

2019 MEDICARE ADVANTAGE PLANS

AGENTS' FIRST LOOK

WellCare®

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Thank you for your interest in representing WellCare Health Plans, Inc. We understand how important your business is to you. You want a quality product you can stand behind. And you want the sales and enrollment process to run smoothly to make your job easier.

The Agents' First Look provides an overview of WellCare, how we support you, benefits to your Medicare beneficiaries, and 2019 county/plan information.

This year, we are excited to unveil to you new tools that make for a better agent experience. Our first-in-the-industry secured Mobile Scope of Appointment app and our secured agent portal are two examples of how we make it easy for you to grow your book-of-business. These tools – along with WellCare's affordable, high-quality, all-in-one Medicare Advantage and Part D Prescription Drug Plans – make for an unbeatable combination in the market.

We strive to offer you A Better Agent Experience so you choose WellCare for your business. Our Sales Support team is here to support you every step of the way. Thank you for all that you do to support the Medicare beneficiaries and WellCare members in your communities.

Michael Polen

Michael Polen
Executive Vice President
Medicare and Operations



The WellCare Advantage: A Better Agent Experience

Licensed agents who represent WellCare have an important role in the local markets. Often, it's professionals like you who are the face of WellCare to Medicare beneficiaries and our members.

That's why it's important we give you everything you need to demonstrate WellCare's commitment to Medicare beneficiaries: to offer affordable coverage and valuable benefits in one package, plus help to meet the challenges in their daily lives.

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.

All of this means a Better Agent Experience for you.

Better Tools

- **First-in-the Industry Mobile Scope of Appointment App** – new this year, our secured mobile SOA app provides a convenient alternative to paper forms and telephonic SOA. Just download the app to capture scope of appointment and a future consent to contact beneficiaries, and move forward with the application. No more waiting on hold!
- **Personalized URL for Online Enrollments** – when Medicare beneficiaries use your personalized URL to enroll online in a WellCare plan, you receive commissions for the non-agent assisted enrollment.
- **Agent Connect** – online portal allows you to check the status of applications, monitor your book of business, view business statements, and communicate with WellCare.
- **Local Market Support** – local offices with District Sales Managers, Sales Assistants, and Marketing Outreach Specialists offer you real-time support.
- **Weekly Advanced Commission** – receive commissions shortly after the application is processed and approved, up front. No waiting for once-a-month payments.





Better Coverage for Medicare Beneficiaries

- **Predictable Costs** – our plans have no or low monthly premiums, annual deductibles and copays on primary care, specialist visits, preventive care and prescription drugs.
- **Dependable Networks** – 526,000 contracted healthcare providers and 68,000 pharmacies.
- **Prescription Drug Coverage** – Part D Prescription Drug plans in all 50 states and Washington D.C.

Better Retention Tools

- **Dedicated Member Retention Team** – we have a team that is solely focused on keeping your members happy and enrolled in our plans.
- **Lifetime Renewals** – receive renewal payments every month as long as the Medicare beneficiary you enrolled remains active in the plan.

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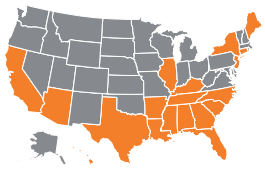
AT A GLANCE:*

4.3 million
Medicare and Medicaid members nationwide.

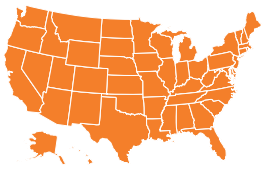
526,000 contracted healthcare providers.

68,000
network pharmacies.

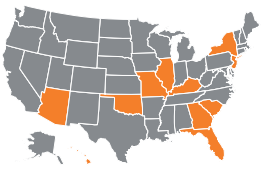
Medicare Advantage plans in **19 states**.



Part D Prescription Drug plans in all **50 states** and **Washington D.C.**



Medicaid plans in **12 states.**



FORTUNE WORLD'S MOST ADMIRED COMPANIES 2018

WellCare is Proud to be Named a *Fortune* 2018 World's Most Admired Company

*Membership as of March 31, 2018



Why WellCare for Your Medicare Beneficiaries

Medicare beneficiaries in your community want to be active, stay independent and live a full life. And their Medicare Advantage plan should help them toward those goals. It should go beyond treating illnesses and work to keep them from starting in the first place. It should be simple, easy to access and there when they need it.

We promise our members "A Better You." We give Medicare beneficiaries choices in high-quality coverage, valuable benefits in one package and information to make good decisions about their health. We strive to help them meet the challenges in daily life that can affect their health.

WellCare's 2019 Medicare Advantage and Part D Prescription Drug Plans offer benefits and services to Medicare beneficiaries that go beyond healthcare, so our members can reach toward something more: overall better health and wellness.

Benefits and Features in 2019

Our Networks

WellCare Medicare Advantage plans offer low-copays on doctor visits, so it's affordable for members to see providers as often as needed to manage chronic diseases and prevent and treat illnesses. Our networks include 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.



Supplemental Benefits

New in 2019, some plans will offer benefits to help with daily living activities for members who have certain conditions. These include:

- In-Home Support – Help with chores and cooking
- Healthy Meals – Meals to help with nutrition that are delivered right to their door

Also new in 2019, available to all members on the plans where these benefits are offered:

- Rolling OTC amounts - unused amounts roll over month to month or quarter to quarter
- Telehealth – Access to Acute and Behavioral Health providers via real time audio and video

Healthy Rewards

Members can earn gift cards just for getting preventive care services. Most preventive care services are covered at no cost!

More Stars in More Markets

WellCare remains committed to improving the quality of its Medicare Advantage plans year over year. With multiple improvements to Star Ratings in 2018, WellCare will continue to focus on enhancing our coordinated care approach to better the health and quality of our members' lives.

CVS caremark™

Starting in 2019, members will pay $0 for a 90-day supply of medicine on Tiers 1 and 2 from CVS Caremark Medication Home Delivery. For all other tiers, members will only be responsible for a 2-month retail copay for a 90-day supply of medication.







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.

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Alabama



At a Glance:*

- NEW in market for 2019
- 32,000 Medicare PDP members
- 437 Primary Care providers
- 1,098 Specialists
- 2 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Value (HMO) H6975001000
Counties	Sumter
Premium Part B Giveback	**$0**
Total Premium (Part C part D)	**$0**
In-Network Plan Deductible	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**
Inpatient Hospital - Acute	**$350 co-pay per day for Days 1-5**
PCP Office Visits	**$10**
Specialist Office Visits	**$40**
Over-the-Counter Items	**N/A**
Medically Necessary Transportation	**N/A**
Fitness Membership	**N/A**
Dental Benefits	**Medicare Only**
Vision Benefits	**Medicare Only**
Hearing Benefits	**Medicare Only**
Rx Deductible	**$250**
Deductible Tiers	**T3-5**
Tier 1: Preferred Generic	**$0**
Tier 2: Generic	**$10**
Tier 3: Preferred Brand	**$47**
Tier 4: Non-Preferred Drug	**$99**
Tier 5: Specialty Tier	**28%**
Laboratory Services	**$0**
X-Ray Services	**$15**

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Arizona



At a Glance:*

- 2,000 Medicare Advantage members
- 19,000 Medicare PDP members
- 1,500 primary care providers
- 5,900 specialists

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Value (HMO) H6439002000
Counties	Maricopa, Pima
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)	**$0**
In-Network Plan Deductible	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**
Inpatient Hospital - Acute	**$185 co-pay per day for Days 1-6**
PCP Office Visits	**$0**
Specialist Office Visits	**$35**
Over-the-Counter Items	**$75 Every Quarter**
Medically Necessary Transportation	**6 One-way trips every year**
Fitness Membership	**$0**
Dental Benefits	**Preventive Plus**
Vision Benefits	**Vision 200**
Hearing Benefits	**Hearing 500 (2 Aids)**
Rx Deductible	**$0**
Deductible Tiers	**No**
Tier 1: Preferred Generic	**$0**
Tier 2: Generic	**$15**
Tier 3: Preferred Brand	**$45**
Tier 4: Non-Preferred Drug	**48%**
Tier 5: Specialty Tier	**33%**
Laboratory Services	**$0**
X-Ray Services	**$0**

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Plan Benefits	WellCare Liberty (HMO SNP) H5430001000
Counties	Maricopa, Apache, Coconino, Gila, Mohave, Navajo, Pinal, Yavapai
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)*	**$0**
In-Network Plan Deductible	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**
PCP Office Visits	**$0**
Specialist Office Visits	**$0**
Over-the-Counter Items	**$100 Every Quarter**
Medically Necessary Transportation	**24 One-way trips every year**
Fitness Membership	**$0**
Dental Benefits	**Care1st Dental 1250**
Vision Benefits	**Care1st Vision 350**
Hearing Benefits	**Hearing 1000 (2 Aids)**
Rx Deductible*	**$0**
Deductible Tiers	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic	
Tier 3: Preferred Brand	
Tier 4: Non-Preferred Drug	
Tier 5: Specialty Tier	
Laboratory Services	**$0**
X-Ray Services	**$0**

