefits</b>	PPO Hearing 1000 (2 Aids) INN	PPO Hearing 1000 (2 Aids) OON
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$9	\$9
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Dividend Prime (HMO) H1032195000	WellCare Elite (HMO) H1032196000
<b>Counties</b>	Broward	Broward
<b>Premium Part B Giveback</b>	\$110	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$2,500
<b>Inpatient Hospital - Acute</b>	\$200 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$40	\$5
<b>Over-the-Counter Items</b>	\$100 Every Month	\$100 Every Month
<b>Medically Necessary Transportation</b>	40 One-way trips Every Year	60 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 1000	Dental 1500
<b>Vision Benefits</b>	Vision 100	Vision 200
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$0
<b>Tier 3: Preferred Brand</b>	\$40	\$35
<b>Tier 4: Non-Preferred Drug</b>	\$90	\$75
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Premier (PPO) H5199012000 In-Network	WellCare Premier (PPO) H5199012000 Out-Of-Network
<b>Counties</b>	Broward, Charlotte, Citrus, DeSoto, Hardee, Hernando, Hillsborough, Lee, Manatee, Martin, Orange, Osceola, Palm Beach, Pasco, Polk, Sarasota, Seminole, St. Lucie	Broward, Charlotte, Citrus, DeSoto, Hardee, Hernando, Hillsborough, Lee, Manatee, Martin, Orange, Osceola, Palm Beach, Pasco, Polk, Sarasota, Seminole, St. Lucie
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	N/A
<b>Inpatient Hospital - Acute</b>	\$275 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$275 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$35	\$35
<b>Over-the-Counter Items</b>	\$60 Every Three Months	\$60 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 1000 INN	PPO Dental 1000 OON
<b>Vision Benefits</b>	PPO Vision 200 INN	PPO Vision 200 OON
<b>Hearing Benefits</b>	PPO Hearing 1000 (2 Aids) INN	PPO Hearing 1000 (2 Aids) OON
<b>Rx Deductible</b>	\$100	\$100
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$5	\$5
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	31%	31%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$20	\$20

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Plan Benefits	WellCare Prime (PPO) H5199010000 In-Network	WellCare Prime (PPO) H5199010000 Out-Of-Network
<b>Counties</b>	Broward, Charlotte, Citrus, DeSoto, Hardee, Hernando, Hillsborough, Lee, Manatee, Martin, Orange, Osceola, Palm Beach, Pasco, Polk, Sarasota, Seminole, St. Lucie	Broward, Charlotte, Citrus, DeSoto, Hardee, Hernando, Hillsborough, Lee, Manatee, Martin, Orange, Osceola, Palm Beach, Pasco, Polk, Sarasota, Seminole, St. Lucie
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$75	\$75
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$2,000	N/A
<b>Inpatient Hospital - Acute</b>	\$125 co-pay per day for Days 1-10 \$0 co-pay per day for Days 11-90.	\$125 co-pay per day for Days 1-10 \$0 co-pay per day for Days 11-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$20	\$20
<b>Over-the-Counter Items</b>	\$75 Every Three Months	\$75 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 1000 INN	PPO Dental 1000 OON
<b>Vision Benefits</b>	PPO Vision 300 INN	PPO Vision 300 OON
<b>Hearing Benefits</b>	PPO Hearing 1000 (2 Aids) INN	PPO Hearing 1000 (2 Aids) OON
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$9	\$9
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Champion (HMO C-SNP) H1032228000	WellCare Guardian (HMO C-SNP) H1032226000
<b>Counties</b>	Broward	Broward
<b>Premium Part B Giveback</b>	\$110	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$2,500
<b>Inpatient Hospital - Acute</b>	\$200 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$40	\$5
<b>Over-the-Counter Items</b>	\$100 Every Month	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	40 One-way trips Every Year	60 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 1000	Dental 1500
<b>Vision Benefits</b>	Vision 100	Vision 200
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$0	\$0
<b>Tier 3: Preferred Brand</b>	\$10	\$10
<b>Tier 4: Non-Preferred Drug</b>	\$80	\$75
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Reserve (HMO D-SNP) H1032197000
<b>Counties</b>	Broward
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$22.50
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$100 Every Month
<b>Medically Necessary Transportation</b>	60 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 2000
<b>Vision Benefits</b>	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$435
<b>Deductible Tiers</b>	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tiers 1 to 2 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Premier (PPO) H5199007000 In-Network	WellCare Premier (PPO) H5199007000 Out-Of Network
<b>Counties</b>	Glades, Hendry, Highlands, Okeechobee	Glades, Hendry, Highlands, Okeechobee
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$5,000	N/A
<b>Inpatient Hospital - Acute</b>	\$290 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$290 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$5	\$5
<b>Specialist Office Visits</b>	\$35	\$35
<b>Over-the-Counter Items</b>	\$75 Every Three Months	\$75 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 500 INN	PPO Dental 500 OON
<b>Vision Benefits</b>	PPO Vision 200 INN	PPO Vision 200 OON
<b>Hearing Benefits</b>	PPO Hearing 500 INN	PPO Hearing 500 OON
<b>Rx Deductible</b>	\$150	\$150
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$10
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	30%	30%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$10	\$10

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Plan Benefits	WellCare Dividend Prime (HMO) H1032204000	WellCare Elite (HMO) H1032205000
<b>Counties</b>	Duval, Flagler, St. Johns	Duval, Flagler, St. Johns
<b>Premium Part B Giveback</b>	\$80	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$150 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$40	\$20
<b>Over-the-Counter Items</b>	\$40 Every Month	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	48 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 750	Dental 1000
<b>Vision Benefits</b>	Vision 200	Vision 200
<b>Hearing Benefits</b>	Hearing 500 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$0
<b>Tier 3: Preferred Brand</b>	\$45	\$35
<b>Tier 4: Non-Preferred Drug</b>	46%	47%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Guardian (HMO C-SNP) H1032225000
<b>Counties</b>	Duval
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$150 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$20
<b>Over-the-Counter Items</b>	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	48 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 1000
<b>Vision Benefits</b>	Vision 200
<b>Hearing Benefits</b>	Hearing 1000
<b>Rx Deductible</b>	\$0
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$0
<b>Tier 3: Preferred Brand</b>	\$10
<b>Tier 4: Non-Preferred Drug</b>	\$75
<b>Tier 5: Specialty Tier</b>	33%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Dividend Prime (HMO) H1032191000	WellCare Elite (HMO) H1032192000
<b>Counties</b>	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Liberty, Okaloosa, Santa Rosa, Walton, Washington	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Liberty, Okaloosa, Santa Rosa, Walton, Washington
<b>Premium Part B Giveback</b>	\$55	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$400 co-pay per day for Days 1-4 \$0 co-pay per day for Days 5-90.	\$250 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$35	\$25
<b>Over-the-Counter Items</b>	\$20 Every Month	\$75 Every Three Months
<b>Medically Necessary Transportation</b>	6 One-way trips Every Year	6 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 500	Dental 1000
<b>Vision Benefits</b>	Vision 100	Vision 200
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$10
<b>Tier 3: Preferred Brand</b>	\$47	\$45
<b>Tier 4: Non-Preferred Drug</b>	\$100	48%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Dividend Prime (HMO) H1032209000	WellCare Elite (HMO) H1032218000
<b>Counties</b>	Jefferson, Leon, Madison, Wakulla	Jefferson, Leon, Madison, Wakulla
<b>Premium Part B Giveback</b>	\$30	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	\$6,700
<b>Inpatient Hospital - Acute</b>	\$450 co-pay per day for Days 1-4 \$0 co-pay per day for Days 5-90.	\$375 co-pay per day for Days 1-4 \$0 co-pay per day for Days 5-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$50	\$40
<b>Over-the-Counter Items</b>	\$60 Every Month	\$45 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 500	Dental 500
<b>Vision Benefits</b>	Vision 100	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$5	\$10
<b>Tier 3: Preferred Brand</b>	\$45	\$45
<b>Tier 4: Non-Preferred Drug</b>	46%	\$99
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Dividend Prime (HMO) H1032210000	WellCare Elite (HMO) H1032211000
<b>Counties</b>	Martin, St. Lucie	Martin, St. Lucie
<b>Premium Part B Giveback</b>	\$90	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,000
<b>Inpatient Hospital - Acute</b>	\$275 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$95 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$40	\$25
<b>Over-the-Counter Items</b>	\$55 Every Month	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	6 One-way trips Every Year	30 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 500	Dental 1000
<b>Vision Benefits</b>	Vision 100	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$0
<b>Tier 3: Preferred Brand</b>	\$40	\$35
<b>Tier 4: Non-Preferred Drug</b>	\$90	\$75
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Dividend (HMO) H1032040000
<b>Counties</b>	Miami-Dade
<b>Premium Part B Giveback</b>	\$131
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$1,000
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$60 Every Month
<b>Medically Necessary Transportation</b>	Unlimited One-way trips every year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 1500
<b>Vision Benefits</b>	Vision 300
<b>Hearing Benefits</b>	Hearing 1000
<b>Rx Deductible</b>	\$0
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$0
<b>Tier 3: Preferred Brand</b>	\$25
<b>Tier 4: Non-Preferred Drug</b>	\$50
<b>Tier 5: Specialty Tier</b>	33%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Guardian (HMO C-SNP) H1032186000	WellCare Liberty (HMO D-SNP) H1032176000
<b>Counties</b>	Miami-Dade	Miami-Dade
<b>Premium Part B Giveback</b>	\$131	\$0
<b>Total Premium (Part C Part D)*</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$0
<b>Over-the-Counter Items</b>	\$60 Every Month	\$150 Every Month
<b>Medically Necessary Transportation</b>	60 One-way trips Every Year	60 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 1000	Dental 5000
<b>Vision Benefits</b>	Vision 200	Vision 350
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	\$0	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	\$0	
<b>Tier 3: Preferred Brand</b>	\$10	
<b>Tier 4: Non-Preferred Drug</b>	\$50	
<b>Tier 5: Specialty Tier</b>	33%	
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Reserve (HMO D-SNP) H1032206000	WellCare Access (HMO D-SNP) H1032170000
<b>Counties</b>	Miami-Dade	Miami-Dade
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)*</b>	\$24.50	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$0
<b>Over-the-Counter Items</b>	\$100 Every Month	\$150 Every Month
<b>Medically Necessary Transportation</b>	60 One-way trips Every Year	60 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 2000	Dental 3000
<b>Vision Benefits</b>	Vision 350	Vision 300
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$435	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Liberty (HMO D-SNP) H1032175000	WellCare Select (HMO D-SNP) H1032061000
<b>Counties</b>	Alachua, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, DeSoto, Duval, Escambia, Flagler, Franklin, Gadsden, Glades, Gulf, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jefferson, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Union, Volusia, Wakulla, Walton, Washington	Broward, Hernando, Hillsborough, Martin, Miami-Dade, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, St. Lucie
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)*</b>	<b>\$0</b>	<b>\$23.50</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,400</b>	<b>\$3,400</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 co-pay up to 90 days per admission.</b>	<b>\$95 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>	<b>\$10</b>
<b>Over-the-Counter Items</b>	<b>\$150 Every Month</b>	<b>\$50 Every Month</b>
<b>Medically Necessary Transportation</b>	<b>Unlimited One-way trips every year</b>	<b>60 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 3000</b>	<b>Dental 750</b>
<b>Vision Benefits</b>	<b>Vision 300</b>	<b>Vision 200</b>
<b>Hearing Benefits</b>	<b>Hearing 1000 (2 Aids)</b>	<b>Hearing 1000 (2 Aids)</b>
<b>Rx Deductible*</b>	<b>\$0</b>	<b>\$435</b>
<b>Deductible Tiers</b>	<b>Tiers 2 to 5</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>

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Plan Benefits	WellCare Access (HMO D-SNP) H1032124000	WellCare Select (HMO D-SNP) H1032182000
<b>Counties</b>	Alachua, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, DeSoto, Duval, Escambia, Flagler, Franklin, Gadsden, Glades, Gulf, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jefferson, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Union, Volusia, Wakulla, Walton, Washington	Alachua, Bay, Bradford, Brevard, Calhoun, Charlotte, Clay, DeSoto, Duval, Escambia, Flagler, Franklin, Gadsden, Glades, Gulf, Hardee, Hendry, Highlands, Holmes, Indian River, Jefferson, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Okaloosa, Okeechobee, Santa Rosa, Sarasota, St. Johns, Sumter, Union, Volusia Wakulla, Walton, Washington
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)*</b>	<b>\$0</b>	<b>\$21.80</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,400</b>	<b>\$3,400</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 co-pay up to 90 days per admission.</b>	<b>\$195 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>	<b>\$10</b>
<b>Over-the-Counter Items</b>	<b>\$150 Every Month</b>	<b>\$35 Every Month</b>
<b>Medically Necessary Transportation</b>	<b>60 One-way trips Every Year</b>	<b>60 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 2000</b>	<b>Dental 500</b>
<b>Vision Benefits</b>	<b>Vision 300</b>	<b>Vision 200</b>
<b>Hearing Benefits</b>	<b>Hearing 1000 (2 Aids)</b>	<b>Hearing 1000 (2 Aids)</b>
<b>Rx Deductible*</b>	<b>\$0</b>	<b>\$435</b>
<b>Deductible Tiers</b>	<b>Tiers 2 to 5</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>

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Plan Benefits	WellCare Dividend Prime (HMO) H1032212000	WellCare Elite (HMO) H1032213000
<b>Counties</b>	Orange, Osceola, Seminole	Orange, Osceola, Seminole
<b>Premium Part B Giveback</b>	\$100	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$225 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.	\$50 co-pay per day for Days 1-10 \$0 co-pay per day for Days 11-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$30	\$15
<b>Over-the-Counter Items</b>	\$75 Every Three Months	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	6 One-way trips Every Year	10 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 500	Dental 1000
<b>Vision Benefits</b>	Vision 100	Vision 300
<b>Hearing Benefits</b>	Hearing 500	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$5	\$0
<b>Tier 3: Preferred Brand</b>	\$35	\$35
<b>Tier 4: Non-Preferred Drug</b>	\$95	\$75
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Champion (HMO C-SNP) H1032227000	WellCare Guardian (HMO C-SNP) H1032224000
<b>Counties</b>	Orange, Seminole	Orange, Seminole
<b>Premium Part B Giveback</b>	\$100	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$225 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.	\$50 co-pay per day for Days 1-10 \$0 co-pay per day for Days 11-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$30	\$15
<b>Over-the-Counter Items</b>	\$75 Every Three Months	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	6 One-way trips Every Year	10 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 500	Dental 1000
<b>Vision Benefits</b>	Vision 100	Vision 300
<b>Hearing Benefits</b>	Hearing 500	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$5	\$0
<b>Tier 3: Preferred Brand</b>	\$10	\$10
<b>Tier 4: Non-Preferred Drug</b>	\$80	\$75
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Reserve (HMO D-SNP) H1032214000
<b>Counties</b>	Orange, Osceola, Seminole
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$24.40
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$100 Every Month
<b>Medically Necessary Transportation</b>	60 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 1500
<b>Vision Benefits</b>	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$435
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Dividend Prime (HMO) H1032215000	WellCare Elite (HMO) H1032216000
<b>Counties</b>	Palm Beach	Palm Beach
<b>Premium Part B Giveback</b>	\$95	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$225 co-pay per day for Days 1-8 \$0 co-pay per day for Days 9-90.	\$50 co-pay per day for Days 1-8 \$0 co-pay per day for Days 9-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$30	\$10
<b>Over-the-Counter Items</b>	\$100 Every Three Months	\$50 Every Month
<b>Medically Necessary Transportation</b>	10 One-way trips Every Year	12 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 500	Dental 750
<b>Vision Benefits</b>	Vision 100	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$0
<b>Tier 3: Preferred Brand</b>	\$45	\$15
<b>Tier 4: Non-Preferred Drug</b>	\$95	\$75
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Reserve (HMO D-SNP) H1032217000
<b>Counties</b>	Palm Beach
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$24.40
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$100 Every Month
<b>Medically Necessary Transportation</b>	48 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 1000
<b>Vision Benefits</b>	Vision 100
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$435
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Dividend Prime (HMO) H1032193000	WellCare Elite (HMO) H1032194000
<b>Counties</b>	Brevard, Indian River, Lake, Marion, Sumter, Volusia	Brevard, Indian River, Lake, Marion, Sumter, Volusia
<b>Premium Part B Giveback</b>	\$80	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$250 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$95 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$40	\$25
<b>Over-the-Counter Items</b>	\$50 Every Month	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	12 One-way trips Every Year	30 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 750	Dental 1000
<b>Vision Benefits</b>	Vision 100	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$5	\$0
<b>Tier 3: Preferred Brand</b>	\$40	\$35
<b>Tier 4: Non-Preferred Drug</b>	\$90	\$75
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Dividend Prime (HMO) H1032198000	WellCare Dividend Prime (HMO) H1032200000
<b>Counties</b>	Charlotte, DeSoto, Hardee, Lee, Manatee, Sarasota	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
<b>Premium Part B Giveback</b>	\$75	\$131
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$200 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$200 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$35	\$40
<b>Over-the-Counter Items</b>	\$60 Every Month	\$50 Every Month
<b>Medically Necessary Transportation</b>	10 One-way trips Every Year	12 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 500	Dental 500
<b>Vision Benefits</b>	Vision 100	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 500
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$0	\$10
<b>Tier 3: Preferred Brand</b>	\$35	\$35
<b>Tier 4: Non-Preferred Drug</b>	\$90	\$80
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Elite (HMO) H1032201000
<b>Counties</b>	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$50 co-pay per day for Days 1-10 \$0 co-pay per day for Days 11-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$5
<b>Over-the-Counter Items</b>	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	10 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 1500
<b>Vision Benefits</b>	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$0
<b>Tier 3: Preferred Brand</b>	\$15
<b>Tier 4: Non-Preferred Drug</b>	\$75
<b>Tier 5: Specialty Tier</b>	33%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Guardian (HMO C-SNP) H1032184000	WellCare Champion (HMO C-SNP) H1032203000
<b>Counties</b>	Hillsborough, Pinellas	Hillsborough, Pinellas
<b>Premium Part B Giveback</b>	\$0	\$131
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$5,000
<b>Inpatient Hospital - Acute</b>	\$50 co-pay per day for Days 1-10 \$0 co-pay per day for Days 11-90.	\$175 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$5	\$30
<b>Over-the-Counter Items</b>	\$100 Every Three Months	\$40 Every Month
<b>Medically Necessary Transportation</b>	12 One-way trips Every Year	12 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 1500	Dental 500
<b>Vision Benefits</b>	Vision 300	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 500 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$0	\$5
<b>Tier 3: Preferred Brand</b>	\$10	\$10
<b>Tier 4: Non-Preferred Drug</b>	\$75	\$80
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Reserve (HMO D-SNP) H1032202000
<b>Counties</b>	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$22.50
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$100 Every Month
<b>Medically Necessary Transportation</b>	48 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 2000
<b>Vision Benefits</b>	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$435
<b>Deductible Tiers</b>	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	Tiers 1 to 2 - \$0 Preferred Generics Generics: \$0 / \$1.30 / \$3.60 / 15% Brands: \$0 / \$3.90 / \$8.95 / 15% *Dependent on LIS level
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Elite (HMO) H1032199000
<b>Counties</b>	Charlotte, DeSoto, Hardee, Lee, Manatee, Sarasota
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$150 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$15
<b>Over-the-Counter Items</b>	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	12 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 1000
<b>Vision Benefits</b>	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$0
<b>Tier 3: Preferred Brand</b>	\$35
<b>Tier 4: Non-Preferred Drug</b>	\$75
<b>Tier 5: Specialty Tier</b>	33%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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# GEORGIA



## At a Glance:\*

- 52,000 Medicare Advantage members
- 24,000 Medicare PDP members
- 5,810 Primary care providers
- 28,321 Specialists
- 181 Hospitals



# GEORGIA

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Dividend (HMO)</b> <b>H1112042000</b>	\$55 Part B Premium Giveback Acupuncture Benefit (12 visits every year)
<b>WellCare Focus (HMO)</b> <b>H1112040000</b>	MOOP \$3,400 Acupuncture Benefit (12 visits every year) Hearing Aid Benefit \$2,000 max (\$1,000 per ear every year) Routine Podiatry Benefit (6 visits every year) \$0 Diabetic Therapeutic Shoes or Inserts
<b>WellCare Guardian (HMO SNP)</b> <b>H1112037000</b>	MOOP \$3,400 Acupuncture Benefit (12 visits every year) Hearing Aid Benefit \$2,000 max (\$1,000 per ear every year) Routine Podiatry Benefit (6 visits every year) \$0 Diabetic Therapeutic Shoes or Inserts
<b>WellCare Compass (HMO)</b> <b>H1112043000</b>	MOOP \$3,400 Medically Necessary Transportation (36 One-way trips every year) Acupuncture Benefit (12 visits every year) Dental Benefit \$2,000 max
<b>WellCare Value (HMO)</b> <b>H1112044000</b>	Dental Benefit \$1,000 max Post-Acute Meals immediately following an inpatient hospital stay (14 days with a max of 10 meals) Chronic Meals (84 meals per member, per year: max of 21 meals per week for up to two weeks, for up to two chronic conditions per member, per year)
<b>WellCare Premier (PPO)</b> <b>H0111001000</b>	\$0 premium plan; Low Tier 1 & 2 Part D copays
<b>WellCare Flex Complete (PPO)</b> <b>H0111003000</b>	Unlimited Acute Inpatient Days Hearing Aid Benefit \$2,000 max (\$1,000 per ear every year) Low MOOP \$2,500 INN/\$5,100 Combined and/or OON
<b>WellCare Liberty (HMO SNP)</b> <b>H1112033000</b>	Acupuncture Benefit (12 visits every year) Dental Benefit \$2,500 max OTC Benefit at \$270 quarterly In-Home Support Services (24 visits every year)
<b>WellCare Access (HMO SNP)</b> <b>H1112006000</b>	Acupuncture Benefit (12 visits every year) Dental Benefit \$2,000 max OTC Benefit at \$225 quarterly In-Home Support Services (12 visits every year)



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Dividend (HMO) H1112042000
<b>Counties</b>	Barrow, Bartow, Bibb, Bryan, Burke, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Troup, Twiggs, Walton
<b>Premium Part B Giveback</b>	<b>\$55</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>
<b>Inpatient Hospital - Acute</b>	<b>\$475 co-pay per day for Days 1-4 \$0 co-pay per day for Days 5-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$50</b>
<b>Over-the-Counter Items</b>	<b>\$20 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>6 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 750</b>
<b>Vision Benefits</b>	<b>Vision 100</b>
<b>Hearing Benefits</b>	<b>Hearing 350</b>
<b>Rx Deductible</b>	<b>\$200</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>\$4</b>
<b>Tier 2: Generic</b>	<b>\$15</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>45%</b>
<b>Tier 5: Specialty Tier</b>	<b>29%</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>

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Plan Benefits	WellCare Focus (HMO) H1112040000 In-Tier 1	WellCare Focus (HMO) H1112040000 In-Tier 2
<b>Counties</b>	Clayton, DeKalb, Fulton	Clayton, DeKalb, Fulton
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$35
<b>Specialist Office Visits</b>	\$30	\$30
<b>Over-the-Counter Items</b>	\$100 Every Three Months	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	6 One-way trips Every Year	6 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 1500	Dental 1500
<b>Vision Benefits</b>	Vision 200	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$5	\$5
<b>Tier 3: Preferred Brand</b>	\$44	\$44
<b>Tier 4: Non-Preferred Drug</b>	45%	45%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Guardian (HMO C-SNP) H1112037000 In-Tier 1	WellCare Guardian (HMO C-SNP) H1112037000 In-Tier 2
<b>Counties</b>	Fulton	Fulton
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$35
<b>Specialist Office Visits</b>	\$30	\$30
<b>Over-the-Counter Items</b>	\$100 Every Three Months	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	6 One-way trips Every Year	6 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 1500	Dental 1500
<b>Vision Benefits</b>	Vision 200	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$5	\$5
<b>Tier 3: Preferred Brand</b>	\$10	\$10
<b>Tier 4: Non-Preferred Drug</b>	45%	45%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Compass (HMO) H1112043000	WellCare Value (HMO) H1112044000
<b>Counties</b>	Barrow, Bartow, Bibb, Bryan, Burke, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Troup, Twiggs, Walton	Bibb, Crawford, Houston, Jones, Monroe, Peach, Twiggs
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$20.20</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,400</b>	<b>\$5,900</b>
<b>Inpatient Hospital - Acute</b>	<b>\$300 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.</b>	<b>\$270 co-pay per day for Days 1-8 \$0 co-pay per day for Days 9-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$5</b>
<b>Specialist Office Visits</b>	<b>\$15</b>	<b>\$40</b>
<b>Over-the-Counter Items</b>	<b>\$100 Every Three Months</b>	<b>\$75 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>36 One-way trips Every Year</b>	<b>6 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 2000</b>	<b>Dental 1000</b>
<b>Vision Benefits</b>	<b>Vision 200</b>	<b>Vision 200</b>
<b>Hearing Benefits</b>	<b>Hearing 350</b>	<b>Hearing 350</b>
<b>Rx Deductible</b>	<b>\$435</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>Tiers 2 to 5</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$20</b>	<b>\$10</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>50%</b>	<b>45%</b>
<b>Tier 5: Specialty Tier</b>	<b>25%</b>	<b>33%</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$20</b>	<b>\$20</b>

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Plan Benefits	WellCare Premier (PPO) H0111001000 In-Network	WellCare Premier (PPO) H0111001000 Out-Of-Network
<b>Counties</b>	Barrow, Bartow, Bryan, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Columbia, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Gwinnett, Harris, Henry, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Newton, Paulding, Pickens, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Bibb, Burke, Coweta, Crawford, Effingham, Greene, Houston, Jefferson, Jones, Marion, Monroe, Oconee, Peach, Pike, Troup, Twiggs	Barrow, Bartow, Bryan, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Columbia, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Gwinnett, Harris, Henry, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Newton, Paulding, Pickens, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Bibb, Burke, Coweta, Crawford, Effingham, Greene, Houston, Jefferson, Jones, Marion, Monroe, Oconee, Peach, Pike, Troup, Twiggs
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$5,500</b>	<b>N/A</b>
<b>Inpatient Hospital - Acute</b>	<b>\$300 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>	<b>40% coinsurance per day for Days 1-90.</b>
<b>PCP Office Visits</b>	<b>\$5</b>	<b>\$50</b>
<b>Specialist Office Visits</b>	<b>\$40</b>	<b>\$50</b>
<b>Over-the-Counter Items</b>	<b>\$40 Every Three Months</b>	<b>\$40 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>PPO Dental 750 INN</b>	<b>PPO Dental 750 OON</b>
<b>Vision Benefits</b>	<b>PPO Vision 200 INN</b>	<b>PPO Vision 200 OON</b>
<b>Hearing Benefits</b>	<b>PPO Hearing 350 INN</b>	<b>PPO Hearing 350 OON</b>
<b>Rx Deductible</b>	<b>\$75</b>	<b>\$75</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$5</b>	<b>\$5</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>45%</b>	<b>45%</b>
<b>Tier 5: Specialty Tier</b>	<b>31%</b>	<b>31%</b>
<b>Laboratory Services</b>	<b>\$20</b>	<b>40%</b>
<b>X-Ray Services</b>	<b>\$25</b>	<b>40%</b>

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Plan Benefits	WellCare Flex Complete (PPO) H0111003000 In-Network	WellCare Flex Complete (PPO) H0111003000 Out-Of-Network
<b>Counties</b>	Barrow, Bartow, Bibb, Bryan, Burke, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Effingham, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Troup, Twiggs, Walton	Barrow, Bartow, Bibb, Bryan, Burke, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Effingham, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Troup, Twiggs, Walton
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$90</b>	<b>\$90</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$2,500</b>	<b>N/A</b>
<b>Inpatient Hospital - Acute</b>	<b>\$200 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>	<b>\$200 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$25</b>	<b>\$25</b>
<b>Over-the-Counter Items</b>	<b>\$75 Every Three Months</b>	<b>\$75 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>PPO Dental 1000 INN</b>	<b>PPO Dental 1000 OON</b>
<b>Vision Benefits</b>	<b>PPO Vision 200 INN</b>	<b>PPO Vision 200 OON</b>
<b>Hearing Benefits</b>	<b>PPO Hearing 1000 (2 Aids) INN</b>	<b>PPO Hearing 1000 (2 Aids) OON</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$5</b>	<b>\$5</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>45%</b>	<b>45%</b>
<b>Tier 5: Specialty Tier</b>	<b>33%</b>	<b>33%</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>

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Plan Benefits	WellCare Liberty (HMO D-SNP) H1112033000	WellCare Access (HMO D-SNP) H1112006000
<b>Counties</b>	Barrow, Bartow, Bibb, Burke, Bryan, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Troup, Twiggs, Walton	Barrow, Bartow, Bibb, Burke, Bryan, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Troup, Twiggs, Walton
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)*</b>	<b>\$0</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,400</b>	<b>\$3,400</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 co-pay up to 90 days per admission.</b>	<b>\$0 co-pay up to 90 days per admission.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Over-the-Counter Items</b>	<b>\$270 Every Three Months</b>	<b>\$225 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>60 One-way trips Every Year</b>	<b>36 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 2500</b>	<b>Dental 2000</b>
<b>Vision Benefits</b>	<b>Vision 350</b>	<b>Vision 200</b>
<b>Hearing Benefits</b>	<b>Hearing 1000</b>	<b>Hearing 500</b>
<b>Rx Deductible*</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>Tiers 2 to 5</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>

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Plan Benefits	WellCare Prime (PPO) H0111002000 In-Network	WellCare Prime (PPO) H0111002000 Out-Of-Network
<b>Counties</b>	Barrow, Bartow, Bibb, Bryan, Burke, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Effingham, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Troup, Twiggs, Talbot, Walton	Barrow, Bartow, Bibb, Bryan, Burke, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Effingham, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Troup, Twiggs, Talbot, Walton
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$45</b>	<b>\$45</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$5,100</b>	<b>N/A</b>
<b>Inpatient Hospital - Acute</b>	<b>\$325 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>	<b>\$325 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>
<b>PCP Office Visits</b>	<b>\$10</b>	<b>\$10</b>
<b>Specialist Office Visits</b>	<b>\$40</b>	<b>\$40</b>
<b>Over-the-Counter Items</b>	<b>\$55 Every Three Months</b>	<b>\$55 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>PPO Dental 1000 INN</b>	<b>PPO Dental 1000 OON</b>
<b>Vision Benefits</b>	<b>PPO Vision 200 INN</b>	<b>PPO Vision 200 OON</b>
<b>Hearing Benefits</b>	<b>PPO Hearing 350 INN</b>	<b>PPO Hearing 350 OON</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$7</b>	<b>\$7</b>
<b>Tier 3: Preferred Brand</b>	<b>\$45</b>	<b>\$45</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>45%</b>	<b>45%</b>
<b>Tier 5: Specialty Tier</b>	<b>33%</b>	<b>33%</b>
<b>Laboratory Services</b>	<b>\$10</b>	<b>\$10</b>
<b>X-Ray Services</b>	<b>\$10</b>	<b>\$10</b>

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Plan Benefits	WellCare Choice (HMO) H1112035000	WellCare Advance (HMO-POS) H1112034000
<b>Counties</b>	Cobb	Barrow, Bartow, Bibb, Bryan, Butts, Burke, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Troup, Twiggs, Walton
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	\$4,500
<b>Inpatient Hospital - Acute</b>	\$300 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.	\$325 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$5	\$0
<b>Specialist Office Visits</b>	\$45	\$35
<b>Over-the-Counter Items</b>	\$37 Every Three Months	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 750	Dental 1000
<b>Vision Benefits</b>	Vision 100	Vision 200
<b>Hearing Benefits</b>	Hearing 350	Hearing 350
<b>Rx Deductible</b>	\$0	N/A
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	N/A
<b>Tier 2: Generic</b>	\$15	N/A
<b>Tier 3: Preferred Brand</b>	\$47	N/A
<b>Tier 4: Non-Preferred Drug</b>	45%	N/A
<b>Tier 5: Specialty Tier</b>	33%	N/A
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

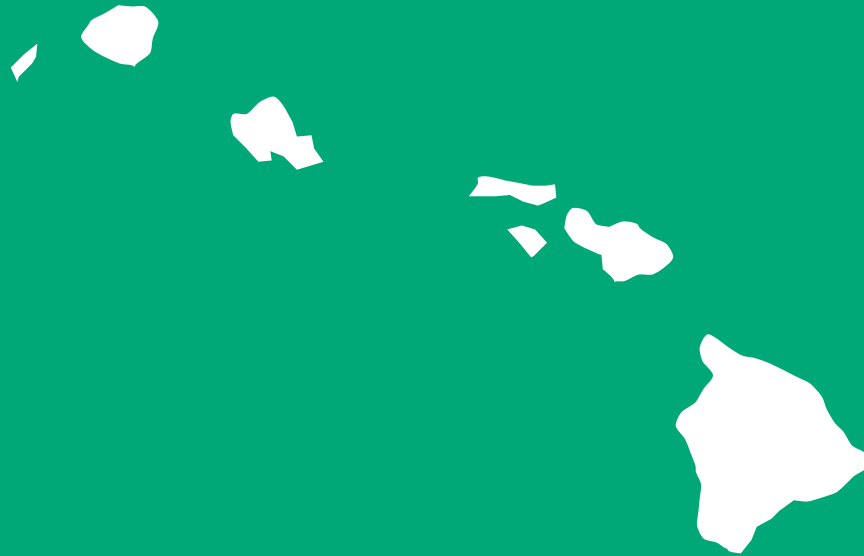
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Plan Benefits	WellCare Value (HMO) H1112038000	WellCare Value (HMO) H1112039000
<b>Counties</b>	Bryan, Camden, Chatham, Chattahoochee, Columbia, Glynn, Harris, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Richmond, Stewart, Talbot, Burke, Jefferson, Marion, Troup	Barrow, Bartow, Butts, Coweta, Cherokee, Clayton, DeKalb, Douglas, Fayette, Forsyth, Fulton, Greene, Gwinnett, Henry, Newton, Oconee, Paulding, Pickens, Pike, Polk, Rockdale, Spalding, Walton
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$340 co-pay per day for Days 1-8 \$0 co-pay per day for Days 9-90.	\$372 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$40	\$40
<b>Over-the-Counter Items</b>	\$37 Every Three Months	\$37 Every Three Months
<b>Medically Necessary Transportation</b>	6 One-way trips Every Year	6 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 750	Dental 750
<b>Vision Benefits</b>	Vision 200	Vision 100
<b>Hearing Benefits</b>	Hearing 350	Hearing 350
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$10
<b>Tier 3: Preferred Brand</b>	\$44	\$44
<b>Tier 4: Non-Preferred Drug</b>	45%	45%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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# HAWAI'I



## At a Glance:\*

- 5,000 Medicare Advantage members
- 1,000 Medicare PDP members
- 533 Primary care providers
- 3,096 Specialists
- 31 Hospitals



# HAWAI'I

**'Ohana is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>'Ohana Value (HMO)</b> <b>H2491009000</b>	Tiered Plan Rolling OTC Competitive Dental
<b>'Ohana Liberty (HMO SNP)</b> <b>H2491004000</b>	Rich and rolling OTC Competitive Dental



**Here are more details about the  
'Ohana portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**





Plan Benefits	'Ohana Value (HMO) H2491009000 IN-Tier 1	'Ohana Value (HMO) H2491009000 IN-Tier 2
<b>Counties</b>	Honolulu	Honolulu
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	\$6,700
<b>Inpatient Hospital - Acute</b>	\$372 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$372 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$25
<b>Specialist Office Visits</b>	\$35	\$50
<b>Over-the-Counter Items</b>	\$75 Every Three Months	\$75 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 750	Dental 750
<b>Vision Benefits</b>	Vision 100	Vision 100
<b>Hearing Benefits</b>	Hearing 750	Hearing 750
<b>Rx Deductible</b>	\$250	\$250
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$15	\$15
<b>Tier 3: Preferred Brand</b>	\$45	\$45
<b>Tier 4: Non-Preferred Drug</b>	48%	48%
<b>Tier 5: Specialty Tier</b>	28%	28%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$5	\$25

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Plan Benefits	'Ohana Liberty (HMO D-SNP) H2491004000
<b>Counties</b>	Hawaii, Honolulu, Kauai, Maui
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	N/A
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 1500
<b>Vision Benefits</b>	Medicare Only
<b>Hearing Benefits</b>	Medicare Only
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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# ILLINOIS



## At a Glance:\*

- 27,000 Medicare Advantage members
- 57,000 Medicare PDP members
- 1,969 Primary care providers
- 13,418 Specialists
- 159 Hospitals



# ILLINOIS

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Exclusive (HMO)</b> <b>H5779007000</b>	Large quarterly OTC benefit \$3000 comprehensive dental + dentures \$3,000 hearing aid coverage \$450/year eyewear
<b>WellCare Guardian (HMO SNP)</b> <b>H1416066000</b>	\$1500 comp. dental + dentures Routine podiatry services Meal Benefits (Chronic Conditions & Post-acute) Discounts on visits to Endocrinology, Nephrology, Ophthalmology, And Podiatry specialists.
<b>WellCare Rx (HMO)</b> <b>H1416023000</b>	Large quarterly OTC w/ Roll-over Homemaker services Non-emergency transportation
<b>WellCare Edge (HMO)</b> <b>H5779006000</b>	Large quarterly OTC benefit Homemaker services Non-opioid pain mgmt. (massage, chiropractic, acupuncture) Generous transportation & great supplemental benefits