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Arkansas



At a Glance:*

- 16,000 Medicare Advantage members
- 25,000 Medicare PDP members
- 1,500 primary care providers
- 5,900 specialists
- 70 hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Rx (HMO) H1416041000	WellCare Preferred (HMO) H1416055000
Counties	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$15.10**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,000**
Inpatient Hospital - Acute	**$310 co-pay per day for Days 1-5**	**$350 co-pay per day for Days 1-5**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$30**	**$35**
Over-the-Counter Items	**$80 Every Quarter**	**$100 Every Quarter**
Medically Necessary Transportation	**20 One-way trips every year**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**TAM Dental 250 Max 1000**	**TAM Dental 200 Max 800**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**TruHearing $699/$999 (2 Aids)**	**TruHearing $699/$999 (2 Aids)**
Rx Deductible	**$415**	**$0**
Deductible Tiers	**T1-5**	**No**
Tier 1: Preferred Generic	**$1**	**$0**
Tier 2: Generic	**$6**	**$8**
Tier 3: Preferred Brand	**$42**	**$47**
Tier 4: Non-Preferred Drug	**$99**	**$99**
Tier 5: Specialty Tier	**25%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Value (HMO-POS) H1416032000	WellCare Advance (HMO-POS) H1416054001
Counties	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
Premium Part B Giveback	**$0**	**$40**
Total Premium (Part C Part D)	**$30**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$4,500**
Inpatient Hospital - Acute	**$295 co-pay per day for Days 1-6**	**$350 co-pay per day for Days 1-5**
PCP Office Visits	**$0**	**$5**
Specialist Office Visits	**$25**	**$35**
Over-the-Counter Items	**$46 Every Quarter**	**$75 Every Quarter**
Medically Necessary Transportation	**N/A**	**24 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Preventive Plus**	**TAM Dental 250 Max 1000**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**TruHearing $699/$999 (2 Aids)**	**TruHearing 500**
Rx Deductible	**$0**	**N/A**
Deductible Tiers	**No**	**N/A**
Tier 1: Preferred Generic	**$1**	**N/A**
Tier 2: Generic	**$10**	**N/A**
Tier 3: Preferred Brand	**$40**	**N/A**
Tier 4: Non-Preferred Drug	**$99**	**N/A**
Tier 5: Specialty Tier	**33%**	**N/A**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Premier (PPO) H0270001000 In-Network	WellCare Premier (PPO) H0270001000 Out-Of-Network
Counties	Pulaski, White	Pulaski, White
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$10,000**
Inpatient Hospital - Acute	**$285 co-pay per day for Days 1-5**	**50% co-pay per day for Days 1-999**
PCP Office Visits	**$5**	**50%**
Specialist Office Visits	**$45**	**50%**
Over-the-Counter Items	**$40 Every Quarter**	**$40 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 100 INN**	**PPO Vision 100 OON 50%**
Hearing Benefits	**PPO TruHearing $699/$999 (2 Aids) INN**	**PPO TruHearing $699/$999 (2 Aids) OON**
Rx Deductible	**$150**	**$150**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$7**	**$7**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$99**	**$99**
Tier 5: Specialty Tier	**30%**	**30%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$80**	**50%**

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Plan Benefits	WellCare Access (HMO SNP) H1416033000	WellCare Liberty (HMO SNP) H1416043000
Counties	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**$0**	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**	**$0 co-pay Per Stay**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**$40 Every Quarter**	**$150 Every Quarter**
Medically Necessary Transportation	**36 One-way trips every year**	**48 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 1000**
Vision Benefits	**Vision 200**	**Vision 300**
Hearing Benefits	**TruHearing 350**	**TruHearing 500**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic **Tier 2: Generic** **Tier 3: Preferred Brand** **Tier 4: Non-Preferred Drug** **Tier 5: Specialty Tier**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Easy Choice HEALTH PLAN
A WellCare Company

California



At a Glance:*

- 29,000 Medicare Advantage members
- 93,000 Medicare PDP members
- 4,000 Primary care providers
- 19,000 Specialists
- 100 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	Easy Choice Plus Plan (HMO) H5087002000	Easy Choice Best Plan (HMO) H5087005000
Counties	Orange, Riverside, San Bernardino	Los Angeles, Orange
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$22.90**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$2,500**	**$2,500**
Inpatient Hospital - Acute	**$500 co-pay per day for Days 1-3**	**$0 co-pay per day for Days 1-90**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**$60 Every Month**	**$35 Every Month**
Medically Necessary Transportation	**Unlimited trips**	**32 One-way trips every year**
Fitness Membership	**$0 In network $20 Out of network**	**$0 In network $20 Out of network**
Dental Benefits	**CA Dental**	**CA Dental**
Vision Benefits	**Vision 350**	**Vision 200**
Hearing Benefits	**Hearing 2000**	**Hearing 1000**
Rx Deductible	**$415**	**$0**
Deductible Tiers	**T2-5**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$20**	**$0**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$99**	**$99**
Tier 5: Specialty Tier	**25%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	Easy Choice Best Plan (HMO) H5087016000	Easy Choice Plus Plan (HMO) H5087017000
Counties	Riverside, San Bernardino	Los Angeles
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$24.20**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$2,500**	**$2,500**
Inpatient Hospital - Acute	**$0 co-pay per day for Days 1-90**	**$300 co-pay per day for Days 1-3**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**$60 Every Month**	**$60 Every Month**
Medically Necessary Transportation	**Unlimited trips**	**Unlimited trips**
Fitness Membership	**$0 In network $20 Out of network**	**$0 In network $20 Out of network**
Dental Benefits	**CA Dental**	**CA Dental**
Vision Benefits	**Vision 350**	**Vision 350**
Hearing Benefits	**Hearing 2000**	**Hearing 2000**
Rx Deductible	**$0**	**$415**
Deductible Tiers	**None**	**T2-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$20**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$99**	**$99**
Tier 5: Specialty Tier	**33%**	**25%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	Easy Choice Rx (HMO) H5087023000
Counties	Los Angeles, Orange
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)	**$9.90**
In-Network Plan Deductible	**N/A**
Maximum Out of Pocket (MOOP)	**$2,000**
Inpatient Hospital - Acute	**$0 co-pay per day for Days 1-90**
PCP Office Visits	**$0**
Specialist Office Visits	**$0**
Over-the-Counter Items	**$75 Every Month**
Medically Necessary Transportation	**60 One-way trips every year**
Fitness Membership	**$0 In network $20 Out of network**
Dental Benefits	**CA Dental**
Vision Benefits	**Vision 350**
Hearing Benefits	**Hearing 2000**
Rx Deductible	**$415**
Deductible Tiers	**T2-5**
Tier 1: Preferred Generic	**$0**
Tier 2: Generic	**$20**
Tier 3: Preferred Brand	**$47**
Tier 4: Non-Preferred Drug	**$100**
Tier 5: Specialty Tier	**25%**
Laboratory Services	**$0**
X-Ray Services	**$0**

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Plan Benefits	Easy Choice Freedom Plan (HMO SNP) H5087001000
Counties	Los Angeles
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)*	**$0**
In-Network Plan Deductible	**$0**
Maximum Out of Pocket (MOOP)	**$2,500**
Inpatient Hospital - Acute	**$0 co-pay per day for Days 1-90 Per Admission**
PCP Office Visits	**$0**
Specialist Office Visits	**$0**
Over-the-Counter Items	**$60 Every Month**
Medically Necessary Transportation	**Unlimited trips**
Fitness Membership	**$0 In network $20 Out of network**
Dental Benefits	**CA Dental**
Vision Benefits	**Vision 350**
Hearing Benefits	**Hearing 2000**
Rx Deductible*	**$0**
Deductible Tiers	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics Generics: $0 / $1.25 / $3.40 / 15% Brands: $0 / $3.80 / $8.50 / 15% *Dependent on LIS level**
Tier 2: Generic	
Tier 3: Preferred Brand	
Tier 4: Non-Preferred Drug	
Tier 5: Specialty Tier	
Laboratory Services	**$0**
X-Ray Services	**$0**

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WellCare®
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Connecticut