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Plus (HMO) H1416048000
<b>Counties</b>	Champaign, Cook, Kane, Kankakee, Knox, Madison, Peoria, St. Clair, Tazewell, Vermilion, Will
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$12.90
<b>In-Network Plan Deductible</b>	\$175
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$800 co-pay per day for Days 1-3 \$0 co-pay per day for Days 4-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	20%
<b>Over-the-Counter Items</b>	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	30 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 1000
<b>Vision Benefits</b>	Vision 300
<b>Hearing Benefits</b>	Hearing 1000
<b>Rx Deductible</b>	\$435
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$20
<b>Tier 3: Preferred Brand</b>	\$47
<b>Tier 4: Non-Preferred Drug</b>	50%
<b>Tier 5: Specialty Tier</b>	25%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	20%

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Plan Benefits	WellCare Exclusive (HMO) H5779007000 In-Tier 1	WellCare Exclusive (HMO) H5779007000 In-Tier 2
<b>Counties</b>	Cook	Cook
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,000	\$3,000
<b>Inpatient Hospital - Acute</b>	\$175 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$175 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$0	\$35
<b>Specialist Office Visits</b>	\$25	\$25
<b>Over-the-Counter Items</b>	\$150 Every Three Months	\$150 Every Three Months
<b>Medically Necessary Transportation</b>	40 One-way trips Every Year	40 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Meridian_Preventive 500 Comprehensive 3000	Meridian_Preventive 500 Comprehensive 3000
<b>Vision Benefits</b>	Meridian_Vision 450 + Upgrades	Meridian_Vision 450 + Upgrades
<b>Hearing Benefits</b>	Meridian_Hearing 3000	Meridian_Hearing 3000
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$5	\$5
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Guardian (HMO C-SNP) H1416066000
<b>Counties</b>	Cook
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$275 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$25
<b>Over-the-Counter Items</b>	\$20 Every Month
<b>Medically Necessary Transportation</b>	N/A
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Meridian_Preventive 500 Comprehensive 1500 + Dentures
<b>Vision Benefits</b>	Meridian_Vision 250
<b>Hearing Benefits</b>	Meridian_Hearing 500
<b>Rx Deductible</b>	\$0
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$0
<b>Tier 3: Preferred Brand</b>	\$35
<b>Tier 4: Non-Preferred Drug</b>	\$100
<b>Tier 5: Specialty Tier</b>	33%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Rx (HMO) H1416023000	WellCare Edge (HMO) H5779006000
<b>Counties</b>	Champaign, Cook, Kane, Kankakee, Knox, Madison, Peoria, St. Clair, Tazewell, Vermilion, Will	Boone, Cook, Kane, McHenry, Mercer, Peoria, Will, Winnebago, Knox, Rock Island, Tazewell, Warren
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$12.40	\$16.70
<b>In-Network Plan Deductible</b>	No	\$185
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$225 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.	\$1,275 co-pay per stay.
<b>PCP Office Visits</b>	\$0	20%
<b>Specialist Office Visits</b>	\$35	20%
<b>Over-the-Counter Items</b>	\$75 Every Three Months	\$150 Every Three Months
<b>Medically Necessary Transportation</b>	20 One-way trips Every Year	40 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 750	Meridian_Preventive 500 Comprehensive 2500 + Dentures
<b>Vision Benefits</b>	Vision 200	Meridian_Vision 450 + Upgrades
<b>Hearing Benefits</b>	Hearing 500	Meridian_Hearing 3000
<b>Rx Deductible</b>	\$435	\$435
<b>Deductible Tiers</b>	Tiers 2 to 5	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	\$0	25%
<b>Tier 2: Generic</b>	\$20	25%
<b>Tier 3: Preferred Brand</b>	\$47	25%
<b>Tier 4: Non-Preferred Drug</b>	50%	25%
<b>Tier 5: Specialty Tier</b>	25%	25%
<b>Laboratory Services</b>	\$0	20%
<b>X-Ray Services</b>	\$0	20%

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Plan Benefits	WellCare Value (HMO-POS) H1416009000	WellCare Essential (HMO) H5779005000
<b>Counties</b>	Champaign, Cook, Kane, Kankakee, Knox, Madison, Peoria, St. Clair, Tazewell, Vermilion, Will	Boone, Cook, Kane, McHenry, Will, Winnebago
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,900	\$3,750
<b>Inpatient Hospital - Acute</b>	\$300 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.	\$250 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$35	\$35
<b>Over-the-Counter Items</b>	\$50 Every Three Months	\$20 Every Month
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 500	Meridian_Preventive 350
<b>Vision Benefits</b>	Vision 200	Meridian_Vision 200
<b>Hearing Benefits</b>	Hearing 500	Meridian_Hearing 500
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$2	\$0
<b>Tier 2: Generic</b>	\$15	\$12
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	50%	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Explore (HMO-POS) H5475026000	WellCare Essential (HMO-POS) H5475006000
<b>Counties</b>	DuPage	DuPage
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$4,000	\$4,250
<b>Inpatient Hospital - Acute</b>	\$250 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$270 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$30	\$40
<b>Over-the-Counter Items</b>	\$125 Every Three Months	\$20 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Meridian_Preventive 500 Comprehensive 1100	Meridian_Preventive 500 Comprehensive 1750 + Dentures
<b>Vision Benefits</b>	Meridian_Vision 500 + Upgrades	Meridian_Vision 200
<b>Hearing Benefits</b>	Meridian_Hearing 4000	Meridian_Hearing 500
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$15
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Essential (HMO) H5779002000	WellCare Choice (HMO-POS) H1416024000
<b>Counties</b>	Knox, Mercer, Peoria, Rock Island, Tazewell, Warren	Champaign, Cook, Kane, Kankakee, Knox, Madison, Peoria, St. Clair, Tazewell, Vermilion, Will
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$39
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$4,000	\$3,400
<b>Inpatient Hospital - Acute</b>	\$250 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$325 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$40	\$30
<b>Over-the-Counter Items</b>	\$50 Every Three Months	\$60 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Meridian_Preventive 500 Comprehensive 1000	Dental 1000
<b>Vision Benefits</b>	Meridian_Vision 200	Vision 300
<b>Hearing Benefits</b>	Meridian_Hearing 500	Hearing 1000
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$15	\$10
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	48%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Advance (HMO-POS) H1416053000
<b>Counties</b>	Champaign, Cook, Kane, Kankakee, Knox, Madison, Peoria, St. Clair, Tazewell, Vermilion, Will
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,900
<b>Inpatient Hospital - Acute</b>	\$372 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$35
<b>Over-the-Counter Items</b>	\$40 Every Three Months
<b>Medically Necessary Transportation</b>	N/A
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 500
<b>Vision Benefits</b>	Vision 200
<b>Hearing Benefits</b>	Hearing 1000
<b>Rx Deductible</b>	N/A
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	N/A
<b>Tier 2: Generic</b>	N/A
<b>Tier 3: Preferred Brand</b>	N/A
<b>Tier 4: Non-Preferred Drug</b>	N/A
<b>Tier 5: Specialty Tier</b>	N/A
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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# INDIANA



## At a Glance:\*

- NEW in market for 2020
- 13 Medicare Advantage members
- 127,890 Medicare PDP members



# INDIANA

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Extra Plus (HMO-POS SNP) H5475030000</b>	Up to \$2,000 per year Comp. Dental + Dentures \$2,000 per year Hearing aid coverage Large monthly OTC benefit



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Extra Plus (HMO-POS D-SNP) H5475030000
<b>Counties</b>	Marshall, St. Joseph
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$90 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Meridian Preventive 500 Comprehensive 1000*2
<b>Vision Benefits</b>	Meridian Vision 250
<b>Hearing Benefits</b>	Meridian Hearing 3000
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Essential (HMO-POS) H5475019000	WellCare Edge (HMO-POS) H5475020000
<b>Counties</b>	Marshall, St. Joseph	Marshall, St. Joseph
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$20.50
<b>In-Network Plan Deductible</b>	No	\$185
<b>Maximum Out of Pocket (MOOP)</b>	\$4,200	\$3,400
<b>Inpatient Hospital - Acute</b>	\$295 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$1,275 co-pay per stay.
<b>PCP Office Visits</b>	\$5	20%
<b>Specialist Office Visits</b>	\$40	20%
<b>Over-the-Counter Items</b>	\$20 Every Month	\$30 Every Month
<b>Medically Necessary Transportation</b>	N/A	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Meridian Preventive 500 Comprehensive 1100	Meridian Preventive 500 Comprehensive 1500 + Dentures
<b>Vision Benefits</b>	Meridian Vision 250	Meridian Vision 325
<b>Hearing Benefits</b>	Hearing 1000	Meridian Hearing 1000
<b>Rx Deductible</b>	\$0	\$435
<b>Deductible Tiers</b>	N/A	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	\$0	25%
<b>Tier 2: Generic</b>	\$15	25%
<b>Tier 3: Preferred Brand</b>	\$47	25%
<b>Tier 4: Non-Preferred Drug</b>	\$100	25%
<b>Tier 5: Specialty Tier</b>	33%	25%
<b>Laboratory Services</b>	\$0	20%
<b>X-Ray Services</b>	\$0	20%

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# KENTUCKY



## At a Glance:\*

- 14,000 Medicare Advantage members
- 33,000 Medicare PDP members
- 5,705 Primary care providers
- 26,861 Specialists
- 157 Hospitals



# KENTUCKY

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<p><b>WellCare Dividend (HMO) H9730007000</b></p>	<p>\$50 Giveback \$0 Premium Dental Vision Hearing OTC Nursing hotline Health Club membership</p>
<p><b>WellCare Elite (HMO) H9730009000</b></p>	<p>\$0 Premium \$500 Flex Card Dental (\$1000) Vision Hearing (2 aids) OTC Meals for post-acute Nursing hotline Health Club membership</p>
<p><b>WellCare Liberty (HMO SNP) H9730004000</b></p>	<p>Dental (\$2500) Vision Hearing Transportation (unlimited) OTC Meals for post-acute/chronic conditions Nursing hotline Health Club membership</p>



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Dividend (HMO) H9730007000	WellCare Elite (HMO) H9730009000
<b>Counties</b>	Allen, Anderson, Ballard, Boone, Bourbon, Boyle, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Christian, Clark, Daviess, Edmonson, Fayette, Floyd, Franklin, Fulton, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Henry, Hickman, Hopkins, Jefferson, Jessamine, Kenton, Knott, Laurel, Leslie, Letcher, Logan, McCracken, Madison, Marshall, Muhlenberg, Nelson, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Scott, Shelby, Simpson, Spencer, Todd, Trigg, Trimble, Warren, Woodford	Allen, Anderson, Ballard, Boone, Bourbon, Boyle, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Christian, Clark, Daviess, Edmonson, Fayette, Floyd, Franklin, Fulton, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Henry, Hickman, Hopkins, Jefferson, Jessamine, Kenton, Knott, Laurel, Leslie, Letcher, Logan, McCracken, Madison, Marshall, Muhlenberg, Nelson, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Scott, Shelby, Simpson, Spencer, Todd, Trigg, Trimble, Warren, Woodford
<b>Premium Part B Giveback</b>	<b>\$50</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>\$100</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>	<b>\$5,000</b>
<b>Inpatient Hospital - Acute</b>	<b>\$375 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>	<b>\$300 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$40</b>	<b>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$53 Every Month</b>	<b>\$53 Every Month</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 500</b>	<b>Dental 1000</b>
<b>Vision Benefits</b>	<b>Vision 100</b>	<b>Vision 300</b>
<b>Hearing Benefits</b>	<b>Hearing 500</b>	<b>Hearing 1000 (2 Aids)</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$10</b>	<b>\$10</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>48%</b>	<b>48%</b>
<b>Tier 5: Specialty Tier</b>	<b>33%</b>	<b>33%</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>

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Plan Benefits	WellCare Liberty (HMO D-SNP) H9730004000	WellCare Access (HMO D-SNP) H9730003000
<b>Counties</b>	Allen, Anderson, Ballard, Boone, Bourbon, Boyle, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Christian, Clark, Daviess, Edmonson, Fayette, Floyd, Franklin, Fulton, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Henry, Hickman, Hopkins, Jefferson, Jessamine, Kenton, Knott, Laurel, Leslie, Letcher, Logan, Madison, Marshall, McCracken, Muhlenberg, Nelson, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Scott, Shelby, Simpson, Spencer, Todd, Trigg, Trimble, Warren, Woodford	Allen, Anderson, Ballard, Boone, Bourbon, Boyle, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Christian, Clark, Daviess, Edmonson, Fayette, Floyd, Franklin, Fulton, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Henry, Hickman, Hopkins, Jefferson, Jessamine, Kenton, Knott, Laurel, Leslie, Letcher, Logan, Madison, Marshall, McCracken, Muhlenberg, Nelson, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Scott, Shelby, Simpson, Spencer, Todd, Trigg, Trimble, Warren, Woodford
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)*</b>	<b>\$0</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,400</b>	<b>\$3,400</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 co-pay up to 90 days per admission.</b>	<b>\$0 co-pay up to 90 days per admission.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Over-the-Counter Items</b>	<b>\$250 Every Three Months</b>	<b>\$70 Every Month</b>
<b>Medically Necessary Transportation</b>	<b>Unlimited One-way trips every year</b>	<b>Unlimited One-way trips every year</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 2500</b>	<b>Dental 2000</b>
<b>Vision Benefits</b>	<b>Vision 350</b>	<b>Vision 300</b>
<b>Hearing Benefits</b>	<b>Hearing 1500 (2 Aids)</b>	<b>Hearing 1000 (2 Aids)</b>
<b>Rx Deductible*</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>Tiers 2 to 5</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>

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Plan Benefits	WellCare Essential (HMO-POS) H9730005000	WellCare Advance (HMO-POS) H9730006000
<b>Counties</b>	Allen, Anderson, Ballard, Boone, Bourbon, Boyle, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Christian, Clark, Daviess, Edmonson, Fayette, Floyd, Franklin, Fulton, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Henry, Hickman, Hopkins, Jefferson, Jessamine, Kenton, Knott, Laurel, Leslie, Letcher, Logan, Madison, Marshall, McCracken, Muhlenberg, Nelson, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Scott, Shelby, Simpson, Spencer, Todd, Trigg, Trimble, Warren, Woodford	Allen, Anderson, Ballard, Boone, Bourbon, Boyle, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Christian, Clark, Daviess, Edmonson, Fayette, Floyd, Franklin, Fulton, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Henry, Hickman, Hopkins, Jefferson, Jessamine, Kenton, Knott, Laurel, Leslie, Letcher, Logan, Madison, Marshall, McCracken, Muhlenberg, Nelson, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Scott, Shelby, Simpson, Spencer, Todd, Trigg, Trimble, Warren, Woodford
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>\$100</b>	<b>\$100</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$5,000</b>	<b>\$5,000</b>
<b>Inpatient Hospital - Acute</b>	<b>\$300 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.</b>	<b>\$375 co-pay per day for Days 1-4 \$0 co-pay per day for Days 5-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$35</b>	<b>\$40</b>
<b>Over-the-Counter Items</b>	<b>\$53 Every Month</b>	<b>\$75 Every Month</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Preventive Plus</b>	<b>Dental 500</b>
<b>Vision Benefits</b>	<b>Vision 300</b>	<b>Vision 300</b>
<b>Hearing Benefits</b>	<b>Hearing 1000 (2 Aids)</b>	<b>Hearing 1000 (2 Aids)</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>N/A</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>	<b>N/A</b>
<b>Tier 2: Generic</b>	<b>\$8</b>	<b>N/A</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>	<b>N/A</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>48%</b>	<b>N/A</b>
<b>Tier 5: Specialty Tier</b>	<b>33%</b>	<b>N/A</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>

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# LOUISIANA



## At a Glance:\*

- 15,000 Medicare Advantage members
- 25,000 Medicare PDP members
- 793 Primary care providers
- 5,558 Specialists
- 84 Hospitals



# LOUISIANA

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<p><b>WellCare Baton Rouge General Select (HMO)</b> H2491014000</p>	<p>In patient hospital stay In and out patient surgery should be competitive Lower MOOP Flex card PERS Meals</p>
<p><b>WellCare Compass (HMO)</b> H2491010000</p>	<p>The renamed RX plan, for 2020 will be compass has much richer benefits which include a Flex Card Higher dental benefits Higher OTC benefits PERS, meals, and lower MOOP.</p>
<p><b>WellCare Pinnacle (HMO SNP)</b> H2491012000</p>	<p>Flex card PERS Meals - transportation is being added back for this sub set population</p>
<p><b>WellCare Freedom (HMO SNP)</b> H2491011000</p>	<p>Flex card PERS Meals And transportation. ****Freedom will be one of the biggest selling plans as we interact with this sub set population heavily.</p>



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Baton Rouge Preferred (HMO) H2491014000 In-Tier 1	WellCare Baton Rouge Preferred (HMO) H2491014000 In-Tier 2
<b>Parishes</b>	East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana	East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$100 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$250 co-pay per day for Days 1-10 \$0 co-pay per day for Days 11-90.
<b>PCP Office Visits</b>	\$0	20%
<b>Specialist Office Visits</b>	\$10	\$50
<b>Over-the-Counter Items</b>	\$50 Every Three Months	\$50 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 1000	Dental 1000
<b>Vision Benefits</b>	Vision 300	Vision 300
<b>Hearing Benefits</b>	Hearing 500	Hearing 500
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$20	\$20
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%	48%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Pinnacle (HMO D-SNP) H2491012000	WellCare Freedom (HMO D-SNP) H2491011000
<b>Parishes</b>	Acadia, Ascension, Avoyelles, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Livingston, Orleans, Plaquemines, Pointe Coupee, Rapides, St. Bernard, St. Charles, St. Helena, St. James, St. John Baptist, St. Landry, St. Martin, St. Tammany, Vermilion, Washington, West Baton Rouge, West Feliciana	Acadia, Ascension, Avoyelles, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Livingston, Orleans, Plaquemines, Pointe Coupee, Rapides, St. Bernard, St. Charles, St. Helena, St. James, St. John Baptist, St. Landry, St. Martin, St. Tammany, Vermilion, Washington, West Baton Rouge, West Feliciana
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)*</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$0
<b>Over-the-Counter Items</b>	\$200 Every Three Months	\$150 Every Three Months
<b>Medically Necessary Transportation</b>	48 One-way trips Other, Describe	40 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 2500	Dental 2500
<b>Vision Benefits</b>	Vision 350	Vision 350
<b>Hearing Benefits</b>	Hearing 1500 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$0	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Value (HMO) H2491007000	WellCare Compass (HMO) H2491010000
<b>Parishes</b>	Acadia, Ascension, Avoyelles, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberville, Jefferson, Jefferson Davis, Iberia, Lafayette, Livingston, Orleans, Plaquemines, Pointe Coupee, Rapides, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Tammany, Vermilion, Washington, West Baton Rouge, West Feliciana	Acadia, Ascension, Avoyelles, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberville, Jefferson, Jefferson Davis, Iberia, Lafayette, Livingston, Orleans, Plaquemines, Pointe Coupee, Rapides, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Tammany, Vermilion, Washington, West Baton Rouge, West Feliciana
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>	<b>\$17.60</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,400</b>	<b>\$3,400</b>
<b>Inpatient Hospital - Acute</b>	<b>\$225 co-pay per day for Days 1-9 \$0 co-pay per day for Days 10-90.</b>	<b>\$175 co-pay per day for Days 1-9 \$0 co-pay per day for Days 10-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$30</b>	<b>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$50 Every Three Months</b>	<b>\$50 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>20 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 1000</b>	<b>Dental 1500</b>
<b>Vision Benefits</b>	<b>Vision 200</b>	<b>Vision 200</b>
<b>Hearing Benefits</b>	<b>Hearing 350 (2 Aids)</b>	<b>Hearing 500 (2 Aids)</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$435</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>	<b>\$3</b>
<b>Tier 2: Generic</b>	<b>\$20</b>	<b>\$9</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>48%</b>	<b>50%</b>
<b>Tier 5: Specialty Tier</b>	<b>33%</b>	<b>25%</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>

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# MAINE



## At a Glance:\*

- 11,000 Medicare Advantage members
- 26,000 Medicare PDP members
- 1,527 Primary care providers
- 5,780 Specialists
- 44 Hospitals



# MAINE

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<p><b>WellCare Value (HMO) H9364001000</b></p>	<p>\$0 Premium \$0 PCP Dental Vision Hearing (2 aids) Transportation OTC Meals for post-acute/chronic conditions Nursing hotline Personal Emerg Response System Health Club membership Medical Nutrition Therapy</p>
<p><b>WellCare Today's Options Advantage Plus 550B (PPO) H2775109000</b></p>	<p>\$0 Premium Out of network coverage Dental Vision Hearing (2 aids) OTC Meals for post-acute/chronic conditions Nursing hotline Personal Emerg Response System Health Club membership Medical Nutrition Therapy</p>
<p><b>WellCare Liberty (HMO SNP) H9364003000</b></p>	<p>Dental (\$1500) Vision Hearing (2 aids) Transportation (40 trips) OTC (\$150 per Quarter) Meals for post-acute/chronic conditions Personal Emerg Response System Nursing hotline Health Club membership</p>



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Value (HMO) H9364001000
<b>Counties</b>	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, York
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700
<b>Inpatient Hospital - Acute</b>	\$250 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$40
<b>Over-the-Counter Items</b>	\$25 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 750
<b>Vision Benefits</b>	Vision 200
<b>Hearing Benefits</b>	Hearing 350 (2 Aids)
<b>Rx Deductible</b>	\$0
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$10
<b>Tier 3: Preferred Brand</b>	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%
<b>Tier 5: Specialty Tier</b>	33%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Today's Options Advantage Plus 550B (PPO) H2775109000 In-Network	WellCare Today's Options Advantage Plus 550B (PPO) H2775109000 Out-Of-Network
<b>Counties</b>	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, York	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, York
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$4,000	N/A
<b>Inpatient Hospital - Acute</b>	\$300 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$300 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.
<b>PCP Office Visits</b>	\$10	\$25
<b>Specialist Office Visits</b>	\$35	\$60
<b>Over-the-Counter Items</b>	N/A	N/A
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 500 INN	PPO Dental 500 OON
<b>Vision Benefits</b>	PPO Vision 100 INN	PPO Vision 100 OON 30%
<b>Hearing Benefits</b>	PPO Hearing 750 (2 Aids) INN	PPO Hearing 750 (2 Aids) OON
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$7	\$7
<b>Tier 2: Generic</b>	\$12	\$12
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	30%
<b>X-Ray Services</b>	\$15	30%

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Plan Benefits	WellCare Liberty (HMO D-SNP) H9364003000	WellCare Access (HMO D-SNP) H9364002000
<b>Counties</b>	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, York	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, York
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)*</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$0
<b>Over-the-Counter Items</b>	\$150 Every Three Months	\$150 Every Three Months
<b>Medically Necessary Transportation</b>	40 One-way trips Every Year	40 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 1500	Dental 750
<b>Vision Benefits</b>	Vision 300	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$0	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Today's Options Premier 200 (PFFS) H2816039000 In-Network	WellCare Today's Options Premier 200 (PFFS) H2816039000 Out-Of-Network
<b>Counties</b>	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$55	\$55
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	N/A	N/A
<b>Inpatient Hospital - Acute</b>	\$600 co-pay per stay.	\$300 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.
<b>PCP Office Visits</b>	\$5	\$15
<b>Specialist Office Visits</b>	\$30	\$40
<b>Over-the-Counter Items</b>	N/A	N/A
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Medicare Only	Medicare Only
<b>Vision Benefits</b>	UAM Routine Exam Only INN	UAM Routine Exam Only OON
<b>Hearing Benefits</b>	UAM Routine Exam Only INN	UAM Routine Exam Only OON
<b>Rx Deductible</b>	N/A	N/A
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	N/A	N/A
<b>Tier 2: Generic</b>	N/A	N/A
<b>Tier 3: Preferred Brand</b>	N/A	N/A
<b>Tier 4: Non-Preferred Drug</b>	N/A	N/A
<b>Tier 5: Specialty Tier</b>	N/A	N/A
<b>Laboratory Services</b>	\$0	30%
<b>X-Ray Services</b>	\$15	30%

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Plan Benefits	WellCare Today's Options Premier 300 (PFFS) H2816040000 In-Network	WellCare Today's Options Premier 300 (PFFS) H2816040000 Out-Of-Network
<b>Counties</b>	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	N/A	N/A
<b>Inpatient Hospital - Acute</b>	\$300 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$350 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.
<b>PCP Office Visits</b>	\$10	\$20
<b>Specialist Office Visits</b>	\$35	\$50
<b>Over-the-Counter Items</b>	N/A	N/A
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Medicare Only	Medicare Only
<b>Vision Benefits</b>	UAM Routine Exam Only INN	UAM Routine Exam Only OON
<b>Hearing Benefits</b>	UAM Routine Exam Only INN	UAM Routine Exam Only OON
<b>Rx Deductible</b>	N/A	N/A
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	N/A	N/A
<b>Tier 2: Generic</b>	N/A	N/A
<b>Tier 3: Preferred Brand</b>	N/A	N/A
<b>Tier 4: Non-Preferred Drug</b>	N/A	N/A
<b>Tier 5: Specialty Tier</b>	N/A	N/A
<b>Laboratory Services</b>	\$0	30%
<b>X-Ray Services</b>	\$15	30%

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# MICHIGAN



## At a Glance:\*

- NEW in market for 2020



# MICHIGAN

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Elite (HMO-POS) H5475003000</b>	\$1,500 Comp. Dental + Dentures \$500 per year eyewear \$4000 hearing aid coverage
<b>WellCare Guardian (HMO-POS SNP) H5475029000</b>	\$1,500 comp. dental + dentures Routine podiatry services Meal Benefits (Chronic Conditions & Post-acute) Discounts on visits to Endocrinology, Nephrology, Ophthalmology, and Podiatry specialists.
<b>WellCare Extra Plus (HMO-POS SNP) H5475001000</b>	Large quarterly OTC benefit Homemaker services Up to \$1500 comp. dental + dentures \$3000 hearing aid coverage



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Essential (HMO-POS) H5475005000	WellCare Essential (HMO-POS) H5475009000
<b>Counties</b>	Barry, Kalamazoo, Kent, Muskegon, Ottawa	Livingston, Monroe, Washtenaw
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$4,000	\$4,250
<b>Inpatient Hospital - Acute</b>	\$280 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$295 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$40	\$45
<b>Over-the-Counter Items</b>	\$20 Every Month	\$20 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Meridian_Preventive 500	Meridian_Preventive 500 Comprehensive 1100
<b>Vision Benefits</b>	Meridian_Vision 250 Ref	Vision 200
<b>Hearing Benefits</b>	Meridian_Hearing 500	Hearing 500
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$18	\$15
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Elite (HMO-POS) H5475003000
<b>Counties</b>	Genesee, Macomb, Oakland, Saginaw, Wayne
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$47
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,200
<b>Inpatient Hospital - Acute</b>	\$175 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$25
<b>Over-the-Counter Items</b>	\$20 Every Month
<b>Medically Necessary Transportation</b>	N/A
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Meridian_Preventive 500 Comprehensive 1500 + Dentures
<b>Vision Benefits</b>	Meridian_Vision 500 + Upgrades
<b>Hearing Benefits</b>	Meridian_Hearing 4000
<b>Rx Deductible</b>	\$0
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$10
<b>Tier 3: Preferred Brand</b>	\$45
<b>Tier 4: Non-Preferred Drug</b>	\$100
<b>Tier 5: Specialty Tier</b>	33%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Extra Plus (HMO-POS D-SNP) H5475001000	WellCare Guardian (HMO-POS C-SNP) H5475029000
<b>Counties</b>	Genesee, Macomb, Oakland, Saginaw, Wayne	Barry, Branch, Calhoun, Kalamazoo, St. Joseph, Van Buren
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)*</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	\$0	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.	\$275 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$25
<b>Over-the-Counter Items</b>	\$275 Every Three Months	\$20 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Meridian_Preventive 500 Comprehensive 750*2 + Dentures	Meridian_Preventive 500 Comprehensive 1500 + Dentures
<b>Vision Benefits</b>	Meridian_Vision 350 + Upgrades	Meridian_Vision 250
<b>Hearing Benefits</b>	Meridian_Hearing 3000	Meridian_Hearing 500
<b>Rx Deductible*</b>	\$0	\$0
<b>Deductible Tiers</b>	Tiers 3 to 5	N/A
<b>Tier 1: Preferred Generic</b>	Generics: \$0 / \$1.30 / \$3.60 / 15% Brands: \$0 / \$3.90 / \$8.95 / 15% *Dependent on LIS level	\$0
<b>Tier 2: Generic</b>		\$0
<b>Tier 3: Preferred Brand</b>		\$35
<b>Tier 4: Non-Preferred Drug</b>		\$100
<b>Tier 5: Specialty Tier</b>		33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Extra Plus (HMO-POS D-SNP) H5475004000
<b>Counties</b>	Barry, Kalamazoo, Kent, Muskegon, Ottawa, Branch, Calhoun, St. Joseph (MI), Van Buren
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$70 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Meridian_Preventive 500 Comprehensive 1500 + Dentures
<b>Vision Benefits</b>	Meridian_Vision 350 + Upgrades
<b>Hearing Benefits</b>	Meridian_Hearing 1000
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	<b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Explore (HMO-POS) H5475026000	WellCare Essential (HMO-POS) H5475006000
<b>Counties</b>	Genesee, Macomb, Oakland, Saginaw, Wayne	Genesee, Macomb, Oakland, Saginaw, Wayne
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$4,000	\$4,250
<b>Inpatient Hospital - Acute</b>	\$250 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$270 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$30	\$40
<b>Over-the-Counter Items</b>	\$125 Every Three Months	\$20 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Meridian_Preventive 500 Comprehensive 1100	Meridian_Preventive 500 Comprehensive 1750 + Dentures
<b>Vision Benefits</b>	Meridian_Vision 500 + Upgrades	Meridian_Vision 200
<b>Hearing Benefits</b>	Meridian_Hearing 4000	Meridian_Hearing 500
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$15
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Extra Plus (HMO-POS D-SNP) H5475008000
<b>Counties</b>	Livingston, Monroe, Washtenaw
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$90 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Meridian_Preventive 500 Comprehensive 1100
<b>Vision Benefits</b>	Meridian_Vision 350 + Upgrades
<b>Hearing Benefits</b>	Hearing 1000
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Elite Smile (HMO-POS) H5475024000
<b>Counties</b>	Genesee, Macomb, Oakland, Saginaw, Wayne
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$14.10
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,200
<b>Inpatient Hospital - Acute</b>	\$175 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$25
<b>Over-the-Counter Items</b>	N/A
<b>Medically Necessary Transportation</b>	N/A
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Meridian_Preventive 500 Comprehensive 3000
<b>Vision Benefits</b>	Meridian_Vision 150
<b>Hearing Benefits</b>	Meridian_Hearing 500
<b>Rx Deductible</b>	\$0
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$10
<b>Tier 3: Preferred Brand</b>	\$45
<b>Tier 4: Non-Preferred Drug</b>	\$100
<b>Tier 5: Specialty Tier</b>	33%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Extra Smile (HMO-POS D-SNP) H5475023000
<b>Counties</b>	Genesee, Macomb, Oakland, Saginaw, Wayne
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$15 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Meridian_Preventive 500 Comprehensive 1000*4
<b>Vision Benefits</b>	Meridian_Vision 200
<b>Hearing Benefits</b>	Meridian_Hearing 500
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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# MISSOURI



## At a Glance:\*

- 41,000 Medicare PDP members
- 3,986 Primary Care providers
- 18,075 Specialists
- 144 Hospitals



# MISSOURI

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Dividend (HMO) H6316004000</b>	\$900 yr giveback Rolling OTC
<b>WellCare Value (HMO) H6316001000</b>	\$0 PCP Rich Dental, Vision, and Hearing Rich rolling OTC 30 visits Alt Therapy
<b>WellCare Premier (PPO) H7518001000</b>	Rolling OTC 30 visits Alt Therapy Competitive Dental
<b>WellCare Absolute (PPO) H7518002000</b>	\$0 PCP Rolling OTC 24 visits Alt Therapy Competitive Dental Competitive Hearing
<b>WellCare Liberty (HMO SNP) H6316003000</b>	Flex Card Rich Dental, Vision, and Hearing Competitive rolling OTC 30 visits Alt Therapy
<b>WellCare Access (HMO SNP) H6316002000</b>	Flex Card Rich Dental, Vision, and Hearing Competitive rolling OTC 30 visits Alt Therapy



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Dividend (HMO) H6316004000	WellCare Value (HMO) H6316001000
<b>Counties</b>	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster
<b>Premium Part B Giveback</b>	\$75	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	\$3,400
<b>Inpatient Hospital - Acute</b>	\$375 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$275 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$5	\$0
<b>Specialist Office Visits</b>	\$50	\$35
<b>Over-the-Counter Items</b>	\$35 Every Three Months	\$150 Every Three Months
<b>Medically Necessary Transportation</b>	12 One-way trips Every Year	60 One-way trips Every Year
<b>Fitness Membership</b>	\$0	\$0
<b>Dental Benefits</b>	Dental 500	Dental 2000
<b>Vision Benefits</b>	Routine Exam Only	Vision 350
<b>Hearing Benefits</b>	Hearing 500 (2 Aids)	Hearing 2000
<b>Rx Deductible</b>	\$200	\$0
<b>Deductible Tiers</b>	Tiers 3 to 5	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$15	\$9
<b>Tier 3: Preferred Brand</b>	\$45	\$45
<b>Tier 4: Non-Preferred Drug</b>	48%	48%
<b>Tier 5: Specialty Tier</b>	29%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Premier (PPO) H7518001000 In-Network	WellCare Premier (PPO) H7518001000 Out-Of-Network
<b>Counties</b>	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$5,900	N/A
<b>Inpatient Hospital - Acute</b>	\$300 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	40% coinsurance per day for Days 1-90.
<b>PCP Office Visits</b>	\$5	40%
<b>Specialist Office Visits</b>	\$40	40%
<b>Over-the-Counter Items</b>	\$40 Every Three Months	\$40 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	\$0	\$0
<b>Dental Benefits</b>	PPO Dental 1000 INN	PPO Dental 1000 OON
<b>Vision Benefits</b>	PPO Vision 200 INN	PPO Vision 200 OON
<b>Hearing Benefits</b>	PPO Hearing 500 INN	PPO Hearing 500 OON
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$5	\$5
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	40%
<b>X-Ray Services</b>	\$10	40%

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Plan Benefits	WellCare Absolute (PPO) H7518002000 In-Network	WellCare Absolute (PPO) H7518002000 Out-Of-Network
<b>Counties</b>	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster
<b>Premium Part B Giveback</b>	<b>\$75</b>	<b>\$75</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$4,000</b>	<b>N/A</b>
<b>Inpatient Hospital - Acute</b>	<b>\$325 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>	<b>40% coinsurance per day for Days 1-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>40%</b>
<b>Specialist Office Visits</b>	<b>\$25</b>	<b>40%</b>
<b>Over-the-Counter Items</b>	<b>\$25 Every Month</b>	<b>\$25 Every Month</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>PPO Dental 1500 INN</b>	<b>PPO Dental 1500 OON</b>
<b>Vision Benefits</b>	<b>PPO Vision 200 INN</b>	<b>PPO Vision 200 OON</b>
<b>Hearing Benefits</b>	<b>PPO Hearing 1000 (2 Aids) INN</b>	<b>PPO Hearing 1000 (2 Aids) OON</b>
<b>Rx Deductible</b>	<b>N/A</b>	<b>N/A</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 2: Generic</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 3: Preferred Brand</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 5: Specialty Tier</b>	<b>N/A</b>	<b>N/A</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>40%</b>
<b>X-Ray Services</b>	<b>\$10</b>	<b>40%</b>

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Plan Benefits	WellCare Liberty (HMO D-SNP) H6316003000	WellCare Access (HMO D-SNP) H6316002000
<b>Counties</b>	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)*</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$0
<b>Over-the-Counter Items</b>	\$125 Every Month	\$100 Every Month
<b>Medically Necessary Transportation</b>	Unlimited One-way trips every year	60 One-way trips Every Year
<b>Fitness Membership</b>	\$0	\$0
<b>Dental Benefits</b>	Dental 2500	Dental 2000
<b>Vision Benefits</b>	Vision 350	Vision 300
<b>Hearing Benefits</b>	Hearing 2000	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$0	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> Generics: \$0 / \$1.30 / \$3.60 / 15% Brands: \$0 / \$3.90 / \$8.95 / 15% *Dependent on LIS level	<b>Tier 1 - \$0 Preferred Generics</b> Generics: \$0 / \$1.30 / \$3.60 / 15% Brands: \$0 / \$3.90 / \$8.95 / 15% *Dependent on LIS level
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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# MISSISSIPPI



## At a Glance:\*

- 28,000 Medicare Advantage members
- 42,000 Medicare PDP members
- 1,581 Primary care providers
- 5,590 Specialists
- 69 Hospitals



# MISSISSIPPI

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Dividend (HMO) H1416065000</b>	\$50/mth giveback of the Part B premium for up to \$600 per year
<b>WellCare Liberty (HMO SNP) H1416044000</b>	Flex Card (\$1000) \$300 each quarter for up to \$1200/year OTC Dental \$2000/year In home Support Services
<b>WellCare Access (HMO SNP) H1416034000</b>	Flexible Card (\$750 ) \$200 each quarter for up to \$800/year OTC In home Support Services



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Dividend (HMO) H1416065000
<b>Counties</b>	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Marshall, Neshoba, Newton, Panola, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yazoo
<b>Premium Part B Giveback</b>	<b>\$50</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>
<b>Inpatient Hospital - Acute</b>	<b>\$475 co-pay per day for Days 1-4 \$0 co-pay per day for Days 5-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$45</b>
<b>Over-the-Counter Items</b>	<b>\$35 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 500</b>
<b>Vision Benefits</b>	<b>Vision 100</b>
<b>Hearing Benefits</b>	<b>\$699/\$999 (2 Aids)</b>
<b>Rx Deductible</b>	<b>\$350</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$10</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>\$99</b>
<b>Tier 5: Specialty Tier</b>	<b>26%</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>