At a Glance:*

- 8,000 Medicare Advantage members
- 15,000 Medicare PDP members
- 1,800 Primary care providers
- 9,000 Specialists
- 50 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Value (HMO) H0712019000	WellCare Preferred (HMO) H0712021000
Counties	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland	FairField, Hartford, Litchfield, Middlesex, New London, Tolland
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$40**
In-Network Plan Deductible	**$175**	**N/A**
Maximum Out of Pocket (MOOP)	**$5,000**	**$6,700**
Inpatient Hospital - Acute	**$450 co-pay per day for Days 1-4**	**$450 co-pay per day for Days 1-4**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$45**	**$35**
Over-the-Counter Items	**$20 Every Month**	**$23 Every Month**
Medically Necessary Transportation	**24 One-way trips every year**	**12 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 750**	**Dental 1000**
Vision Benefits	**Vision 100**	**Vision 300**
Hearing Benefits	**Hearing 500**	**Hearing 500**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$3**	**$0**
Tier 2: Generic	**$12**	**$17**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**48%**	**48%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Rx (HMO-POS) H0712020000
Counties	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)	**$14.50**
In-Network Plan Deductible	**N/A**
Maximum Out of Pocket (MOOP)	**$4,000**
Inpatient Hospital - Acute	**$375 co-pay per day for Days 1-4**
PCP Office Visits	**$0**
Specialist Office Visits	**$35**
Over-the-Counter Items	**$35 Every Month**
Medically Necessary Transportation	**24 One-way trips every year**
Fitness Membership	**$0**
Dental Benefits	**Dental 750**
Vision Benefits	**Vision 200**
Hearing Benefits	**Hearing 1000 (2 Aids)**
Rx Deductible	**$415**
Deductible Tiers	**T2-5**
Tier 1: Preferred Generic	**$3**
Tier 2: Generic	**$7**
Tier 3: Preferred Brand	**$47**
Tier 4: Non-Preferred Drug	**50%**
Tier 5: Specialty Tier	**25%**
Laboratory Services	**$0**
X-Ray Services	**$0**

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Plan Benefits	WellCare Access (HMO SNP) H0712005000	WellCare Liberty (HMO SNP) H0712028000
Counties	Fairfield, Hartford	Fairfield, Hartford
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**$0**	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay per day for Days 1-2**	**$0 co-pay per day for Days 1-2**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**$20 Every Month**	**$30 every month**
Medically Necessary Transportation	**24 One-way trips every year**	**24 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 750**	**Dental 750**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**Hearing 500**	**Hearing 1000 (2 Aids)**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T1-5**	**T2-5**
Tier 1: Preferred Generic	**Generics: $0 / $1.25 / $3.40 / 15% Brands: $0 / $3.80 / $8.50 / 15% *Dependent on LIS level**	**Tier 1 - $0 Preferred Generics Generics: $0 / $1.25 / $3.40 / 15% Brands: $0 / $3.80 / $8.50 / 15% *Dependent on LIS level**
Tier 2: Generic		
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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WellCare®
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Florida



At a Glance:*

- 97,000 Medicare Advantage members
- 30,000 Medicare PDP members
- 5,500 Primary care providers
- 28,000 Specialists
- 220 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Dividend (HMO) H1032040000
Counties	Miami-Dade
Premium Part B Giveback	**$131**
Total Premium (Part C Part D)	**$0**
In-Network Plan Deductible	**N/A**
Maximum Out of Pocket (MOOP)	**$1,000**
Inpatient Hospital - Acute	**$0 co-pay per day for Days 1-90**
PCP Office Visits	**$0**
Specialist Office Visits	**$0**
Over-the-Counter Items	**Rolling $60 Every Month**
Medically Necessary Transportation	**60 One-way trips every year**
Fitness Membership	**$0**
Dental Benefits	**Dental 1000**
Vision Benefits	**Vision 300**
Hearing Benefits	**Hearing 1000**
Rx Deductible	**$0**
Deductible Tiers	**None**
Tier 1: Preferred Generic	**$0**
Tier 2: Generic	**$0**
Tier 3: Preferred Brand	**$25**
Tier 4: Non-Preferred Drug	**$50**
Tier 5: Specialty Tier	**33%**
Laboratory Services	**$0**
X-Ray Services	**$0**

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Plan Benefits	WellCare Dividend Prime (HMO) H1032189000	WellCare Elite (HMO) H1032190000
Counties	Alachua, Bradford, Levy, Union	Alachua, Bradford, Levy, Union
Premium Part B Giveback	**$55**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$3,400**
Inpatient Hospital - Acute	**$300 co-pay per day for Days 1-5**	**$225 co-pay per day for Days 1-6**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$35**	**$25**
Over-the-Counter Items	**Rolling $20 Every Month**	**Rolling $100 Every Quarter**
Medically Necessary Transportation	**N/A**	**6 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Preventive Plus**	**Dental 500**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**Hearing 750 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$7**
Tier 3: Preferred Brand	**$47**	**$45**
Tier 4: Non-Preferred Drug	**46%**	**48%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Dividend Prime (HMO) H1032191000	WellCare Elite (HMO) H1032192000
Counties	Bay, Calhoun, Escambia, Franklin, Gasden, Gulf, Holmes, Liberty, Okaloosa, Santa Rosa, Walton, Washington	Bay, Calhoun, Escambia, Franklin, Gasden, Gulf, Holmes, Liberty, Okaloosa, Santa Rosa, Walton, Washington
Premium Part B Giveback	**$55**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$3,400**
Inpatient Hospital - Acute	**$400 co-pay per day for Days 1-4**	**$250 co-pay per day for Days 1-6**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$35**	**$25**
Over-the-Counter Items	**Rolling $20 Every Month**	**Rolling $75 Every Quarter**
Medically Necessary Transportation	**6 One-way trips every year**	**6 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 1000**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**Hearing 750 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$47**	**$45**
Tier 4: Non-Preferred Drug	**$100**	**48%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Dividend Prime (HMO) H1032193000	WellCare Elite (HMO) H1032194000
Counties	Brevard, Indian River, Lake, Marion, Sumter, Volusia	Brevard, Indian River, Lake, Marion, Sumter, Volusia
Premium Part B Giveback	**$80**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$4,000**
Inpatient Hospital - Acute	**$250 co-pay per day for Days 1-6**	**$95 co-pay per day for Days 1-7**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$40**	**$25**
Over-the-Counter Items	**Rolling $50 Every Month**	**Rolling $100 Every Quarter**
Medically Necessary Transportation	**12 One-way trips every year**	**30 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 750**	**Dental 1000**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**Hearing 1000 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$5**	**$0**
Tier 3: Preferred Brand	**$40**	**$35**
Tier 4: Non-Preferred Drug	**$90**	**$75**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Dividend Prime (HMO) H1032195000	WellCare Elite (HMO) H1032196000
Counties	Broward	Broward
Premium Part B Giveback	**$110**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$200 co-pay per day for Days 1-6**	**$0 co-pay per day for Days 1-90**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$40**	**$5**
Over-the-Counter Items	**Rolling $100 Every Month**	**Rolling $100 Every Month**
Medically Necessary Transportation	**40 One-way trips every year**	**60 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 1000**	**Dental 1500**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**Hearing 750 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$0**
Tier 3: Preferred Brand	**$40**	**$35**
Tier 4: Non-Preferred Drug	**$90**	**$75**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Dividend Prime (HMO) H1032198000	WellCare Elite (HMO) H1032199000
Counties	Charlotte, Desoto, Hardee, Lee, Manatee, Sarasota	Charlotte, Desoto, Hardee, Lee, Manatee, Sarasota
Premium Part B Giveback	**$75**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**	**$5,000**
Inpatient Hospital - Acute	**$200 co-pay per day for Days 1-5**	**$125 co-pay per day for Days 1-7**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$35**	**$20**
Over-the-Counter Items	**Rolling $60 Every Month**	**Rolling $100 Every Quarter**
Medically Necessary Transportation	**10 One-way trips every year**	**12 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 1000**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**Hearing 1000 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$0**	**$0**
Tier 3: Preferred Brand	**$35**	**$35**
Tier 4: Non-Preferred Drug	**$90**	**$75**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Dividend Prime (HMO) H1032200000	WellCare Elite (HMO) H1032201000
Counties	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
Premium Part B Giveback	**$131**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$200 co-pay per day for Days 1-5**	**$50 co-pay per day for Days 1-10**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$40**	**$5**
Over-the-Counter Items	**Rolling $50 Every Month**	**Rolling $100 Every Quarter**
Medically Necessary Transportation	**12 One-way trips every year**	**10 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 1500**
Vision Benefits	**Vision 200**	**Vision 200**
Hearing Benefits	**Hearing 500**	**Hearing 1000 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$0**
Tier 3: Preferred Brand	**$35**	**$15**
Tier 4: Non-Preferred Drug	**$80**	**$75**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Dividend Prime (HMO) H1032204000	WellCare Elite (HMO) H1032205000
Counties	Duval	Duval
Premium Part B Giveback	**$80**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$3,400**
Inpatient Hospital - Acute	**$350 co-pay per day for Days 1-5**	**$150 co-pay per day for Days 1-5**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$40**	**$20**
Over-the-Counter Items	**Rolling $40 Every Month**	**Rolling $100 Every Quarter**
Medically Necessary Transportation	**N/A**	**48 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 750**	**Dental 1000**
Vision Benefits	**Vision 200**	**Vision 200**
Hearing Benefits	**Hearing 500 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$0**
Tier 3: Preferred Brand	**$45**	**$35**
Tier 4: Non-Preferred Drug	**46%**	**47%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Dividend Prime (HMO) H1032210000	WellCare Elite (HMO) H1032211000
Counties	Martin, St. Lucie	Martin, St. Lucie
Premium Part B Giveback	**$90**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$3,000**
Inpatient Hospital - Acute	**$275 co-pay per day for Days 1-6**	**$95 co-pay per day for Days 1-7**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$40**	**$25**
Over-the-Counter Items	**Rolling $55 Every Month**	**Rolling $100 Every Quarter**
Medically Necessary Transportation	**6 One-way trips every year**	**30 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 1000**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**Hearing 1000 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$0**
Tier 3: Preferred Brand	**$40**	**$35**
Tier 4: Non-Preferred Drug	**$90**	**$75**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Dividend Prime (HMO) H1032212000	WellCare Elite (HMO) H1032213000
Counties	Orange, Osceola, Seminole	Orange, Osceola, Seminole
Premium Part B Giveback	**$100**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$225 co-pay per day for Days 1-7**	**$50 co-pay per day for Days 1-10**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$30**	**$15**
Over-the-Counter Items	**Rolling $75 Every Quarter**	**Rolling $100 Every Quarter**
Medically Necessary Transportation	**6 One-way trips every year**	**10 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 1000**
Vision Benefits	**Vision 100**	**Vision 300**
Hearing Benefits	**Hearing 500**	**Hearing 1000 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$5**	**$0**
Tier 3: Preferred Brand	**$35**	**$35**
Tier 4: Non-Preferred Drug	**$95**	**$75**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Dividend Prime (HMO) H1032215000	WellCare Elite (HMO) H1032216000
Counties	Palm Beach	Palm Beach
Premium Part B Giveback	**$95**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$225 co-pay per day for Days 1-8**	**$95 co-pay per day for Days 1-7**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$30**	**$15**
Over-the-Counter Items	**Rolling $55 Every Month**	**Rolling $100 Every Quarter**
Medically Necessary Transportation	**10 One-way trips every year**	**12 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 750**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**Hearing 1000 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$0**
Tier 3: Preferred Brand	**$45**	**$35**
Tier 4: Non-Preferred Drug	**$95**	**$75**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Dividend Prime (HMO) H1032209000	WellCare Elite (HMO) H1032218000
Counties	Jefferson, Leon, Madison, Wakulla	Jefferson, Leon, Madison, Wakulla
Premium Part B Giveback	**$30**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$450 co-pay per day for Days 1-4**	**$375 co-pay per day for Days 1-4**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$50**	**$40**
Over-the-Counter Items	**Rolling $60 Every Month**	**Rolling $45 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 500**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**Hearing 1000 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$5**	**$10**
Tier 3: Preferred Brand	**$45**	**$45**
Tier 4: Non-Preferred Drug	**46%**	**$99**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Premier (PPO) H5199001000 In-Network	WellCare Premier (PPO) H5199001000 Out-Of-Network
Counties	Citrus, Hernando, Pasco, Polk	Citrus, Hernando, Pasco, Polk
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$5,000**	**$10,000**
Inpatient Hospital - Acute	**$325 co-pay per day for Days 1-4**	**40% coinsurance per day for Days 1-150**
PCP Office Visits	**$5**	**40%**
Specialist Office Visits	**$40**	**40%**
Over-the-Counter Items	**Rolling $60 Every Quarter**	**Rolling $60 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 1000 INN**	**PPO Dental 1000 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 1000 (2 Aids) INN**	**PPO Hearing 1000 (2 Aids) OON**
Rx Deductible	**$150**	**$150**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$5**	**$5**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**30%**	**30%**
Laboratory Services	**$0**	**40%**
X-Ray Services	**$10**	**40%**

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Plan Benefits	WellCare Premier (PPO) H5199002000 In-Network	WellCare Premier (PPO) H5199002000 Out-Of-Network
Counties	Alachua, Bradford, Levy, Union, Putnam	Alachua, Bradford, Levy, Union, Putnam
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$10,000**
Inpatient Hospital - Acute	**$350 co-pay per day for Days 1-4**	**40% coinsurance per day for Days 1-150**
PCP Office Visits	**$5**	**40%**
Specialist Office Visits	**$40**	**40%**
Over-the-Counter Items	**Rolling $30 Every Quarter**	**Rolling $30 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 1000 (2 Aids) INN**	**PPO Hearing 1000 (2 Aids) OON**
Rx Deductible	**$150**	**$150**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$12**	**$12**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**30%**	**30%**
Laboratory Services	**$0**	**40%**
X-Ray Services	**$20**	**40%**

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Plan Benefits	WellCare Premier (PPO) H5199003000 In-Network	WellCare Premier (PPO) H5199003000 Out-Of-Network
Counties	Brevard, Indian River,Lake, Sumter	Brevard, Indian River,Lake, Sumter
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$5,900**	**$10,000**
Inpatient Hospital - Acute	**$300 co-pay per day for Days 1-4**	**40% coinsurance per day for Days 1-150**
PCP Office Visits	**$0**	**40%**
Specialist Office Visits	**$35**	**40%**
Over-the-Counter Items	**Rolling $60 Every Quarter**	**Rolling $60 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 1000 (2 Aids) INN**	**PPO Hearing 1000 (2 Aids) OON**
Rx Deductible	**$150**	**$150**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**30%**	**30%**
Laboratory Services	**$0**	**40%**
X-Ray Services	**$10**	**40%**

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Plan Benefits	WellCare Premier (PPO) H5199004000 In-Network	WellCare Premier (PPO) H5199004000 Out-Of-Network
Counties	Charlotte, Desoto, Hardee, Lee, Manatee, Sarasota	Charlotte, Desoto, Hardee, Lee, Manatee, Sarasota
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$5,000**	**$10,000**
Inpatient Hospital - Acute	**$350 co-pay per day for Days 1-4**	**40% coinsurance per day for Days 1-150**
PCP Office Visits	**$5**	**40%**
Specialist Office Visits	**$35**	**40%**
Over-the-Counter Items	**Rolling $60 Every Quarter**	**Rolling $60 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 1000 INN**	**PPO Dental 1000 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 1000 (2 Aids) INN**	**PPO Hearing 1000 (2 Aids) OON**
Rx Deductible	**$150**	**$150**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**30%**	**30%**
Laboratory Services	**$0**	**40%**
X-Ray Services	**$15**	**40%**

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Plan Benefits	WellCare Premier (PPO) H5199005000 In-Network	WellCare Premier (PPO) H5199005000 Out-Of-Network
Counties	Broward	Broward
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,000**	**$10,000**
Inpatient Hospital - Acute	**$300 co-pay per day for Days 1-5**	**40% coinsurance per day for Days 1-150**
PCP Office Visits	**$5**	**40%**
Specialist Office Visits	**$35**	**40%**
Over-the-Counter Items	**Rolling $60 Every Quarter**	**Rolling $60 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 1000 INN**	**PPO Dental 1000 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 1000 (2 Aids) INN**	**PPO Hearing 1000 (2 Aids) OON**
Rx Deductible	**$100**	**$100**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$0**	**$0**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**31%**	**31%**
Laboratory Services	**$0**	**40%**
X-Ray Services	**$20**	**40%**

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Plan Benefits	WellCare Prime (PPO) H5199006000 In-Network	WellCare Prime (PPO) H5199006000 Out-Of-Network
Counties	Charlotte, Desoto, Hardee, Lee, Manatee, Sarasota	Charlotte, Desoto, Hardee, Lee, Manatee, Sarasota
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$55**	**$55**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$5,000**	**$10,000**
Inpatient Hospital - Acute	**$250 co-pay per day for Days 1-5**	**$250 co-pay per day for Days 1-5**
PCP Office Visits	**$5**	**$5**
Specialist Office Visits	**$35**	**$45**
Over-the-Counter Items	**Rolling $75 Every Quarter**	**Rolling $75 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 1000 INN**	**PPO Dental 1000 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 1000 (2 Aids) INN**	**PPO Hearing 1000 (2 Aids) OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$5**	**$5**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Premier (PPO) H5199007000 In-Network	WellCare Premier (PPO) H5199007000 Out-Of-Network
Counties	Glades, Hendry, Highlands, Okeechobee	Glades, Hendry, Highlands, Okeechobee
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$5,000**	**$10,000**
Inpatient Hospital - Acute	**$375 co-pay per day for Days 1-4**	**40% coinsurance per day for Days 1-150**
PCP Office Visits	**$5**	**40%**
Specialist Office Visits	**$35**	**40%**
Over-the-Counter Items	**Rolling $75 Every Quarter**	**Rolling $75 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 500 INN**	**PPO Hearing 500 OON**
Rx Deductible	**$150**	**$150**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**30%**	**30%**
Laboratory Services	**$0**	**40%**
X-Ray Services	**$10**	**40%**