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Plan Benefits	WellCare Liberty (HMO D-SNP) H1416044000	WellCare Access (HMO D-SNP) H1416034000
<b>Counties</b>	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Marshall, Neshoba, Newton, Panola, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yazoo	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Marshall, Neshoba, Newton, Panola, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yazoo
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)*</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$0
<b>Over-the-Counter Items</b>	\$300 Every Three Months	\$200 Every Three Months
<b>Medically Necessary Transportation</b>	48 One-way trips Every Year	48 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 2000	Dental 1500
<b>Vision Benefits</b>	Vision 350	Vision 300
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$0	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Value (HMO) H1416038000	WellCare Essential (HMO-POS) H1416026000
<b>Counties</b>	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Marshall, Neshoba, Newton, Panola, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yazoo	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Marshall, Neshoba, Newton, Panola, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yazoo
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>	<b>\$40</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>	<b>\$6,700</b>
<b>Inpatient Hospital - Acute</b>	<b>\$300 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.</b>	<b>\$300 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$45</b>	<b>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$20 Every Month</b>	<b>\$60 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 500</b>	<b>Dental 750</b>
<b>Vision Benefits</b>	<b>Vision 100</b>	<b>Vision 200</b>
<b>Hearing Benefits</b>	<b>\$699/\$999 (2 Aids)</b>	<b>\$699/\$999 (2 Aids)</b>
<b>Rx Deductible</b>	<b>\$350</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$15</b>	<b>\$10</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>	<b>\$40</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>50%</b>	<b>\$99</b>
<b>Tier 5: Specialty Tier</b>	<b>26%</b>	<b>33%</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>

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Plan Benefits	WellCare Advance (HMO-POS) H1416060000
<b>Counties</b>	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Marshall, Neshoba, Newton, Panola, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yazoo
<b>Premium Part B Giveback</b>	<b>\$40</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$4,500</b>
<b>Inpatient Hospital - Acute</b>	<b>\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>
<b>PCP Office Visits</b>	<b>\$5</b>
<b>Specialist Office Visits</b>	<b>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$50 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>24 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 1000</b>
<b>Vision Benefits</b>	<b>Vision 200</b>
<b>Hearing Benefits</b>	<b>\$699/\$999 (2 Aids)</b>
<b>Rx Deductible</b>	<b>N/A</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>N/A</b>
<b>Tier 2: Generic</b>	<b>N/A</b>
<b>Tier 3: Preferred Brand</b>	<b>N/A</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>N/A</b>
<b>Tier 5: Specialty Tier</b>	<b>N/A</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>

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# NORTH CAROLINA



## At a Glance:\*

- 1,000 Medicare Advantage members
- 52,000 Medicare PDP members
- 1,052 Primary care providers
- 5,203 Specialists
- 26 Hospitals



# NORTH CAROLINA

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<p><b>WellCare Premier (PPO) H7175001000</b></p>	<p>\$0 Premium \$5500 combined max out of pocket Out of Network coverage Dental Vision Hearing OTC Meals for post-acute/chronic conditions Nursing hotline Health Club membership</p>
<p><b>WellCare Imperial (PPO DSNP) H7175002000</b></p>	<p>Dual SNP Out of Network coverage Dental (\$1000) Vision Hearing (2 aids) Transportation (24 trips) OTC (\$300 every quarter) Nursing hotline Health Club membership</p>
<p><b>WellCare Access (HMO SNP) H0712025000</b></p>	<p>Dental (\$2500) Vision Hearing (2 aids) Transportation (36 trips) OTC (\$400 every quarter) Meals for post-acute/chronic conditions Personal Emerg Response System Nursing hotline Health Club membership</p>



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Premier (PPO) H7175001000 In-Network	WellCare Premier (PPO) H7175001000 Out-Of-Network
<b>Counties</b>	Avery, Buncombe, Caswell, Durham, Haywood, Henderson, Jackson, Madison, McDowell, Mitchell, Orange, Person, Polk, Swain, Transylvania, Warren, Yancey	Avery, Buncombe, Caswell, Durham, Haywood, Henderson, Jackson, Madison, McDowell, Mitchell, Orange, Person, Polk, Swain, Transylvania, Warren, Yancey
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$5,500	N/A
<b>Inpatient Hospital - Acute</b>	\$325 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	35% coinsurance per day for Days 1-90.
<b>PCP Office Visits</b>	\$0	\$25
<b>Specialist Office Visits</b>	\$30	\$50
<b>Over-the-Counter Items</b>	\$75 Every Three Months	\$75 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 1000 INN	PPO Dental 1000 OON
<b>Vision Benefits</b>	PPO Vision 100 INN	PPO Vision 100 OON 30%
<b>Hearing Benefits</b>	PPO Hearing 500 INN	PPO Hearing 500 OON
<b>Rx Deductible</b>	\$100	\$100
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$10
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	50%	50%
<b>Tier 5: Specialty Tier</b>	31%	31%
<b>Laboratory Services</b>	\$0	35%
<b>X-Ray Services</b>	\$15	35%

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Plan Benefits	WellCare Imperial (PPO D-SNP) H7175002000 In-Network	WellCare Imperial (PPO D-SNP) H7175002000 Out-Of-Network
<b>Counties</b>	Avery, Caswell, Haywood, Henderson, Mitchell, Orange, Person, Polk, Swain, Transylvania, Yancey	Avery, Caswell, Haywood, Henderson, Mitchell, Orange, Person, Polk, Swain, Transylvania, Yancey
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)*</b>	\$0 - \$6.20	\$0 - \$6.20
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	N/A
<b>Inpatient Hospital - Acute</b>	\$0 or \$925 co-pay per day for Days 1-2 \$0 co-pay per day for Days 3-90.	\$0 - \$1,860 co-pay per stay.
<b>PCP Office Visits</b>	\$0 - 20%	\$0 - 40%
<b>Specialist Office Visits</b>	\$0 - 20%	\$0 - 40%
<b>Over-the-Counter Items</b>	\$300 Every Three Months	\$300 Every Three Months
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 1000 INN	PPO Dental 1000 OON
<b>Vision Benefits</b>	PPO Vision 300 INN	PPO Vision 300 OON
<b>Hearing Benefits</b>	PPO Hearing 1000 (2 Aids) INN	PPO Hearing 1000 (2 Aids) OON
<b>Rx Deductible*</b>	\$0	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	\$0 - 20%	\$0 - 40%
<b>X-Ray Services</b>	\$0 - 20%	\$0 - 40%

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Plan Benefits	WellCare Access (HMO D-SNP) H0712025000
<b>Counties</b>	Avery, Buncombe, Caswell, Durham, Haywood, Henderson, Jackson, Madison, McDowell, Mitchell, Orange, Person, Polk, Swain, Transylvania, Warren, Yancey
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0 - \$19.70
<b>In-Network Plan Deductible</b>	\$0 - \$175
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 or \$925 co-pay per day for Days 1-2 \$0 co-pay per day for Days 3-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0 - 20%
<b>Over-the-Counter Items</b>	\$400 Every Three Months
<b>Medically Necessary Transportation</b>	36 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 2500
<b>Vision Benefits</b>	Vision 300
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$0 - \$435
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0 - 20%

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Plan Benefits	WellCare Value (HMO) H0712022000	WellCare Value (HMO) H0712023000
<b>Counties</b>	Caswell, Durham, Orange, Person, Warren	Avery, Buncombe, Haywood, Henderson, Jackson, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Yancy
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	\$6,700
<b>Inpatient Hospital - Acute</b>	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$45	\$40
<b>Over-the-Counter Items</b>	\$23 Every Month	\$23 Every Month
<b>Medically Necessary Transportation</b>	10 One-way trips Every Year	10 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 750	Dental 750
<b>Vision Benefits</b>	Vision 200	Vision 200
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)	Hearing 750 (2 Aids)
<b>Rx Deductible</b>	\$150	\$165
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$12	\$12
<b>Tier 3: Preferred Brand</b>	\$45	\$47
<b>Tier 4: Non-Preferred Drug</b>	45%	45%
<b>Tier 5: Specialty Tier</b>	30%	30%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$45	\$45

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# NEW HAMPSHIRE



## At a Glance:\*

- NEW in market for 2020
- 26,823 Medicare PDP members
- 27 Specialists
- 2 Hospitals



# NEW HAMPSHIRE

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<p><b>WellCare Value (HMO) H2162001000</b></p>	<p>\$5 PCP Dental (\$750) Vision Hearing (2 aids) Transportation (24 trips) OTC Meals for post-acute/chronic conditions Nursing hotline Health Club membership</p>
<p><b>WellCare Premier (PPO) H0969001000</b></p>	<p>\$0 Premium Out of Network coverage Dental (\$500) Vision (\$100) Hearing OTC Transportation (24 trips) Meals for post-acute/chronic conditions Personal Emerg Response System Nursing hotline Health Club membership</p>
<p><b>WellCare Prime (PPO) H0969002000</b></p>	<p>\$40 Premium \$5500 combined max out of pocket Out of Network coverage \$5 PCP Dental (\$1000) Vision (\$200) Hearing OTC Transportation (24 trips) Meals for post-acute/chronic conditions Personal Emerg Response System Nursing hotline Health Club membership</p>



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Value (HMO) H2162001000
<b>Counties</b>	Carroll, Hillsborough, Rockingham, Strafford
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$30
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700
<b>Inpatient Hospital - Acute</b>	\$300 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$5
<b>Specialist Office Visits</b>	\$40
<b>Over-the-Counter Items</b>	\$25 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 750
<b>Vision Benefits</b>	Vision 100
<b>Hearing Benefits</b>	Hearing 500 (2 Aids)
<b>Rx Deductible</b>	\$160
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$15
<b>Tier 3: Preferred Brand</b>	\$47
<b>Tier 4: Non-Preferred Drug</b>	45%
<b>Tier 5: Specialty Tier</b>	30%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$40

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Plan Benefits	WellCare Premier (PPO) H0969001000 In-Network	WellCare Premier (PPO) H0969001000 Out-Of-Network
<b>Counties</b>	Carroll, Hillsborough, Rockingham, Strafford	Carroll, Hillsborough, Rockingham, Strafford
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	N/A
<b>Inpatient Hospital - Acute</b>	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$500 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.
<b>PCP Office Visits</b>	\$10	\$25
<b>Specialist Office Visits</b>	\$40	\$50
<b>Over-the-Counter Items</b>	\$50 Every Three Months	\$50 Every Three Months
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 500 INN	PPO Dental 500 OON
<b>Vision Benefits</b>	PPO Vision 100 INN	PPO Vision 100 OON 30%
<b>Hearing Benefits</b>	PPO Hearing 500 INN	PPO Hearing 500 OON
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$15	\$15
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%	48%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	35%
<b>X-Ray Services</b>	\$20	35%

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Plan Benefits	WellCare Prime (PPO) H0969002000 In-Network	WellCare Prime (PPO) H0969002000 Out-Of- Network
<b>Counties</b>	Carroll, Hillsborough, Rockingham, Strafford	Carroll, Hillsborough, Rockingham, Strafford
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$40	\$40
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,000	N/A
<b>Inpatient Hospital - Acute</b>	\$300 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$400 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$5	\$15
<b>Specialist Office Visits</b>	\$35	\$50
<b>Over-the-Counter Items</b>	\$60 Every Three Months	\$60 Every Three Months
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 1000 INN	PPO Dental 1000 OON
<b>Vision Benefits</b>	PPO Vision 200 INN	PPO Vision 200 OON
<b>Hearing Benefits</b>	PPO Hearing 500 INN	PPO Hearing 500 OON
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$15	\$15
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%	48%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$40
<b>X-Ray Services</b>	\$15	30%

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# NEW JERSEY



## At a Glance:\*

- 8,000 Medicare Advantage members
- 45,000 Medicare PDP members
- 3,671 Primary care providers
- 13,738 Specialists
- 66 Hospitals



# NEW JERSEY

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Focus (HMO)</b> <b>H0913017000</b>	Tier 1 limited to SMG providers with rich benefits Low AB costshares
<b>WellCare Compass (HMO)</b> <b>H0913015000</b>	Geared toward LIS beneficiaries OTC and Dental Lower cost sharing in comparison to other plans
<b>WellCare Liberty (HMO SNP)</b> <b>H0913013000</b>	Ancillary benefits have most flexibility Chronic meals OTC card/Catalog option PERS Acupuncture



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Focus (HMO) H0913017000 In-Tier 1	WellCare Focus (HMO) H0913017000 In-Tier 2
<b>Counties</b>	Bergen, Middlesex	Bergen, Middlesex
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$5,900	\$5,900
<b>Inpatient Hospital - Acute</b>	\$325 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$490 co-pay per day for Days 1-4 \$0 co-pay per day for Days 5-90.
<b>PCP Office Visits</b>	\$0	\$25
<b>Specialist Office Visits</b>	\$25	\$50
<b>Over-the-Counter Items</b>	\$100 Every Three Months	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 1000	Dental 1000
<b>Vision Benefits</b>	Vision 200	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$400	\$400
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$10
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%	48%
<b>Tier 5: Specialty Tier</b>	25%	25%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$25

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Plan Benefits	WellCare Compass (HMO) H0913015000
<b>Counties</b>	Atlantic, Bergen, Burlington, Camden, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Union
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$14.80
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700
<b>Inpatient Hospital - Acute</b>	\$330 co-pay per day for Days 1-4 \$0 co-pay per day for Days 5-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$25
<b>Over-the-Counter Items</b>	\$65 Every Three Months
<b>Medically Necessary Transportation</b>	6 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 1000
<b>Vision Benefits</b>	Vision 100
<b>Hearing Benefits</b>	Hearing 500
<b>Rx Deductible</b>	\$435
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	\$3
<b>Tier 2: Generic</b>	\$9
<b>Tier 3: Preferred Brand</b>	\$47
<b>Tier 4: Non-Preferred Drug</b>	50%
<b>Tier 5: Specialty Tier</b>	25%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Liberty (HMO D-SNP) H0913013000
<b>Counties</b>	Atlantic, Bergen, Burlington, Camden, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Union
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$200 Every Three Months
<b>Medically Necessary Transportation</b>	N/A
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Medicare Only
<b>Vision Benefits</b>	Medicare Only
<b>Hearing Benefits</b>	Medicare Only
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 1 to 5
<b>Tier 1: Preferred Generic</b>	Generics: \$0 Brands: \$0 *Dependent on LIS level
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Value (HMO-POS) H0913002000
<b>Counties</b>	Atlantic, Bergen, Burlington, Camden, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Union
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700
<b>Inpatient Hospital - Acute</b>	\$475 co-pay per day for Days 1-4 \$0 co-pay per day for Days 5-90.
<b>PCP Office Visits</b>	\$5
<b>Specialist Office Visits</b>	\$30
<b>Over-the-Counter Items</b>	\$50 Every Three Months
<b>Medically Necessary Transportation</b>	N/A
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 500
<b>Vision Benefits</b>	Vision 100
<b>Hearing Benefits</b>	Hearing 500
<b>Rx Deductible</b>	\$0
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	\$2
<b>Tier 2: Generic</b>	\$15
<b>Tier 3: Preferred Brand</b>	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%
<b>Tier 5: Specialty Tier</b>	33%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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# NEW YORK



## At a Glance:\*

- 89,000 Medicare Advantage members
- 64,000 Medicare PDP members
- 12,208 Primary care providers
- 52,628 Specialists
- 247 Hospitals



# NEW YORK

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Element (HMO) H4868022000</b>	New Plan designed for the Asian population Rich benefits Little ancillary options
<b>WellCare Premier (PPO) H0088001000</b>	Removed Tier Structure
<b>WellCare Today's Options Advantage Plus 550B (PPO) H2775106000</b>	Low Premium & Variety of Ancillary Benefits
<b>WellCare Today's Options Advantage Plus 550B (PPO) H2775107000</b>	Low Premium & Variety of Ancillary Benefits
<b>WellCare Liberty (HMO SNP) H4868002000</b>	Variety of Ancillary Benefits
<b>WellCare Access (HMO SNP) H4868004000</b>	Variety of Ancillary Benefits
<b>WellCare Access (HMO SNP) H4868014000</b>	Variety of Ancillary Benefits



**Here are more details about the  
WellCare portfolio this year.**

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portfolio of plans your customers love.**



Plan Benefits	WellCare Element (HMO) H4868022000
<b>Counties</b>	Kings, New York, Queens, Bronx
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700
<b>Inpatient Hospital - Acute</b>	\$650 co-pay per day for Days 1-3 \$0 co-pay per day for Days 4-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$25
<b>Over-the-Counter Items</b>	\$17 Every Month
<b>Medically Necessary Transportation</b>	N/A
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 750
<b>Vision Benefits</b>	Medicare Only
<b>Hearing Benefits</b>	Medicare Only
<b>Rx Deductible</b>	\$0
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$15
<b>Tier 3: Preferred Brand</b>	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%
<b>Tier 5: Specialty Tier</b>	33%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Premier (PPO) H0088001000 In-Network	WellCare Premier (PPO) H0088001000 Out-Of-Network
<b>Counties</b>	New York	New York
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$19	\$19
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	N/A
<b>Inpatient Hospital - Acute</b>	\$600 co-pay per stay.	\$350 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.
<b>PCP Office Visits</b>	\$0	\$25
<b>Specialist Office Visits</b>	\$35	\$60
<b>Over-the-Counter Items</b>	\$20 Every Month	\$20 Every Month
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 500 INN	PPO Dental 500 OON
<b>Vision Benefits</b>	PPO Vision 100 INN	PPO Vision 100 OON 50%
<b>Hearing Benefits</b>	PPO Hearing 350 INN	PPO Hearing 350 OON
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$15	\$15
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%	48%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	30%
<b>X-Ray Services</b>	\$0	30%

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Plan Benefits	WellCare Today's Options Advantage Plus 550B (PPO) H2775106000 In-Network	WellCare Today's Options Advantage Plus 550B (PPO) H2775106000 Out-Of-Network
<b>Counties</b>	Cattaraugus, Chautauqua, Columbia, Essex, Franklin, Greene, Hamilton, Monroe, Niagara, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates, Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, Washington, Queens, Nassau, Suffolk	Cattaraugus, Chautauqua, Columbia, Essex, Franklin, Greene, Hamilton, Monroe, Niagara, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates, Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, Washington, Queens, Nassau, Suffolk
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$10</b>	<b>\$10</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>	<b>N/A</b>
<b>Inpatient Hospital - Acute</b>	<b>\$325 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.</b>	<b>\$388 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.</b>
<b>PCP Office Visits</b>	<b>\$5</b>	<b>\$25</b>
<b>Specialist Office Visits</b>	<b>\$35</b>	<b>\$60</b>
<b>Over-the-Counter Items</b>	<b>\$25 Every Month</b>	<b>\$25 Every Month</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>PPO Dental 500 INN</b>	<b>PPO Dental 500 OON</b>
<b>Vision Benefits</b>	<b>PPO Vision 100 INN</b>	<b>PPO Vision 100 OON 30%</b>
<b>Hearing Benefits</b>	<b>PPO Hearing 750 (2 Aids) INN</b>	<b>PPO Hearing 750 (2 Aids) OON</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>\$7</b>	<b>\$7</b>
<b>Tier 2: Generic</b>	<b>\$12</b>	<b>\$12</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>\$100</b>	<b>\$100</b>
<b>Tier 5: Specialty Tier</b>	<b>33%</b>	<b>33%</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>30%</b>
<b>X-Ray Services</b>	<b>\$15</b>	<b>30%</b>