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Plan Benefits	WellCare Premier (PPO) H5199008000 In-Network	WellCare Premier (PPO) H5199008000 Out-Of-Network
Counties	Baker, Columbia, Dixie, Gilchrist	Baker, Columbia, Dixie, Gilchrist
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,000**	**$10,000**
Inpatient Hospital - Acute	**$400 co-pay per day for Days 1-4**	**40% coinsurance per day for Days 1-150**
PCP Office Visits	**$5**	**40%**
Specialist Office Visits	**$40**	**40%**
Over-the-Counter Items	**Rolling $40 Every Quarter**	**Rolling $40 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 1000 (2 Aids) INN**	**PPO Hearing 1000 (2 Aids) OON**
Rx Deductible	**$175**	**$175**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$12**	**$12**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**29%**	**29%**
Laboratory Services	**$0**	**40%**
X-Ray Services	**$20**	**40%**

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Plan Benefits	WellCare Premier (PPO) H5199009000 In-Network	WellCare Premier (PPO) H5199009000 Out-Of-Network
Counties	Martin, St. Lucie	Martin, St. Lucie
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,000**	**$10,000**
Inpatient Hospital - Acute	**$400 co-pay per day for Days 1-4**	**40% coinsurance per day for Days 1-150**
PCP Office Visits	**$5**	**40%**
Specialist Office Visits	**$35**	**40%**
Over-the-Counter Items	**Rolling $40 Every Quarter**	**Rolling $40 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 1000 INN**	**PPO Dental 1000 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 1000 (2 Aids) INN**	**PPO Hearing 1000 (2 Aids) OON**
Rx Deductible	**$150**	**$150**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$0**	**$0**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**30%**	**30%**
Laboratory Services	**$0**	**40%**
X-Ray Services	**$15**	**40%**

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Plan Benefits	WellCare Prime (PPO) H5199010000 In-Network	WellCare Prime (PPO) H5199010000 Out-Of-Network
Counties	Palm Beach	Palm Beach
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$40**	**$40**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,000**	**$10,000**
Inpatient Hospital - Acute	**$275 co-pay per day for Days 1-5**	**$275 co-pay per day for Days 1-5**
PCP Office Visits	**$5**	**$5**
Specialist Office Visits	**$35**	**$45**
Over-the-Counter Items	**Rolling $75 Every Quarter**	**Rolling $75 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 1000 INN**	**PPO Dental 1000 OON**
Vision Benefits	**PPO Vision 300 INN**	**PPO Vision 300 OON**
Hearing Benefits	**PPO Hearing 1000 (2 Aids) INN**	**PPO Hearing 1000 (2 Aids) OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$5**	**$5**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Premier (PPO) H5199011000 In-Network	WellCare Premier (PPO) H5199011000 Out-Of-Network
Counties	Orange, Osceola, Seminole	Orange, Osceola, Seminole
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$5,000**	**$10,000**
Inpatient Hospital - Acute	**$300 co-pay per day for Days 1-4**	**40% coinsurance per day for Days 1-150**
PCP Office Visits	**$5**	**40%**
Specialist Office Visits	**$35**	**40%**
Over-the-Counter Items	**Rolling $50 Every Quarter**	**Rolling $50 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 1000 (2 Aids) INN**	**PPO Hearing 1000 (2 Aids) OON**
Rx Deductible	**$150**	**$150**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**30%**	**30%**
Laboratory Services	**$0**	**40%**
X-Ray Services	**$0**	**40%**

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Plan Benefits	WellCare Premier (PPO) H5199012000 In-Network	WellCare Premier (PPO) H5199012000 Out-Of-Network
Counties	Palm Beach	Palm Beach
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,000**	**$10,000**
Inpatient Hospital - Acute	**$300 co-pay per day for Days 1-5**	**40% coinsurance per day for Days 1-150**
PCP Office Visits	**$5**	**40%**
Specialist Office Visits	**$35**	**40%**
Over-the-Counter Items	**Rolling $60 Every Quarter**	**Rolling $60 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 1000 INN**	**PPO Dental 1000 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 1000 (2 Aids) INN**	**PPO Hearing 1000 (2 Aids) OON**
Rx Deductible	**$100**	**$100**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$0**	**$0**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**31%**	**31%**
Laboratory Services	**$0**	**40%**
X-Ray Services	**$20**	**40%**

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Plan Benefits	WellCare Select (HMO SNP) H1032061000	WellCare Access (HMO SNP) H1032124000
Counties	Broward, Hernando, Hillsborough, Indian River, Manatee, Martin, Miami-Dade, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, St. Lucie, Sumter, Volusia	Alachua, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, DeSoto, Duval, Escambia, 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. Lucie, Sumter, Union, Volusia, Wakulla, Walton, Washington
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**$0**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$95 co-pay per day for Days 1-5**	**$0 co-pay Per Stay**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$10**	**$0**
Over-the-Counter Items	**Rolling $50 Every Month**	**Rolling $125 Every Month**
Medically Necessary Transportation	**60 One-way trips every year**	**60 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 750**	**Dental 2000**
Vision Benefits	**Vision 200**	**Vision 300**
Hearing Benefits	**Hearing 1000 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic		
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Access (HMO SNP) H1032170000	WellCare Liberty (HMO SNP) H1032175000
Counties	Miami-Dade	Alachua, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, DeSoto, Duval, Escambia, 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. Lucie, Sumter, Union, Volusia, Wakulla, Walton, Washington
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**$0**	**$0**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**	**$0 co-pay Per Stay**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**Rolling $100 Every Month**	**Rolling $150 Every Month**
Medically Necessary Transportation	**60 One-way trips every year**	**60 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 2000**	**Dental 2500**
Vision Benefits	**Vision 300**	**Vision 300**
Hearing Benefits	**Hearing 1000 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T2-5**	**T3-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic		
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Liberty (HMO SNP) H1032176000	WellCare Select (HMO SNP) H1032182000
Counties	Miami-Dade	Alachua, Bay, Bradford, Brevard, Calhoun, Charlotte, Clay, DeSoto, Duval, Escambia, Franklin, Gadsden, Glades, Gulf, Hardee, Hendry, Highlands, Holmes, Indian River, Jefferson, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Okaloosa, Okeechobee, Santa Rosa, Sarasota, Sumter, Union, Volusia Wakulla, Walton, Washington
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**$0**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**	**$195 co-pay per day for Days 1-5**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$10**
Over-the-Counter Items	**Rolling $125 Every Month**	**Rolling $35 Every Month**
Medically Necessary Transportation	**60 One-way trips every year**	**60 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 2500**	**Dental 500**
Vision Benefits	**Vision 350**	**Vision 200**
Hearing Benefits	**Hearing 1000 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic		
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Guardian (HMO CSNP) H1032184000	WellCare Guardian (HMO CSNP) H1032186000
Counties	Hillsborough, Pinellas	Miami-Dade
Premium Part B Giveback	**$0**	**$131**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$50 co-pay per day for Days 1-10**	**$0 co-pay per day for Days 1-90**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$5**	**$0**
Over-the-Counter Items	**Rolling $100 Every Quarter**	**Rolling $60 Every Month**
Medically Necessary Transportation	**12 One-way trips every year**	**60 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 1500**	**Dental 1000**
Vision Benefits	**Vision 300**	**Vision 200**
Hearing Benefits	**Hearing 1000 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$0**	**$0**
Tier 3: Preferred Brand	**$15**	**$15**
Tier 4: Non-Preferred Drug	**$75**	**$50**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Reserve (HMO SNP) H1032197000	WellCare Reserve (HMO SNP) H1032202000
Counties	Broward	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$0 co-pay per day for Days 1-90**	**$0 co-pay per day for Days 1-90**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**Rolling $100 Every Month**	**Rolling $100 Every Month**
Medically Necessary Transportation	**60 One-way trips every year**	**48 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 2000**	**Dental 2000**
Vision Benefits	**Vision 200**	**Vision 200**
Hearing Benefits	**Hearing 1000 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic **Tier 2: Generic** **Tier 3: Preferred Brand** **Tier 4: Non-Preferred Drug** **Tier 5: Specialty Tier**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Champion (HMO CSNP) H1032203000	WellCare Reserve (HMO SNP) H1032206000
Counties	Hillsborough, Pinellas	Miami-Dade
Premium Part B Giveback	**$131**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$5,000**	**$3,400**
Inpatient Hospital - Acute	**$175 co-pay per day for Days 1-5**	**$0 co-pay per day for Days 1-90**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$30**	**$0**
Over-the-Counter Items	**Rolling $40 Every Month**	**Rolling $100 Every Month**
Medically Necessary Transportation	**12 One-way trips every year**	**60 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 2000**
Vision Benefits	**Vision 200**	**Vision 350**
Hearing Benefits	**Hearing 500 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**None**	**T2-5**
Tier 1: Preferred Generic	**$0**	**Tier 1 - $0 Preferred Generics Generics: $0 / $1.25 / $3.40 / 15% Brands: $0 / $3.80 / $8.50 / 15% *Dependent on LIS level**
Tier 2: Generic	**$5**	
Tier 3: Preferred Brand	**$15**	
Tier 4: Non-Preferred Drug	**$80**	
Tier 5: Specialty Tier	**33%**	
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Reserve (HMO SNP) H1032214000	WellCare Reserve (HMO SNP) H1032217000
Counties	Orange, Osceola, Seminole	Palm Beach
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$0 co-pay per day for Days 1-90**	**$0 co-pay per day for Days 1-90**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**Rolling $100 Every Month**	**Rolling $100 Every Month**
Medically Necessary Transportation	**60 One-way trips every year**	**48 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 1500**	**Dental 1000**
Vision Benefits	**Vision 200**	**Vision 100**
Hearing Benefits	**Hearing 1000 (2 Aids)**	**Hearing 1000 (2 Aids)**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic		
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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WellCare®
Beyond Healthcare. A Better You.

Georgia



At a Glance:*

- 49,000 Medicare Advantage members
- 16,000 Medicare PDP members
- 5,600 Primary care providers
- 28,000 Specialists
- 180 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Choice (HMO) H1112035000	WellCare Value (HMO) H1112036001
Counties	Cobb	Barrow, Bartow, Butts, Cherokee, Clayton, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Polk, Rockdale, Spalding, Walton
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$350 co-pay per day for Days 1-5**	**$372 co-pay per day for Days 1-5**
PCP Office Visits	**$5**	**$0**
Specialist Office Visits	**$45**	**$40**
Over-the-Counter Items	**Rolling $25 Every Quarter**	**$26 Every Quarter**
Medically Necessary Transportation	**N/A**	**6 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 750**	**Dental 750**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**Hearing 350**	**Hearing 350**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$15**	**$10**
Tier 3: Preferred Brand	**$47**	**$44**
Tier 4: Non-Preferred Drug	**45%**	**45%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Value (HMO) H1112036003	WellCare Advance (HMO-POS) H1112034000
Counties	Bryan, Camden, Chatham, Chattahoochee, Columbia, Glynn, Harris, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Richmond, Stewart, Talbot	Barrow, Bartow, Bryan, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Gwinnett, Harris, Henry, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Newton, Paulding, Pickens, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Walton
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$4,500**
Inpatient Hospital - Acute	**$372 co-pay per day for Days 1-5**	**$325 co-pay per day for Days 1-5**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$40**	**$35**
Over-the-Counter Items	**$26 Every Quarter**	**$100 Every Quarter**
Medically Necessary Transportation	**6 One-way trips every year**	**24 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 1000**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**Hearing 350**	**Hearing 350**
Rx Deductible	**$0**	**N/A**
Deductible Tiers	**None**	**N/A**
Tier 1: Preferred Generic	**$0**	**N/A**
Tier 2: Generic	**$10**	**N/A**
Tier 3: Preferred Brand	**$44**	**N/A**
Tier 4: Non-Preferred Drug	**45%**	**N/A**
Tier 5: Specialty Tier	**33%**	**N/A**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Premier (PPO) H0111001000 In-Network	WellCare Premier (PPO) H0111001000 Out-Of-Network
Counties	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	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$5,500**	**$10,000**
Inpatient Hospital - Acute	**$300 co-pay per day for Days 1-5**	**40% co-pay per day for Days 1-210**
PCP Office Visits	**$5**	**$50**
Specialist Office Visits	**$40**	**$50**
Over-the-Counter Items	**Rolling $40 Every Quarter**	**Rolling $40 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 750 INN**	**PPO Dental 750 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 350 INN**	**PPO Hearing 350 OON**
Rx Deductible	**$75**	**$75**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$15**	**$15**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**45%**	**45%**
Tier 5: Specialty Tier	**31%**	**31%**
Laboratory Services	**$20**	**40%**
X-Ray Services	**$25**	**40%**

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Plan Benefits	WellCare Prime (PPO) H0111002000 In-Network	WellCare Prime (PPO) H0111002000 Out-Of-Network
Counties	Barrow, Bartow, Bryan, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Gwinnett, Harris, Henry, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Newton, Paulding, Pickens, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Walton	Barrow, Bartow, Bryan, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Gwinnett, Harris, Henry, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Newton, Paulding, Pickens, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Walton
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$39**	**$39**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$5,500**	**$6,700**
Inpatient Hospital - Acute	**$325 co-pay per day for Days 1-5**	**$325 co-pay per day for Days 1-5**
PCP Office Visits	**$10**	**$10**
Specialist Office Visits	**$40**	**$40**
Over-the-Counter Items	**Rolling $55 Every Quarter**	**Rolling $55 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 1000 INN**	**PPO Dental 1000 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 350 INN**	**PPO Hearing 350 OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$45**	**$45**
Tier 4: Non-Preferred Drug	**45%**	**45%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$10**	**$10**
X-Ray Services	**$10**	**$10**

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Plan Name	WellCare Access (HMO SNP) H1112006000	WellCare Liberty (HMO SNP) H1112033000
Counties	Barrow, Bartow, Bryan, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Gwinnett, Harris, Henry, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Newton, Paulding, Pickens, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Walton	Barrow, Bartow, Bryan, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Gwinnett, Harris, Henry, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Newton, Paulding, Pickens, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Walton
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**$0**	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**	**$3,400**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**	**$0 co-pay Per Stay**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**Rolling $90 Every Quarter**	**Rolling $150 Every Quarter**
Medically Necessary Transportation	**36 One-way trips every year**	**60 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 2000**	**Dental 2500**
Vision Benefits	**Vision 200**	**Vision 350**
Hearing Benefits	**Hearing 500**	**Hearing 1000**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic		
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Laboratory Tests	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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OHANA℠ HEALTH PLAN

Hawai'i



At a Glance:*

- 5,000 Medicare Advantage members
- 500 Medicare PDP members
- 500 Primary care providers
- 3,000 Specialists
- 25 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	'Ohana Value (HMO) H2491009000 Tier-1	'Ohana Value (HMO) H2491009000 Tier-2
Counties	Honolulu	Honolulu
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$372 co-pay per day for Days 1-5**	**$372 co-pay per day for Days 1-5**
PCP Office Visits	**$0**	**$25**
Specialist Office Visits	**$35**	**$50**
Over-the-Counter Items	**$75 Every Quarter**	**$75 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 500**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**Hearing 750**	**Hearing 750**
Rx Deductible	**$250**	**$250**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$15**	**$15**
Tier 3: Preferred Brand	**$45**	**$45**
Tier 4: Non-Preferred Drug	**48%**	**48%**
Tier 5: Specialty Tier	**28%**	**28%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$5**	**$25**

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Plan Benefits	'Ohana Liberty (HMO SNP) H2491004000
Counties	Hawaii, Honolulu, Kauai, Maui
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)*	**$0**
In-Network Plan Deductible	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**
PCP Office Visits	**$0**
Specialist Office Visits	**$0**
Over-the-Counter Items	**$60 Every Quarter**
Medically Necessary Transportation	**N/A**
Fitness Membership	**$0**
Dental Benefits	**Dental 1500**
Vision Benefits	**Medicare Only**
Hearing Benefits	**Medicare Only**
Rx Deductible*	**$0**
Deductible Tiers	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic	
Tier 3: Preferred Brand	
Tier 4: Non-Preferred Drug	
Tier 5: Specialty Tier	
Laboratory Services	**$0**
X-Ray Services	**$0**

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Illinois



At a Glance:*

- 16,000 Medicare Advantage members
- 35,000 Medicare PDP members
- 4,000 Primary care providers
- 21,000 Specialists
- 140 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Rx (HMO) H1416023000	WellCare Plus (HMO) H1416048000
Counties	Champaign, Cook, Kane, Kankakee, Knox, Madison, Peoria, St. Clair, Tazewell, Vermilion, Will	Champaign, Cook, Kane, Kankakee, Knox, Madison, Peoria, St. Clair, Tazewell, Vermilion, Will
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C part D)	**$10.40**	**$13.80**
In-Network Plan Deductible	**N/A**	**$147**
Maximum Out of Pocket (MOOP)	**$3,400**	**$6,700**
Inpatient Hospital - Acute	**$225 co-pay per day for Days 1-7**	**$500 co-pay per day for Days 1-3**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$35**	**20%**
Over-the-Counter Items	**Rolling $75 Every Quarter**	**Rolling $100 Every Quarter**
Medically Necessary Transportation	**20 One-way trips every year**	**30 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 750**	**Dental 1000**
Vision Benefits	**Vision 200**	**Vision 300**
Hearing Benefits	**Hearing 500**	**Hearing 1000**
Rx Deductible	**$415**	**$415**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$20**	**$20**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**50%**	**50%**
Tier 5: Specialty Tier	**25%**	**25%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**20%**