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Plan Benefits	WellCare Today's Options Advantage Plus 550B (PPO) H2775107000 In-Network	WellCare Today's Options Advantage Plus 550B (PPO) H2775107000 Out-Of-Network
<b>Counties</b>	Clinton, Delaware, Jefferson, Lewis	Clinton, Delaware, Jefferson, Lewis
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$10	\$10
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	N/A
<b>Inpatient Hospital - Acute</b>	\$325 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$388 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.
<b>PCP Office Visits</b>	\$10	\$25
<b>Specialist Office Visits</b>	\$35	\$60
<b>Over-the-Counter Items</b>	\$10 Every Month	\$10 Every Month
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 500 INN	PPO Dental 500 OON
<b>Vision Benefits</b>	PPO Vision 100 INN	PPO Vision 100 OON 30%
<b>Hearing Benefits</b>	PPO Hearing 750 (2 Aids) OON	PPO Hearing 750 (2 Aids) OON
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$7	\$7
<b>Tier 2: Generic</b>	\$12	\$12
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	30%
<b>X-Ray Services</b>	\$15	30%

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Plan Benefits	WellCare Liberty (HMO D-SNP) H4868002000	WellCare Access (HMO D-SNP) H4868004000
<b>Counties</b>	Albany, Broome, Erie, Monroe, Niagara, Oneida, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Ulster	Broome, Dutchess, Erie, Niagara, Oneida, Onondaga, Orange, Rockland, Saratoga, Schenectady, Suffolk, Wayne, Westchester
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)*</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$0
<b>Over-the-Counter Items</b>	\$125 Every Month	\$125 Every Month
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Medicare Only	Preventive Plus
<b>Vision Benefits</b>	Vision 100	Vision 100
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)	Hearing 750 (2 Aids)
<b>Rx Deductible*</b>	\$0	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Access (HMO D-SNP) H4868014000
<b>Counties</b>	Kings, Nassau, New York, Queens, Richmond
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$110 Every Month
<b>Medically Necessary Transportation</b>	20 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Preventive Plus
<b>Vision Benefits</b>	Vision 100
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Choice (HMO) H4868021000	WellCare Value (HMO) H4868019000
<b>Counties</b>	Kings, New York, Queens, Richmond	Albany, Broome, Erie, Niagara, Oneida, Rensselaer, Rockland, Saratoga, Schenectady
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	\$150	\$225
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	\$6,700
<b>Inpatient Hospital - Acute</b>	\$650 co-pay per day for Days 1-3 \$0 co-pay per day for Days 4-90.	\$600 co-pay per day for Days 1-3 \$0 co-pay per day for Days 4-90.
<b>PCP Office Visits</b>	\$10	\$10
<b>Specialist Office Visits</b>	\$50	\$50
<b>Over-the-Counter Items</b>	\$17 Every Month	\$17 Every Month
<b>Medically Necessary Transportation</b>	12 One-way trips Every Year	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 500	Dental 500
<b>Vision Benefits</b>	Vision 100	Vision 100
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)	Hearing 750 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$15	\$12
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%	48%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Today's Options Classic (HMO) H4868001000
<b>Counties</b>	Broome, Cayuga, Chenango, Cortland, Jefferson, Onondaga, Erie, Niagra, Oneida, Schenectady
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	\$200
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700
<b>Inpatient Hospital - Acute</b>	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$40
<b>Over-the-Counter Items</b>	\$17 Every Month
<b>Medically Necessary Transportation</b>	N/A
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 500
<b>Vision Benefits</b>	Vision 100
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)
<b>Rx Deductible</b>	\$0
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$15
<b>Tier 3: Preferred Brand</b>	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%
<b>Tier 5: Specialty Tier</b>	33%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Today's Options Advantage Plus 150A (PPO) H2775105000 In-Network	WellCare Today's Options Advantage Plus 150A (PPO) H2775105000 Out-Of-Network
<b>Counties</b>	Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, Washington, Cattaraugus, Chautauqua, Clinton, Columbia, Delaware, Essex, Franklin, Greene, Hamilton, Jefferson, Lewis, Monroe, Niagara, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates, Nassau, Queens, Suffolk	Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, Washington, Cattaraugus, Chautauqua, Clinton, Columbia, Delaware, Essex, Franklin, Greene, Hamilton, Jefferson, Lewis, Monroe, Niagara, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates, Nassau, Queens, Suffolk
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0.</b>
<b>Total Premium (Part C Part D)</b>	<b>\$136</b>	<b>\$136</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,400</b>	<b>N/A</b>
<b>Inpatient Hospital - Acute</b>	<b>\$600 co-pay per stay.</b>	<b>\$350 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$10</b>
<b>Specialist Office Visits</b>	<b>\$25</b>	<b>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$25 Every Month</b>	<b>\$25 Every Month</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>PPO Dental 500 INN</b>	<b>PPO Dental 500 OON</b>
<b>Vision Benefits</b>	<b>PPO Vision 100 INN</b>	<b>PPO Vision 100 OON 30%</b>
<b>Hearing Benefits</b>	<b>PPO Hearing 750 (2 Aids) INN</b>	<b>PPO Hearing 750 (2 Aids) OON</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>\$5</b>	<b>\$5</b>
<b>Tier 2: Generic</b>	<b>\$10</b>	<b>\$10</b>
<b>Tier 3: Preferred Brand</b>	<b>\$45</b>	<b>\$45</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>\$85</b>	<b>\$85</b>
<b>Tier 5: Specialty Tier</b>	<b>33%</b>	<b>33%</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>30%</b>
<b>X-Ray Services</b>	<b>\$15</b>	<b>30%</b>

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Plan Benefits	WellCare Today's Options Advantage Plus 750B (PPO) H2775100000 In-Network	WellCare Today's Options Advantage Plus 750B (PPO) H2775100000 Out-Of-Network
<b>Counties</b>	Dutchess, Orange, Putnam, Rockland, Ulster, Westchester	Dutchess, Orange, Putnam, Rockland, Ulster, Westchester
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$83	\$83
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	N/A
<b>Inpatient Hospital - Acute</b>	\$385 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$388 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.
<b>PCP Office Visits</b>	\$15	\$30
<b>Specialist Office Visits</b>	\$40	\$60
<b>Over-the-Counter Items</b>	\$10 Every Month	\$10 Every Month
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 500 INN	PPO Dental 500 OON
<b>Vision Benefits</b>	UAM Routine Exam Only INN	UAM Routine Exam Only OON
<b>Hearing Benefits</b>	PPO Hearing 750 (2 Aids) INN	PPO Hearing 750 (2 Aids) OON
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$7	\$7
<b>Tier 2: Generic</b>	\$12	\$12
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	30%
<b>X-Ray Services</b>	\$15	30%

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Plan Benefits	WellCare Today's Options Advantage 300 (PPO) H2775108000 In-Network	WellCare Today's Options Advantage 300 (PPO) H2775108000 Out-Of-Network
<b>Counties</b>	Cattaraugus, Chautauqua, Clinton, Columbia, Delaware, Essex, Franklin, Greene, Hamilton, Jefferson, Lewis, Monroe, Niagara, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates	Cattaraugus, Chautauqua, Clinton, Columbia, Delaware, Essex, Franklin, Greene, Hamilton, Jefferson, Lewis, Monroe, Niagara, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	N/A
<b>Inpatient Hospital - Acute</b>	\$293 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$325 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.
<b>PCP Office Visits</b>	\$5	\$15
<b>Specialist Office Visits</b>	\$30	\$50
<b>Over-the-Counter Items</b>	\$10 Every Month	\$10 Every Month
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Medicare Only	Medicare Only
<b>Vision Benefits</b>	UAM Routine Exam Only INN	UAM Routine Exam Only OON
<b>Hearing Benefits</b>	PPO Hearing 750 (2 Aids) INN	PPO Hearing 750 (2 Aids) OON
<b>Rx Deductible</b>	N/A	N/A
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	N/A	N/A
<b>Tier 2: Generic</b>	N/A	N/A
<b>Tier 3: Preferred Brand</b>	N/A	N/A
<b>Tier 4: Non-Preferred Drug</b>	N/A	N/A
<b>Tier 5: Specialty Tier</b>	N/A	N/A
<b>Laboratory Services</b>	\$0	30%
<b>X-Ray Services</b>	\$15	30%

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Plan Benefits	WellCare Choice (HMO) H4868020000	WellCare Value (HMO) H4868018000
<b>Counties</b>	Bronx	Monroe, Dutchess, Onondaga, Orange, Wayne
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$76.90
<b>In-Network Plan Deductible</b>	No	\$125
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	\$6,700
<b>Inpatient Hospital - Acute</b>	\$650 co-pay per day for Days 1-3 \$0 co-pay per day for Days 4-90.	\$650 co-pay per day for Days 1-3 \$0 co-pay per day for Days 4-90.
<b>PCP Office Visits</b>	\$0	\$5
<b>Specialist Office Visits</b>	\$50	\$50
<b>Over-the-Counter Items</b>	\$25 Every Month	N/A
<b>Medically Necessary Transportation</b>	12 One-way trips Every Year	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 500	Preventive Plus
<b>Vision Benefits</b>	Vision 100	Vision 100
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)	Hearing 350
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$15	\$12
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%	48%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Preferred (HMO) H4868010000	WellCare Choice (HMO) H4868007000
<b>Counties</b>	Bronx, Kings, New York, Queens, Richmond, Westchester	Nassau
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$81	\$55
<b>In-Network Plan Deductible</b>	No	\$250
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	\$6,700
<b>Inpatient Hospital - Acute</b>	\$295 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$500 co-pay per day for Days 1-3 \$0 co-pay per day for Days 4-90.
<b>PCP Office Visits</b>	\$0	\$5
<b>Specialist Office Visits</b>	\$30	\$40
<b>Over-the-Counter Items</b>	\$5 Every Month	\$10 Every Month
<b>Medically Necessary Transportation</b>	8 One-way trips Every Year	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 1000	Dental 500
<b>Vision Benefits</b>	Vision 200	Vision 100
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)	Hearing 750 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$15	\$10
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%	48%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Rx (HMO) H4868016000	WellCare Advance (HMO) H4868003000
<b>Counties</b>	New York, Queens, Richmond	Albany, Broome, Dutchess, Erie, Monroe, Niagara, Oneida, Onondaga, Orange, Rockland, Saratoga, Schenectady, Ulster, Wayne, Westchester
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$12.70	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	\$6,700
<b>Inpatient Hospital - Acute</b>	\$600 co-pay per day for Days 1-3 \$0 co-pay per day for Days 4-90.	\$300 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$10
<b>Specialist Office Visits</b>	\$45	\$35
<b>Over-the-Counter Items</b>	\$30 Every Month	N/A
<b>Medically Necessary Transportation</b>	30 One-way trips Every Year	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 500	Dental 750
<b>Vision Benefits</b>	Vision 100	Vision 100
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)	Hearing 350
<b>Rx Deductible</b>	\$435	N/A
<b>Deductible Tiers</b>	Tiers 2 to 5	N/A
<b>Tier 1: Preferred Generic</b>	\$0	N/A
<b>Tier 2: Generic</b>	\$20	N/A
<b>Tier 3: Preferred Brand</b>	\$47	N/A
<b>Tier 4: Non-Preferred Drug</b>	50%	N/A
<b>Tier 5: Specialty Tier</b>	25%	N/A
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Access (HMO D-SNP) H4868015000
<b>Counties</b>	Bronx
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$80 Every Month
<b>Medically Necessary Transportation</b>	20 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Preventive Plus
<b>Vision Benefits</b>	Vision 100
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Choice (HMO) H4868008000	WellCare Rx (HMO) H4868017000
<b>Counties</b>	Ulster	Bronx, Kings
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$35	\$12.70
<b>In-Network Plan Deductible</b>	\$175	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	\$6,700
<b>Inpatient Hospital - Acute</b>	\$500 co-pay per day for Days 1-3 \$0 co-pay per day for Days 4-90.	\$600 co-pay per day for Days 1-3 \$0 co-pay per day for Days 4-90.
<b>PCP Office Visits</b>	\$10	\$5
<b>Specialist Office Visits</b>	\$50	\$50
<b>Over-the-Counter Items</b>	\$10 Every Month	\$30 Every Month
<b>Medically Necessary Transportation</b>	N/A	30 One-way trips Every Year
<b>Fitness Membership</b>	N/A	Covered
<b>Dental Benefits</b>	Preventive Plus	Dental 500
<b>Vision Benefits</b>	Vision 100	Vision 100
<b>Hearing Benefits</b>	Hearing 350	Hearing 750 (2 Aids)
<b>Rx Deductible</b>	\$0	\$435
<b>Deductible Tiers</b>	N/A	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	\$2	\$0
<b>Tier 2: Generic</b>	\$12	\$20
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	48%	50%
<b>Tier 5: Specialty Tier</b>	33%	25%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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# OHIO



## At a Glance:\*

- NEW in market for 2020
- 399 Medicare Advantage Members
- 175,511 Medicare PDP members



# OHIO

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Essential (HMO-POS) H5475022000</b>	\$10-\$25 specialist copays Large quarterly OTC benefit \$3,000 comp. dental + dentures \$3,000 hearing aid coverage
<b>WellCare Extra Plus (HMO-POS SNP) H5475021000</b>	Up to \$4,500 per year comp. dental + dentures + 1 bridge or crown per quarter Deluxe homemaker services \$3,000 per year hearing aid coverage



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Essential (HMO-POS) H5475022000
<b>Counties</b>	Cuyahoga, Geauga, Lake, Lorain, Medina, Summit
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,200
<b>Inpatient Hospital - Acute</b>	\$275 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$25
<b>Over-the-Counter Items</b>	\$150 Every Three Months
<b>Medically Necessary Transportation</b>	N/A
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Meridian Preventive 500 Comprehensive 3000
<b>Vision Benefits</b>	Meridian Vision 300
<b>Hearing Benefits</b>	Meridian Hearing 3000
<b>Rx Deductible</b>	\$0
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$10
<b>Tier 3: Preferred Brand</b>	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100
<b>Tier 5: Specialty Tier</b>	33%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Extra Plus (HMO-POS D-SNP) H5475021000
<b>Counties</b>	Cuyahoga, Geauga, Lake, Lorain, Medina, Summit
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$300 Every Three Months
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Meridian Preventive 500 Comprehensive 1125*4
<b>Vision Benefits</b>	Meridian Vision 450 + Upgrades
<b>Hearing Benefits</b>	Meridian Hearing 3000
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Essential (HMO-POS) H5475013000	WellCare Essential (HMO-POS) H5475016000
<b>Counties</b>	Clermont, Hamilon	Butler, Greene, Miami, Montgomery, Preble, Warren
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$4,800	\$4,600
<b>Inpatient Hospital - Acute</b>	\$340 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$295 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$38	\$40
<b>Over-the-Counter Items</b>	\$25 Every Month	\$20 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Meridian Preventive 500	Meridian Preventive 500 Comprehensive 1100
<b>Vision Benefits</b>	Meridian Vision 350 + Upgrades	Vision 300
<b>Hearing Benefits</b>	Meridian Hearing 3000	Hearing 500
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$15
<b>Tier 3: Preferred Brand</b>	\$45	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Extra Plus (HMO-POS D-SNP) H5475015000
<b>Counties</b>	Butler, Montgomery, Preble, Warren, Greene, Miami
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$80 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Meridian Preventive 500 Comprehensive 875*2 + Dentures
<b>Vision Benefits</b>	Meridian Vision 500 + Upgrades
<b>Hearing Benefits</b>	Meridian Hearing 3000
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Extra Plus (HMO-POS D-SNP) H5475010000	WellCare Extra Plus (HMO-POS D-SNP) H5475012000
<b>Counties</b>	Fulton, Henry, Lucas, Wood	Clermont, Hamilton
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)*</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$0
<b>Over-the-Counter Items</b>	\$75 Every Month	\$100 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Meridian Preventive 500 Comprehensive 1000*2	Meridian Preventive 500 Comprehensive 750*2 + Dentures
<b>Vision Benefits</b>	Meridian Vision 450 + Upgrades	Meridian Vision 500 + Upgrades
<b>Hearing Benefits</b>	Meridian Hearing 1000	Meridian Hearing 4000
<b>Rx Deductible*</b>	\$0	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Essential (HMO-POS) H5475011000	WellCare Essential Smile (HMO-POS) H5475028000
<b>Counties</b>	Fulton, Henry, Lucas, Wood	Clermont, Hamilton
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$4,400	\$4,800
<b>Inpatient Hospital - Acute</b>	\$275 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$340 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$40	\$38
<b>Over-the-Counter Items</b>	\$20 Every Month	\$20 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Meridian Preventive 500	Meridian Preventive 500 Comprehensive 1500 + Dentures
<b>Vision Benefits</b>	Meridian Vision 200	Meridian Vision 200
<b>Hearing Benefits</b>	Meridian Hearing 500	Meridian Hearing 500
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$10
<b>Tier 3: Preferred Brand</b>	\$47	\$45
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Extra Smile (HMO-POS D-SNP) H5475027000
<b>Counties</b>	Clermont, Hamilton
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	N/A
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Meridian Preventive 500 Comprehensive 1125*4
<b>Vision Benefits</b>	Meridian Vision 250
<b>Hearing Benefits</b>	Hearing 1000
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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# SOUTH CAROLINA



## At a Glance:\*

- 13,000 Medicare Advantage members
- 19,000 Medicare PDP members
- 3,319 Primary care providers
- 15,603 Specialists
- 92 Hospitals



# SOUTH CAROLINA

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Elite (HMO)</b> <b>H4847001000</b>	MOOP \$3,400 30 Additional Inpatient Acute Days \$0 Copay for Cardiac, Intensive Cardiac, and Pulmonary Rehab Services
<b>WellCare Elite (HMO)</b> <b>H4847002000</b>	MOOP \$3,400 Unlimited Inpatient Acute Days Medically Necessary Transportation (12 One-way trips every year) Dental Benefit \$1,000 max
<b>WellCare Compass (HMO)</b> <b>H4847005000</b>	MOOP \$3,400 Medically Necessary Transportation (24 One-way trips every year) Dental Benefit \$1,500 max Hearing Aid Benefit \$2,000 max (\$1,000 per ear every year)
<b>WellCare Absolute (PPO)</b> <b>H7326003000</b>	\$60 Part B Premium Giveback Post-Acute Meals immediately following an inpatient hospital stay (14 days with a max of 10 meals)
<b>WellCare Flex Complete (PPO)</b> <b>H7326004000</b>	MOOP \$2,500 INN/\$5,100 Combined Unlimited Acute Inpatient Days Routine Chiropractic Benefit (12 visits every year) Dental Benefit \$1,000 max Hearing Aid Benefit \$2,000 max (\$1,000 per ear every year)
<b>WellCare Access (HMO SNP)</b> <b>H1416036000</b>	MOOP \$3,400 Routine Chiropractic Benefit (12 visits every year) Medically Necessary Transportation (60 One-way trips every year) OTC Benefit at \$110 monthly In-Home Support Services (24 visits every year) Dental Benefit \$2,500 max
<b>WellCare Access (HMO SNP)</b> <b>H4847004000</b>	MOOP \$3,400 Routine Chiropractic Benefit (12 visits every year) Medically Necessary Transportation (60 One-way trips every year) OTC Benefit at \$110 monthly In-Home Support Services (24 visits every year) Dental Benefit \$2,500 max



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Elite (HMO) H4847001000	WellCare Elite (HMO) H4847002000
<b>Counties</b>	Charleston, Cherokee, Fairfield, Greenville, Laurens, Pickens, Richland, Saluda, Spartanburg, Union	Abbeville, McCormick, Newberry, Anderson, Beaufort, Greenwood, Horry, Lancaster, Lexington, Oconee, Orangeburg, Sumter, York
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$275 co-pay per day for Days 1-8 \$0 co-pay per day for Days 9-90.	\$325 co-pay per day for Days 1-8 \$0 co-pay per day for Days 9-90.
<b>PCP Office Visits</b>	\$0	\$5
<b>Specialist Office Visits</b>	\$35	\$40
<b>Over-the-Counter Items</b>	\$25 Every Month	\$25 Every Month
<b>Medically Necessary Transportation</b>	N/A	12 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 1000	Dental 1000
<b>Vision Benefits</b>	Vision 200	Vision 200
<b>Hearing Benefits</b>	Hearing 350	Hearing 350
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$10
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$90	\$90
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Compass (HMO) H4847005000
<b>Counties</b>	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York
<b>Premium Part B Giveback</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$13.60</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,400</b>
<b>Inpatient Hospital - Acute</b>	<b>\$250 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$25</b>
<b>Over-the-Counter Items</b>	<b>\$30 Every Month</b>
<b>Medically Necessary Transportation</b>	<b>24 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 1500</b>
<b>Vision Benefits</b>	<b>Vision 300</b>
<b>Hearing Benefits</b>	<b>Hearing 1000 (2 Aids)</b>
<b>Rx Deductible</b>	<b>\$435</b>
<b>Deductible Tiers</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$20</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>47%</b>
<b>Tier 5: Specialty Tier</b>	<b>25%</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>

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Plan Benefits	WellCare Absolute (PPO) H7326003000 In-Network	WellCare Absolute (PPO) H7326003000 Out-Of-Network
<b>Counties</b>	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York
<b>Premium Part B Giveback</b>	<b>\$60</b>	<b>\$60</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>	<b>N/A</b>
<b>Inpatient Hospital - Acute</b>	<b>\$325 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.</b>	<b>40% coinsurance per day for Days 1-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$50</b>
<b>Specialist Office Visits</b>	<b>\$45</b>	<b>\$50</b>
<b>Over-the-Counter Items</b>	<b>N/A</b>	<b>N/A</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>PPO Dental 750 INN</b>	<b>PPO Dental 750 OON</b>
<b>Vision Benefits</b>	<b>PPO Vision 100 INN</b>	<b>PPO Vision 100 OON 30%</b>
<b>Hearing Benefits</b>	<b>PPO Hearing 350 INN</b>	<b>PPO Hearing 350 OON</b>
<b>Rx Deductible</b>	<b>\$90</b>	<b>\$90</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$15</b>	<b>\$15</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>\$100</b>	<b>\$100</b>
<b>Tier 5: Specialty Tier</b>	<b>31%</b>	<b>31%</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>40%</b>
<b>X-Ray Services</b>	<b>\$5</b>	<b>40%</b>

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Plan Benefits	WellCare Flex Complete (PPO) H7326004000 In-Network	WellCare Flex Complete (PPO) H7326004000 Out-Of-Network
<b>Counties</b>	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$90	\$90
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$2,500	N/A
<b>Inpatient Hospital - Acute</b>	\$200 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$200 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$25	\$25
<b>Over-the-Counter Items</b>	\$50 Every Three Months	\$50 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 1000 INN	PPO Dental 1000 OON
<b>Vision Benefits</b>	PPO Vision 200 INN	PPO Vision 200 OON
<b>Hearing Benefits</b>	PPO Hearing 1000 (2 Aids) INN	PPO Hearing 1000 (2 Aids) OON
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$9	\$9
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	40%
<b>X-Ray Services</b>	\$0	40%

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Plan Benefits	WellCare Access (HMO D-SNP) H1416036000	WellCare Access (HMO D-SNP) H4847004000
<b>Counties</b>	Abbeville, Cherokee, Greenville, Greenwood, McCormick, Newberry, Pickens, Saluda, Spartanburg, Union	Anderson, Beaufort, Horry, Lancaster, Lexington, Oconee, Orangeburg, Sumter, York
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)*</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$0
<b>Over-the-Counter Items</b>	\$110 Every Three Months	\$110 Every Month
<b>Medically Necessary Transportation</b>	60 One-way trips Every Year	60 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 2500	Dental 2500
<b>Vision Benefits</b>	Vision 350	Vision 350
<b>Hearing Benefits</b>	Hearing 350	Hearing 350
<b>Rx Deductible*</b>	\$0	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Premier (PPO) H7326001000 In-Network	WellCare Premier (PPO) H7326001000 Out-Of-Network
<b>Counties</b>	Charleston, Fairfield, Greenville, Greenwood, Laurens, Pickens, Richland, Spartanburg, Union, Anderson, Beaufort, Horry, Lancaster, Lexington, Oconee, Orangeburg, Sumter, York	Charleston, Fairfield, Greenville, Greenwood, Laurens, Pickens, Richland, Spartanburg, Union, Anderson, Beaufort, Horry, Lancaster, Lexington, Oconee, Orangeburg, Sumter, York
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,000</b>	<b>N/A</b>
<b>Inpatient Hospital - Acute</b>	<b>\$300 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>	<b>20% coinsurance per day for Days 1-90.</b>
<b>PCP Office Visits</b>	<b>\$5</b>	<b>\$50</b>
<b>Specialist Office Visits</b>	<b>\$40</b>	<b>\$50</b>
<b>Over-the-Counter Items</b>	<b>\$20 Every Month</b>	<b>\$20 Every Month</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>PPO Dental 750 INN</b>	<b>PPO Dental 750 OON</b>
<b>Vision Benefits</b>	<b>PPO Vision 200 INN</b>	<b>PPO Vision 200 OON</b>
<b>Hearing Benefits</b>	<b>PPO Hearing 350 INN</b>	<b>PPO Hearing 350 OON</b>
<b>Rx Deductible</b>	<b>\$100</b>	<b>\$100</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$5</b>	<b>\$5</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>35%</b>	<b>35%</b>
<b>Tier 5: Specialty Tier</b>	<b>31%</b>	<b>31%</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>30%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>30%</b>

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Plan Benefits	WellCare Prime (PPO) H7326002000 In-Network	WellCare Prime (PPO) H7326002000 Out-Of-Network
<b>Counties</b>	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Pickens, Richland, Saluda, Spartanburg, Union, Oconee, Orangeburg, Sumter, York	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Pickens, Richland, Saluda, Spartanburg, Union, Oconee, Orangeburg, Sumter, York
<b>Premium Part B Giveback</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$30</b>	<b>\$30</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,000</b>	<b>N/A</b>
<b>Inpatient Hospital - Acute</b>	<b>\$275 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.</b>	<b>\$275 co-pay per day for Days 1-7 \$0 co-pay per day for Days 8-90.</b>
<b>PCP Office Visits</b>	<b>\$5</b>	<b>\$5</b>
<b>Specialist Office Visits</b>	<b>\$35</b>	<b>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$20 Every Month</b>	<b>\$20 Every Month</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>PPO Dental 1000 INN</b>	<b>PPO Dental 1000 OON</b>
<b>Vision Benefits</b>	<b>PPO Vision 300 INN</b>	<b>PPO Vision 300 OON</b>
<b>Hearing Benefits</b>	<b>PPO Hearing 350 INN</b>	<b>PPO Hearing 350 OON</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$7</b>	<b>\$7</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>35%</b>	<b>35%</b>
<b>Tier 5: Specialty Tier</b>	<b>33%</b>	<b>33%</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$20</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$20</b>

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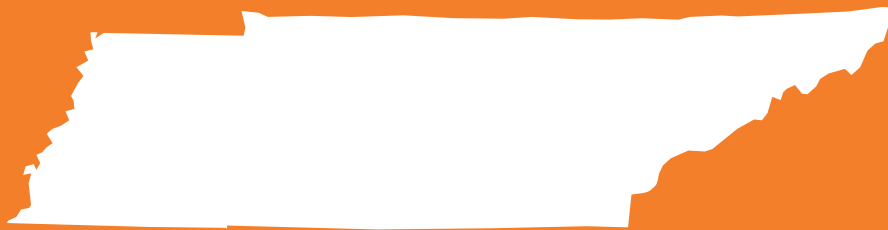
Plan Benefits	WellCare Advance (HMO-POS) H1416059000
<b>Counties</b>	Abbeville, Cherokee, Greenville, Greenwood, McCormick, Newberry, Pickens, Saluda, Spartanburg, Union
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$4,500
<b>Inpatient Hospital - Acute</b>	\$325 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$35
<b>Over-the-Counter Items</b>	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 1000
<b>Vision Benefits</b>	Vision 200
<b>Hearing Benefits</b>	Hearing 350
<b>Rx Deductible</b>	N/A
<b>Deductible Tiers</b>	N/A
<b>Tier 1: Preferred Generic</b>	N/A
<b>Tier 2: Generic</b>	N/A
<b>Tier 3: Preferred Brand</b>	N/A
<b>Tier 4: Non-Preferred Drug</b>	N/A
<b>Tier 5: Specialty Tier</b>	N/A
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Value (HMO) H1416056000	WellCare Value (HMO) H1416057000
<b>Counties</b>	Cherokee, Greenville, Pickens, Saluda, Spartanburg, Union	Abbeville, Greenwood, McCormick, Newberry
<b>Premium Part B Giveback</b>	\$0.00	\$0.00
<b>Total Premium (Part C Part D)</b>	\$0.00	\$0.00
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	\$6,700
<b>Inpatient Hospital - Acute</b>	\$372 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$372 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$5	\$20
<b>Specialist Office Visits</b>	\$45	\$45
<b>Over-the-Counter Items</b>	\$15 Every Month	\$20 Every Month
<b>Medically Necessary Transportation</b>	12 One-way trips Every Year	12 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 750	Dental 500
<b>Vision Benefits</b>	Vision 300	Vision 100
<b>Hearing Benefits</b>	Hearing 350	Hearing 350
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$20	\$20
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	45%	45%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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# TENNESSEE



## At a Glance:\*

- 10,000 Medicare Advantage members
- 43,000 Medicare PDP members
- 3,202 Primary care providers
- 17,101 Specialists
- 93 Hospitals



# TENNESSEE

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Premier (PPO) H9428001000</b>	Flex Card (\$500) \$0 premium plan \$0 PCP (INN) \$0 copay on Tier 1 Drugs (INN) \$25/month for OTC
<b>WellCare Value (HMO-POS) H1416031000</b>	\$0 PCP Flex Card (\$500) \$0 copay on Tier 1 Drugs Expanded county footprint.
<b>WellCare Access (HMO SNP) H1416035000</b>	Flex Card (\$1000) \$200 each quarter for up to \$800/year OTC \$0 for 60 one way nemt trips/year



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Premier (PPO) H9428001000 In-Network	WellCare Premier (PPO) H9428001000 Out-Of-Network
<b>Counties</b>	Bedford, Cannon, Cheatham, Davidson, Giles, Marshall, Moore, Williamson	Bedford, Cannon, Cheatham, Davidson, Giles, Marshall, Moore, Williamson
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$5,500	N/A
<b>Inpatient Hospital - Acute</b>	\$295 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	50% coinsurance per day for Days 1-90.
<b>PCP Office Visits</b>	\$10	50%
<b>Specialist Office Visits</b>	\$40	50%
<b>Over-the-Counter Items</b>	\$25 Every Month	\$25 Every Month
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 750 INN	PPO Dental 750 OON
<b>Vision Benefits</b>	PPO Vision 100 INN	PPO Vision 100 OON 50%
<b>Hearing Benefits</b>	\$699/\$999 (2 Aids) INN	\$699/\$999 (2 Aids) OON
<b>Rx Deductible</b>	\$75	\$75
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$15	\$15
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	45%	45%
<b>Tier 5: Specialty Tier</b>	31%	31%
<b>Laboratory Services</b>	\$0	0%
<b>X-Ray Services</b>	\$50	50%

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Plan Benefits	WellCare Value (HMO-POS) H1416031000
<b>Counties</b>	Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Crockett, Dyer, Fayette, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Haywood, Jefferson, Johnson, Knox, Lake, Lauderdale, Loudon, Marion, McMinn, McNairy, Meigs, Monroe, Morgan, Obion, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, Shelby, Sullivan, Tipton, Unicoi, Union, Washington, Weakley, Bedford, Benton, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Cumberland, Davidson, Decatur, DeKalb, Fentress, Franklin, Giles, Hardin, Henderson, Henry, Hickman, Houston, Jackson, Lawrence, Lewis, Macon, Madison, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Robertson, Rutherford, Smith, Stewart, Van Buren, Warren, Wayne, White, Williamson, Wilson
<b>Premium Part B Giveback</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,000</b>
<b>Inpatient Hospital - Acute</b>	<b>\$325 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$45</b>
<b>Over-the-Counter Items</b>	<b>\$150 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>
<b>Fitness Membership</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 1000</b>
<b>Vision Benefits</b>	<b>Vision 100</b>
<b>Hearing Benefits</b>	<b>\$699/\$999 (2 Aids)</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$20</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>\$99</b>
<b>Tier 5: Specialty Tier</b>	<b>33%</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>

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Plan Benefits	WellCare Access (HMO D-SNP) H1416035000
<b>Counties</b>	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dyer, Fayette, Fentress, Franklin, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson
<b>Premium Part B Giveback</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)*</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>\$0</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,400</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 co-pay up to 90 days per admission.</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>
<b>Over-the-Counter Items</b>	<b>\$200 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>60 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 2000</b>
<b>Vision Benefits</b>	<b>Vision 350</b>
<b>Hearing Benefits</b>	<b>Hearing 1500 (2 Aids)</b>
<b>Rx Deductible*</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>

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Plan Benefits	WellCare Dividend (HMO) H1416039000	WellCare Rx (HMO) H1416042000
<b>Counties</b>	Anderson, Bedford, Blount, Cannon, Carroll, Cheatham, Chester, Claiborne, Cocke, Coffee, Crockett, Davidson, Dyer, Fayette, Grainger, Hamblen, Hamilton, Hardeman, Hardin, Haywood, Henderson, Henry, Knox, Lauderdale, Lewis, Macon, Madison, Marshall, Maury, Montgomery, Morgan, Robertson, Rutherford, Sevier, Shelby, Stewart, Tipton, Trousdale, Wayne, Williamson, Wilson	Anderson, Bedford, Benton, Blount, Cannon, Carroll, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dyer, Fayette, Fentress, Franklin, Giles, Grainger, Hamblen, Hamilton, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Jackson, Knox, Lauderdale, Lawrence, Lewis, Macon, Madison, Marshall, Maury, Montgomery, Moore, Morgan, Overton, Pickett, Perry, Robertson, Rutherford, Sevier, Shelby, Smith, Stewart, Tipton, Trousdale, Van Buren, Warren, Wayne, Williamson, Wilson, White
<b>Premium Part B Giveback</b>	<b>\$40</b>	<b>\$0</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>	<b>\$15.50</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>	<b>\$6,700</b>
<b>Inpatient Hospital - Acute</b>	<b>\$1,340 co-pay per stay.</b>	<b>\$275 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>
<b>PCP Office Visits</b>	<b>\$5</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$50</b>	<b>\$40</b>
<b>Over-the-Counter Items</b>	<b>\$75 Every Three Months</b>	<b>\$60 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>36 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 500</b>	<b>Dental 750</b>
<b>Vision Benefits</b>	<b>Vision 100</b>	<b>Vision 100</b>
<b>Hearing Benefits</b>	<b>\$699/\$999 (2 Aids)</b>	<b>Hearing 350</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$435</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic</b>	<b>\$12</b>	<b>\$20</b>
<b>Tier 3: Preferred Brand</b>	<b>\$47</b>	<b>\$47</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>\$99</b>	<b>50%</b>
<b>Tier 5: Specialty Tier</b>	<b>33%</b>	<b>25%</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>

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Plan Benefits	WellCare Advance (HMO-POS) H1416061000
<b>Counties</b>	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Cocke, Coffee, Crockett, Davidson, Decatur, Dyer, Fayette, Franklin, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Perry, Polk, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Stewart, Sullivan, Tipton, Trousdale, Unicoi, Union, Washington, Wayne, Weakley, Williamson, Wilson
<b>Premium Part B Giveback</b>	<b>\$40</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$4,500</b>
<b>Inpatient Hospital - Acute</b>	<b>\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.</b>
<b>PCP Office Visits</b>	<b>\$5</b>
<b>Specialist Office Visits</b>	<b>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$75 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>24 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>Dental 1000</b>
<b>Vision Benefits</b>	<b>Vision 200</b>
<b>Hearing Benefits</b>	<b>Hearing 500</b>
<b>Rx Deductible</b>	<b>N/A</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>N/A</b>
<b>Tier 2: Generic</b>	<b>N/A</b>
<b>Tier 3: Preferred Brand</b>	<b>N/A</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>N/A</b>
<b>Tier 5: Specialty Tier</b>	<b>N/A</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>

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# TEXAS



## At a Glance:\*

- 98,000 Medicare Advantage members
- 117,000 Medicare PDP members
- 3,112 Primary care providers
- 24,828 Specialists
- 216 Hospitals