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Plan Benefits	WellCare Value (HMO-POS) H1416009000	WellCare Choice (HMO-POS) H1416024000
Counties	Champaign, Cook, Kane, Kankakee, Knox, Madison, Peoria, St. Clair, Tazewell, Vermilion, Will	Champaign, Cook, Kane, Kankakee, Knox, Madison, Peoria, St. Clair, Tazewell, Vermilion, Will
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C part D)	**$0**	**$39**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,900**	**$3,400**
Inpatient Hospital - Acute	**$450 co-pay per day for Days 1-4**	**$450 co-pay per day for Days 1-4**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$35**	**$40**
Over-the-Counter Items	**$40 Every Quarter**	**$40 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 1000**
Vision Benefits	**Vision 200**	**Vision 300**
Hearing Benefits	**Hearing 500**	**Hearing 1000**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$2**	**$0**
Tier 2: Generic	**$15**	**$10**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**50%**	**48%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Advance (HMO-POS) H1416053000
Counties	Champaign, Cook, Kane, Kankakee, Knox, Madison, Peoria, St. Clair, Tazewell, Vermilion, Will
Premium Part B Giveback	**$0**
Total Premium (Part C part D)	**$0**
In-Network Plan Deductible	**N/A**
Maximum Out of Pocket (MOOP)	**$3,900**
Inpatient Hospital - Acute	**$372 co-pay per day for Days 1-5**
PCP Office Visits	**$0**
Specialist Office Visits	**$35**
Over-the-Counter Items	**$40 Every Quarter**
Medically Necessary Transportation	**N/A**
Fitness Membership	**$0**
Dental Benefits	**Dental 500**
Vision Benefits	**Vision 200**
Hearing Benefits	**Hearing 1000**
Rx Deductible	**N/A**
Deductible Tiers	**N/A**
Tier 1: Preferred Generic	**N/A**
Tier 2: Generic	**N/A**
Tier 3: Preferred Brand	**N/A**
Tier 4: Non-Preferred Drug	**N/A**
Tier 5: Specialty Tier	**N/A**
Laboratory Services	**$0**
X-Ray Services	**$0**

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Kentucky



At a Glance:*

- 12,000 Medicare Advantage members
- 22,000 Medicare PDP members
- 5,600 Primary care providers
- 25,000 Specialists
- 150 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Value (HMO) H9730002000	WellCare Essential (HMO-POS) H9730005000
Counties	Boone, Bourbon, Bullitt, Campbell, Carroll, Clark, Fayette, Gallatin, Grant, Jefferson, Jessamine, Kenton, Nelson, Owen, Pendleton, Scott	Allen, Anderson, Bourbon, Bullitt, Calloway, Carroll, Clark, Daviess, Edmonson, Franklin, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Jefferson, Jessamine, Madison, Marshall, McCracken, Nelson, Owen, Pendleton, Scott, Simpson, Warren, Woodford, Boone, Campbell, Fayette, Kenton, Butler, Henry, Oldham, Shelby, Spencer, Trimble
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$6**	**$0**
In-Network Plan Deductible	**$250**	**$100**
Maximum Out of Pocket (MOOP)	**$6,000**	**$5,000**
Inpatient Hospital - Acute	**$1,350 co-pay Per Stay**	**$300 co-pay per day for Days 1-6**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$50**	**$35**
Over-the-Counter Items	**$23 Every Month**	**$53 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**N/A**	**$0**
Dental Benefits	**Preventive Plus**	**Preventive Plus**
Vision Benefits	**Vision 100**	**Vision 300**
Hearing Benefits	**Hearing 350**	**Hearing 1000 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**48%**	**48%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Advance (HMO-POS) H9730006000
Counties	Allen, Anderson, Boone, Bourbon, Bullitt, Butler, Calloway, Campbell, Carroll, Clark, Daviess, Edmonson, Fayette, Franklin, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Henry, Jefferson, Jessamine, Kenton, Madison, Marshall, McCracken, Nelson, Oldham, Owen, Pendleton, Scott, Shelby, Simpson, Spencer, Trimble, Warren, Woodford
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)	**$0**
In-Network Plan Deductible	**$100**
Maximum Out of Pocket (MOOP)	**$5,000**
Inpatient Hospital - Acute	**$375 co-pay per day for Days 1-4**
PCP Office Visits	**$0**
Specialist Office Visits	**$40**
Over-the-Counter Items	**Rolling $75 Every Month**
Medically Necessary Transportation	**N/A**
Fitness Membership	**$0**
Dental Benefits	**Dental 500**
Vision Benefits	**Vision 300**
Hearing Benefits	**Hearing 1000 (2 Aids)**
Rx Deductible	**N/A**
Deductible Tiers	**N/A**
Tier 1: Preferred Generic	**N/A**
Tier 2: Generic	**N/A**
Tier 3: Preferred Brand	**N/A**
Tier 4: Non-Preferred Drug	**N/A**
Tier 5: Specialty Tier	**N/A**
Laboratory Services	**$0**
X-Ray Services	**$0**

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Plan Benefits	WellCare Access (HMO SNP) H9730003000	WellCare Liberty (HMO SNP) H9730004000
Counties	Allen, Anderson, Boone, Bourbon, Bullitt, Calloway, Campbell, Carroll, Clark, Daviess, Edmonson, Fayette, Franklin, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Jefferson, Jessamine, Kenton, Madison, Marshall, McCracken, Nelson, Owen, Pendleton, Scott, Simpson, Warren, Woodford, Butler, Henry, Oldham, Shelby, Spencer, Trimble	Allen, Anderson, Boone, Bourbon, Bullitt, Calloway, Campbell, Carroll, Clark, Daviess, Edmonson, Fayette, Franklin, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Jefferson, Jessamine, Kenton, Madison, Marshall, McCracken, Nelson, Owen, Pendleton, Scott, Simpson, Warren, Woodford, Butler, Henry, Oldham, Shelby, Spencer, Trimble
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**$0**	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**	**$0 co-pay Per Stay**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**Rolling $50 Every Month**	**Rolling $60 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 1500**	**Dental 2000**
Vision Benefits	**Vision 200**	**Vision 350**
Hearing Benefits	**Hearing 1000 (2 Aids)**	**Hearing 1500 (2 Aids)**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic		
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Louisiana



At a Glance:*

- 14,000 Medicare Advantage members
- 24,000 Medicare PDP members
- 780 Primary care providers
- 4,900 Specialists
- 90 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Value (HMO) H2491007000	WellCare Rx (HMO) H2491010000
Parishes	Acadia, Ascension, East Baton Rouge, East Feliciana, Grant, Iberville, Jefferson, Jefferson Davis, 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, Washington, West Baton Rouge, West Feliciana	Acadia, Ascension, East Baton Rouge, East Feliciana, Grant, Iberville, Jefferson, Jefferson Davis, 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, Washington, West Baton Rouge, West Feliciana
Premium Part B Giveback	$0	$0
Total Premium (Part C part D)	$0	$19.60
In-Network Plan Deductible	N/A	N/A
Maximum Out of Pocket (MOOP)	$6,700	$6,700
Inpatient Hospital - Acute	$195 co-pay per day for Days 1-9	$100 co-pay per day for Days 1-9
PCP Office Visits	$0	$0
Specialist Office Visits	$40	$35
Over-the-Counter Items	N/A	$25 Every Quarter
Medically Necessary Transportation	N/A	12 One-way trips every year
Fitness Membership	$0	$0
Dental Benefits	Dental 750	Dental 750
Vision Benefits	Vision 200	Vision 100
Hearing Benefits	Hearing 350	Hearing 350
Rx Deductible	$0	$415
Deductible Tiers	None	T2-5
Tier 1: Preferred Generic	$0	$0
Tier 2: Generic	$20	$20
Tier 3: Preferred Brand	$47	$47
Tier 4: Non-Preferred Drug	48%	50%
Tier 5: Specialty Tier	33%	25%
Laboratory Services	$0	$0
X-Ray Services	$0	$0