# TEXAS

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Dividend Prime (HMO)</b> <b>H0174007000</b>	\$95 Part B Giveback
<b>WellCare TexanPlus Classic (HMO)</b> <b>H4506003000</b>	Hospital Co-Pay and Part D
<b>WellCare TexanPlus Classic (HMO)</b> <b>H0174002000</b>	\$4000 MOOP
<b>WellCare Premier (PPO)</b> <b>H7323002000</b>	\$0 Premium Network flexibility
<b>WellCare Premier (PPO)</b> <b>H7323003000</b>	\$0 Premium Network flexibility
<b>WellCare Prime (PPO)</b> <b>H7323001000</b>	\$20 Premium Network flexibility
<b>WellCare Prime (PPO)</b> <b>H7323004000</b>	\$0 Premium Network flexibility
<b>WellCare Guardian (HMO SNP)</b> <b>H0174008000</b>	Tier 3 Drugs \$10 co-pay
<b>WellCare Liberty (HMO SNP)</b> <b>H0174006000</b>	Flex Card & \$2500 dental
<b>WellCare Access (HMO SNP)</b> <b>H0174004000</b>	Flex Card & \$2500 dental



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Dividend Prime (HMO) H0174007000	WellCare TexanPlus Classic (HMO) H4506003000
<b>Counties</b>	Bexar, Dallas, Denton, El Paso, Fort Bend, Harris	Austin, Brazoria, Chambers, Fort Bend, Galveston (partial county), Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller
<b>Premium Part B Giveback</b>	\$95	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	\$3,400
<b>Inpatient Hospital - Acute</b>	\$325 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$275 co-pay per stay.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$50	\$35
<b>Over-the-Counter Items</b>	\$5 Every Month	\$20 Every Month
<b>Medically Necessary Transportation</b>	N/A	36 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	UAM Dental 1000	UAM Dental 1000
<b>Vision Benefits</b>	Vision 100	Vision 100
<b>Hearing Benefits</b>	Hearing 750	Hearing 750
<b>Rx Deductible</b>	\$300	\$0
<b>Deductible Tiers</b>	Tiers 3 to 5	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$7	\$5
<b>Tier 3: Preferred Brand</b>	\$30	\$40
<b>Tier 4: Non-Preferred Drug</b>	48%	\$80
<b>Tier 5: Specialty Tier</b>	27%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare TexanPlus Classic (HMO) H0174002000
<b>Counties</b>	Travis, Williamson, Bastrop, Blanco, Burnet, Caldwell, Hays, Lee, Milam
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$4,000
<b>Inpatient Hospital - Acute</b>	\$250 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$30
<b>Over-the-Counter Items</b>	\$65 Every Three Months
<b>Medically Necessary Transportation</b>	N/A
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 1000
<b>Vision Benefits</b>	Vision 100
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$200
<b>Deductible Tiers</b>	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$5
<b>Tier 3: Preferred Brand</b>	\$35
<b>Tier 4: Non-Preferred Drug</b>	\$100
<b>Tier 5: Specialty Tier</b>	29%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare Premier (PPO) H7323002000 In-Network	WellCare Premier (PPO) H7323002000 Out-Of-Network
<b>Counties</b>	Collin, Dallas, Denton, Rockwall	Collin, Dallas, Denton, Rockwall
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$5,900	N/A
<b>Inpatient Hospital - Acute</b>	\$200 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	35% coinsurance per day for Days 1-90.
<b>PCP Office Visits</b>	\$0	\$35
<b>Specialist Office Visits</b>	\$35	\$50
<b>Over-the-Counter Items</b>	\$75 Every Three Months	\$75 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 750 INN	PPO Dental 750 OON
<b>Vision Benefits</b>	PPO Vision 100 INN	PPO Vision 100 OON 50%
<b>Hearing Benefits</b>	PPO Hearing 350 INN	PPO Hearing 350 OON
<b>Rx Deductible</b>	\$200	\$200
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$10
<b>Tier 3: Preferred Brand</b>	\$45	\$45
<b>Tier 4: Non-Preferred Drug</b>	45%	45%
<b>Tier 5: Specialty Tier</b>	29%	29%
<b>Laboratory Services</b>	\$0	30%
<b>X-Ray Services</b>	\$40	30%

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Plan Benefits	WellCare Premier (PPO) H7323003000 In-Network	WellCare Premier (PPO) H7323003000 Out-Of-Network
<b>Counties</b>	Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller	Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	N/A
<b>Inpatient Hospital - Acute</b>	\$300 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	35% coinsurance per day for Days 1-90.
<b>PCP Office Visits</b>	\$0	\$35
<b>Specialist Office Visits</b>	\$35	\$50
<b>Over-the-Counter Items</b>	\$75 Every Three Months	\$75 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 750 INN	PPO Dental 750 OON
<b>Vision Benefits</b>	PPO Vision 100 INN	PPO Vision 100 OON 50%
<b>Hearing Benefits</b>	PPO Hearing 350 INN	PPO Hearing 350 OON
<b>Rx Deductible</b>	\$200	\$200
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$8	\$8
<b>Tier 3: Preferred Brand</b>	\$45	\$45
<b>Tier 4: Non-Preferred Drug</b>	45%	45%
<b>Tier 5: Specialty Tier</b>	29%	29%
<b>Laboratory Services</b>	\$0	30%
<b>X-Ray Services</b>	\$40	30%

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Plan Benefits	WellCare Prime (PPO) H7323001000 In-Network	WellCare Prime (PPO) H7323001000 Out-Of-Network
<b>Counties</b>	Bastrop, Blanco, Burnet, Caldwell, Hays, Lee, Milam, Travis, Williamson	Bastrop, Blanco, Burnet, Caldwell, Hays, Lee, Milam, Travis, Williamson
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$20	\$20
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	N/A
<b>Inpatient Hospital - Acute</b>	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	35% coinsurance per day for Days 1-90.
<b>PCP Office Visits</b>	\$0	\$20
<b>Specialist Office Visits</b>	\$35	\$50
<b>Over-the-Counter Items</b>	\$55 Every Three Months	\$55 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 1000 INN	PPO Dental 1000 OON
<b>Vision Benefits</b>	PPO Vision 200 INN	PPO Vision 200 OON
<b>Hearing Benefits</b>	PPO Hearing 350 INN	PPO Hearing 350 OON
<b>Rx Deductible</b>	\$200	\$200
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$10
<b>Tier 3: Preferred Brand</b>	\$45	\$45
<b>Tier 4: Non-Preferred Drug</b>	45%	45%
<b>Tier 5: Specialty Tier</b>	29%	29%
<b>Laboratory Services</b>	\$0	30%
<b>X-Ray Services</b>	\$40	30%

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Plan Benefits	WellCare Prime (PPO) H7323004000 In-Network	WellCare Prime (PPO) H7323004000 Out-Of-Network
<b>Counties</b>	Bexar, El Paso	Bexar, El Paso
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	N/A
<b>Inpatient Hospital - Acute</b>	\$225 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	50% coinsurance per day for Days 1-90.
<b>PCP Office Visits</b>	\$0	\$35
<b>Specialist Office Visits</b>	\$35	\$50
<b>Over-the-Counter Items</b>	\$85 Every Three Months	\$85 Every Three Months
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 750 INN	PPO Dental 750 OON
<b>Vision Benefits</b>	PPO Vision 100 INN	PPO Vision 100 OON 50%
<b>Hearing Benefits</b>	\$699/\$999 (2 Aids) INN	\$699/\$999 (2 Aids) OON
<b>Rx Deductible</b>	\$250	\$250
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$15	\$15
<b>Tier 3: Preferred Brand</b>	\$45	\$45
<b>Tier 4: Non-Preferred Drug</b>	45%	45%
<b>Tier 5: Specialty Tier</b>	28%	28%
<b>Laboratory Services</b>	\$0	30%
<b>X-Ray Services</b>	\$40	30%

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Plan Benefits	WellCare Guardian (HMO C-SNP) H0174008000	WellCare Liberty (HMO D-SNP) H0174006000
<b>Counties</b>	Bexar	Bexar, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Jefferson, Johnson, Montgomery, Tarrant
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)*</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$4,500	\$3,400
<b>Inpatient Hospital - Acute</b>	\$275 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$30	\$0
<b>Over-the-Counter Items</b>	\$20 Every Month	\$200 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	60 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	UAM Dental 1000	Dental 2500
<b>Vision Benefits</b>	Vision 300	Vision 350
<b>Hearing Benefits</b>	Hearing 750	Hearing 1500 (2 Aids)
<b>Rx Deductible*</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	\$0	<b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	\$5	
<b>Tier 3: Preferred Brand</b>	\$10	
<b>Tier 4: Non-Preferred Drug</b>	48%	
<b>Tier 5: Specialty Tier</b>	33%	
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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Plan Benefits	WellCare Access (HMO D-SNP) H0174004000
<b>Counties</b>	Bexar, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Jefferson, Johnson, Montgomery, Tarrant
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$125 Every Three Months
<b>Medically Necessary Transportation</b>	48 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 2500
<b>Vision Benefits</b>	Vision 300
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)
<b>Rx Deductible*</b>	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	Generics: \$0 / \$1.30 / \$3.60 / 15% Brands: \$0 / \$3.90 / \$8.95 / 15% *Dependent on LIS level
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare TexanPlus Classic (HMO) H5656001000	WellCare Value (HMO-POS) H0174005000
<b>Counties</b>	Collin, Dallas, Rockwall, Tarrant	Bexar, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Jefferson, Johnson, Montgomery, Tarrant
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$4,900	\$4,500
<b>Inpatient Hospital - Acute</b>	\$200 co-pay per day for Days 1-6 \$0 co-pay per day for Days 7-90.	\$225 co-pay per day for Days 1-8 \$0 co-pay per day for Days 9-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$35	\$30
<b>Over-the-Counter Items</b>	\$20 Every Month	\$20 Every Month
<b>Medically Necessary Transportation</b>	48 One-way trips Every Year	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	UAM Dental 1000	UAM Dental 1000
<b>Vision Benefits</b>	Vision 100	Vision 100
<b>Hearing Benefits</b>	Hearing 750	Hearing 750
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$5	\$0
<b>Tier 2: Generic</b>	\$10	\$5
<b>Tier 3: Preferred Brand</b>	\$45	\$30
<b>Tier 4: Non-Preferred Drug</b>	\$85	48%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	20%	\$0

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Plan Benefits	WellCare TexanPlus Classic (HMO) H0174003000
<b>Counties</b>	Bexar, El Paso
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)</b>	\$0
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,500
<b>Inpatient Hospital - Acute</b>	\$150 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$35
<b>Over-the-Counter Items</b>	\$20 Every Month
<b>Medically Necessary Transportation</b>	24 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	UAM Dental 1000
<b>Vision Benefits</b>	Vision 100
<b>Hearing Benefits</b>	Hearing 350 (2 Aids)
<b>Rx Deductible</b>	\$250
<b>Deductible Tiers</b>	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0
<b>Tier 2: Generic</b>	\$8
<b>Tier 3: Preferred Brand</b>	\$35
<b>Tier 4: Non-Preferred Drug</b>	\$90
<b>Tier 5: Specialty Tier</b>	28%
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0

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Plan Benefits	WellCare TexanPlus Star (HMO D-SNP) H0174001000
<b>Counties</b>	Austin, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Walker, Waller, Wharton
<b>Premium Part B Giveback</b>	\$0
<b>Total Premium (Part C Part D)*</b>	\$0 - \$22.60
<b>In-Network Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700
<b>Inpatient Hospital - Acute</b>	\$0 - \$1,515 co-pay per stay.
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$0
<b>Over-the-Counter Items</b>	\$75 Every Month
<b>Medically Necessary Transportation</b>	48 One-way trips Every Year
<b>Fitness Membership</b>	Covered
<b>Dental Benefits</b>	Dental 2500
<b>Vision Benefits</b>	Vision 300
<b>Hearing Benefits</b>	Hearing 750 (2 Aids)
<b>Rx Deductible*</b>	\$0 - \$435
<b>Deductible Tiers</b>	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>
<b>Tier 2: Generic</b>	
<b>Tier 3: Preferred Brand</b>	
<b>Tier 4: Non-Preferred Drug</b>	
<b>Tier 5: Specialty Tier</b>	
<b>Laboratory Services</b>	\$0
<b>X-Ray Services</b>	\$0 - 20%

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Plan Benefits	WellCare TexanPlus Value (HMO) H4506010000
<b>Counties</b>	Austin, Brazoria, Chambers, Fort Bend, Galveston (partial county), Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller
<b>Premium Part B Giveback</b>	<b>\$80</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,000</b>
<b>Inpatient Hospital - Acute</b>	<b>\$350 co-pay per stay.</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$25 Every Three Months</b>
<b>Medically Necessary Transportation</b>	<b>30 One-way trips Every Year</b>
<b>Fitness Membership</b>	<b>Covered</b>
<b>Dental Benefits</b>	<b>UAM Dental 1000</b>
<b>Vision Benefits</b>	<b>Vision 100</b>
<b>Hearing Benefits</b>	<b>Medicare Only</b>
<b>Rx Deductible</b>	<b>N/A</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic</b>	<b>N/A</b>
<b>Tier 2: Generic</b>	<b>N/A</b>
<b>Tier 3: Preferred Brand</b>	<b>N/A</b>
<b>Tier 4: Non-Preferred Drug</b>	<b>N/A</b>
<b>Tier 5: Specialty Tier</b>	<b>N/A</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>

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# WASHINGTON



## At a Glance:\*

- NEW in market for 2020
- 67,977 Medicare PDP members
- 20 Primary care providers
- 79 Specialists



# WASHINGTON

**WellCare is pleased to highlight the following plans, which will be a great addition to your portfolio.**

**These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2020 selling season.**



PLAN	Key Selling Features
<b>WellCare Value (HMO)</b> <b>H1353001000</b>	\$0 PCP Competitive Dental, Vision, Hearing
<b>WellCare Value (HMO)</b> <b>H1353005000</b>	\$0 PCP Competitive Dental, Vision, Hearing
<b>WellCare Prime (PPO)</b> <b>H5965001000</b>	Rich rolling OTC Flex Card 30 visits Alt Therapy
<b>WellCare Premier (PPO)</b> <b>H5965002000</b>	\$0 Premium
<b>WellCare Liberty (HMO SNP)</b> <b>H1353004000</b>	Unlimited TRN Rich rolling OTC Flex Card 30 visits Alt Therapy In-home support Rich Dental
<b>WellCare Access (HMO SNP)</b> <b>H1353002000</b>	Competitive rolling OTC Flex Card 30 visits Alt Therapy In-home support Rich Dental



**Here are more details about the  
WellCare portfolio this year.**

**This includes the plans mentioned  
above, as well as the  
portfolio of plans your customers love.**



Plan Benefits	WellCare Value (HMO) H1353001000	WellCare Value (HMO) H1353005000
<b>Counties</b>	King	Pierce, Snohomish
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$5,900	\$5,900
<b>Inpatient Hospital - Acute</b>	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	\$350 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$25	\$35
<b>Over-the-Counter Items</b>	\$75 Every Three Months	\$75 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 1000	Dental 1000
<b>Vision Benefits</b>	Vision 200	Vision 200
<b>Hearing Benefits</b>	Hearing 1000 (2 Aids)	Hearing 1000 (2 Aids)
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$9	\$9
<b>Tier 3: Preferred Brand</b>	\$45	\$45
<b>Tier 4: Non-Preferred Drug</b>	48%	48%
<b>Tier 5: Specialty Tier</b>	33%	33%
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$5	\$5

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Plan Benefits	WellCare Prime (PPO) H5965001000 In-Network	WellCare Prime (PPO) H5965001000 Out-Of-Network
<b>Counties</b>	King, Pierce, Snohomish	King, Pierce, Snohomish
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$99	\$99
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	N/A
<b>Inpatient Hospital - Acute</b>	\$300 co-pay per day for Days 1-5 \$0 co-pay per day for Days 6-90.	40% coinsurance per day for Days 1-90.
<b>PCP Office Visits</b>	\$5	40%
<b>Specialist Office Visits</b>	\$40	40%
<b>Over-the-Counter Items</b>	\$100 Every Three Months	\$100 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Dental 1000 INN	PPO Dental 1000 OON
<b>Vision Benefits</b>	PPO Vision 200 INN	PPO Vision 200 OON
<b>Hearing Benefits</b>	PPO Hearing 1000 (2 Aids) INN	PPO Hearing 1000 (2 Aids) OON
<b>Rx Deductible</b>	\$175	\$175
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$5	\$5
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	29%	29%
<b>Laboratory Services</b>	\$0	40%
<b>X-Ray Services</b>	\$10	40%

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Plan Benefits	WellCare Premier (PPO) H5965002000 In-Network	WellCare Premier (PPO) H5965002000 Out-Of-Network
<b>Counties</b>	King, Pierce, Snohomish	King, Pierce, Snohomish
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$6,700	N/A
<b>Inpatient Hospital - Acute</b>	\$600 co-pay per day for Days 1-3 \$0 co-pay per day for Days 4-90.	40% coinsurance per day for Days 1-90.
<b>PCP Office Visits</b>	\$15	40%
<b>Specialist Office Visits</b>	\$50	40%
<b>Over-the-Counter Items</b>	\$20 Every Three Months	\$20 Every Three Months
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	PPO Preventive Plus INN	PPO Preventive Plus OON
<b>Vision Benefits</b>	Routine Exam Only PPO INN	Routine Exam Only PPO OON
<b>Hearing Benefits</b>	Routine Exam Only	Routine Exam Only
<b>Rx Deductible</b>	\$299	\$299
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic</b>	\$0	\$0
<b>Tier 2: Generic</b>	\$10	\$10
<b>Tier 3: Preferred Brand</b>	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$100
<b>Tier 5: Specialty Tier</b>	27%	27%
<b>Laboratory Services</b>	\$0	40%
<b>X-Ray Services</b>	\$35	40%

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Plan Benefits	WellCare Liberty (HMO D-SNP) H1353004000	WellCare Access (HMO D-SNP) H1353002000
<b>Counties</b>	King, Pierce, Snohomish	King, Pierce, Snohomish
<b>Premium Part B Giveback</b>	\$0	\$0
<b>Total Premium (Part C Part D)*</b>	\$0	\$0
<b>In-Network Plan Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$3,400
<b>Inpatient Hospital - Acute</b>	\$0 co-pay up to 90 days per admission.	\$0 co-pay up to 90 days per admission.
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$0
<b>Over-the-Counter Items</b>	\$150 Every Month	\$125 Every Month
<b>Medically Necessary Transportation</b>	Unlimited One-way trips every year	36 One-way trips Every Year
<b>Fitness Membership</b>	Covered	Covered
<b>Dental Benefits</b>	Dental 2500	Dental 2000
<b>Vision Benefits</b>	Vision 200	Vision 200
<b>Hearing Benefits</b>	Hearing 2000	Hearing 2000
<b>Rx Deductible*</b>	\$0	\$0
<b>Deductible Tiers</b>	Tiers 2 to 5	Tiers 2 to 5
<b>Tier 1: Preferred Generic</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS level</b>	<b>Tier 1 - \$0 Preferred Generics</b> <b>Generics: \$0 / \$1.30 / \$3.60 / 15%</b> <b>Brands: \$0 / \$3.90 / \$8.95 / 15%</b> <b>*Dependent on LIS</b>
<b>Tier 2: Generic</b>		
<b>Tier 3: Preferred Brand</b>		
<b>Tier 4: Non-Preferred Drug</b>		
<b>Tier 5: Specialty Tier</b>		
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0

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