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Plan Benefits	WellCare Access (HMO SNP) H2491006000	WellCare Liberty (HMO SNP) H2491008000
Parishes	Acadia, Ascension, East Baton Rouge, East Feliciana, Grant, Iberville, Jefferson, Jefferson Davis, 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, Washington, West Baton Rouge, West Feliciana	Acadia, Ascension, East Baton Rouge, East Feliciana, Grant, Iberville, Jefferson, Jefferson Davis, 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, Washington, West Baton Rouge, West Feliciana
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C part D)*	**$0**	**$0**
In-Network Plan Deductible	**$0**	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**	**$0 co-pay Per Stay**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**$150 Every Quarter**	**$150 Every Quarter**
Medically Necessary Transportation	**40 One-way trips every year**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 1500**	**Dental 2000**
Vision Benefits	**Vision 300**	**Vision 300**
Hearing Benefits	**Hearing 500**	**Hearing 1000 (2 Aids)**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic **Tier 2: Generic** **Tier 3: Preferred Brand** **Tier 4: Non-Preferred Drug** **Tier 5: Specialty Tier**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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WellCare®
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Maine



At a Glance:*

- 7,000 Medicare Advantage members
- 27,000 Medicare PDP members
- 1,200 Primary care providers
- 6,200 Specialists
- 40 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Value (HMO) H9364001000
Counties	Androscoggin, Aroostook, Cumberland, Hancock, Penobscot, York
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)	**$0**
In-Network Plan Deductible	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**
Inpatient Hospital - Acute	**$250 co-pay per day for Days 1-5**
PCP Office Visits	**$0**
Specialist Office Visits	**$40**
Over-the-Counter Items	**$25 Every Month**
Medically Necessary Transportation	**24 One-way trips every year**
Fitness Membership	**$0**
Dental Benefits	**Dental 750**
Vision Benefits	**Vision 100**
Hearing Benefits	**Hearing 350**
Rx Deductible	**$0**
Deductible Tiers	**No**
Tier 1: Preferred Generic	**$0**
Tier 2: Generic	**$10**
Tier 3: Preferred Brand	**$47**
Tier 4: Non-Preferred Drug	**48%**
Tier 5: Specialty Tier	**33%**
Laboratory Services	**$0**
X-Ray Services	**$0**

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Plan Benefits	WellCare Today's Options Premier 200 (PFFS) H2816033004 In-Network	WellCare Today's Options Premier 200 (PFFS) H2816033004 Out-Of-Network
Counties	Cumberland, Sagadahoc	Cumberland, Sagadahoc
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$62**	**$62**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**N/A**	**N/A**
Inpatient Hospital - Acute	**$500 co-pay Per Stay**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$0**	**$10**
Specialist Office Visits	**$25**	**$35**
Over-the-Counter Items	**N/A**	**N/A**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Medicare Only**	**Medicare Only**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Rx Deductible	**N/A**	**N/A**
Deductible Tiers	**N/A**	**N/A**
Tier 1: Preferred Generic	**N/A**	**N/A**
Tier 2: Generic	**N/A**	**N/A**
Tier 3: Preferred Brand	**N/A**	**N/A**
Tier 4: Non-Preferred Drug	**N/A**	**N/A**
Tier 5: Specialty Tier	**N/A**	**N/A**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Premier 200 (PFFS) H2816034002 In-Network	WellCare Today's Options Premier 200 (PFFS) H2816034002 Out-Of-Network
Counties	Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo	Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$55**	**$55**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**N/A**	**$5,000**
Inpatient Hospital - Acute	**$500 co-pay Per Stay**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$0**	**$10**
Specialist Office Visits	**$25**	**$35**
Over-the-Counter Items	**N/A**	**N/A**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Medicare Only**	**Medicare Only**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Rx Deductible	**N/A**	**N/A**
Deductible Tiers	**N/A**	**N/A**
Tier 1: Preferred Generic	**N/A**	**N/A**
Tier 2: Generic	**N/A**	**N/A**
Tier 3: Preferred Brand	**N/A**	**N/A**
Tier 4: Non-Preferred Drug	**N/A**	**N/A**
Tier 5: Specialty Tier	**N/A**	**N/A**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Premier 300 (PFFS) H2816035002 In-Network	WellCare Today's Options Premier 300 (PFFS) H2816035002 Out-Of-Network
Counties	Cumberland, Sagadahoc	Cumberland, Sagadahoc
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**N/A**	**$6,700**
Inpatient Hospital - Acute	**$260 co-pay per day for Days 1-6**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$5**	**$15**
Specialist Office Visits	**$30**	**$50**
Over-the-Counter Items	**N/A**	**N/A**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Medicare Only**	**Medicare Only**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Rx Deductible	**N/A**	**N/A**
Deductible Tiers	**N/A**	**N/A**
Tier 1: Preferred Generic	**N/A**	**N/A**
Tier 2: Generic	**N/A**	**N/A**
Tier 3: Preferred Brand	**N/A**	**N/A**
Tier 4: Non-Preferred Drug	**N/A**	**N/A**
Tier 5: Specialty Tier	**N/A**	**N/A**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Premier 300 (PFFS) H2816036002 In-Network	WellCare Today's Options Premier 300 (PFFS) H2816036002 Out-Of-Network
Counties	Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo	Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**N/A**	**$6,700**
Inpatient Hospital - Acute	**$260 co-pay per day for Days 1-6**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$5**	**$15**
Specialist Office Visits	**$30**	**$50**
Over-the-Counter Items	**N/A**	**N/A**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Medicare Only**	**Medicare Only**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Rx Deductible	**N/A**	**N/A**
Deductible Tiers	**N/A**	**N/A**
Tier 1: Preferred Generic	**N/A**	**N/A**
Tier 2: Generic	**N/A**	**N/A**
Tier 3: Preferred Brand	**N/A**	**N/A**
Tier 4: Non-Preferred Drug	**N/A**	**N/A**
Tier 5: Specialty Tier	**N/A**	**N/A**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Advantage Plus 550B (PPO) H2775101003 In-Network	WellCare Today's Options Advantage Plus 550B (PPO) H2775101003 Out-Of-Network
Counties	Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo	Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$4,000**	**$4,000**
Inpatient Hospital - Acute	**$295 co-pay per day for Days 1-5**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$10**	**$25**
Specialist Office Visits	**$35**	**$60**
Over-the-Counter Items	**N/A**	**N/A**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 100 INN**	**PPO Vision 100 OON 30%**
Hearing Benefits	**PPO Hearing 750 (2 Aids) INN**	**PPO Hearing 750 (2 Aids) OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$7**	**$7**
Tier 2: Generic	**$12**	**$12**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Advantage Plus 150A (PPO) H2775102002 In-Network	WellCare Today's Options Advantage Plus 150A (PPO) H2775102002 Out-Of-Network
Counties	Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo	Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$120**	**$120**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$500 co-pay Per Stay**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$0**	**$10**
Specialist Office Visits	**$25**	**$35**
Over-the-Counter Items	**Rolling $10 Every Month**	**Rolling $10 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 100 INN**	**PPO Vision 100 OON 30%**
Hearing Benefits	**PPO Hearing 750 (2 Aids) INN**	**PPO Hearing 750 (2 Aids) OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$5**	**$5**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$45**	**$45**
Tier 4: Non-Preferred Drug	**$85**	**$85**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Advantage Plus 550B (PPO) H2775103002 In-Network	WellCare Today's Options Advantage Plus 550B (PPO) H2775103002 Out-Of-Network
Counties	Cumberland, Sagadahoc	Cumberland, Sagadahoc
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$4,000**	**$6,700**
Inpatient Hospital - Acute	**$295 co-pay per day for Days 1-5**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$5**	**$25**
Specialist Office Visits	**$35**	**$60**
Over-the-Counter Items	**$55 Every Month**	**$55 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 100 INN**	**PPO Vision 100 OON 30%**
Hearing Benefits	**PPO Hearing 750 (2 Aids) INN**	**PPO Hearing 750 (2 Aids) OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$7**	**$7**
Tier 2: Generic	**$12**	**$12**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Advantage 300 (PPO) H2775104002 In-Network	WellCare Today's Options Advantage 300 (PPO) H2775104002 Out-Of-Network
Counties	Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo	Androscoggin, Aroostook, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Somerset, Waldo
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$260 co-pay per day for Days 1-6**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$5**	**$15**
Specialist Office Visits	**$30**	**$50**
Over-the-Counter Items	**N/A**	**N/A**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Medicare Only**	**Medicare Only**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**PPO Hearing 750 (2 Aids) INN**	**PPO Hearing 750 (2 Aids) OON**
Rx Deductible	**N/A**	**N/A**
Deductible Tiers	**N/A**	**N/A**
Tier 1: Preferred Generic	**N/A**	**N/A**
Tier 2: Generic	**N/A**	**N/A**
Tier 3: Preferred Brand	**N/A**	**N/A**
Tier 4: Non-Preferred Drug	**N/A**	**N/A**
Tier 5: Specialty Tier	**N/A**	**N/A**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Access (HMO SNP) H9364002000
Counties	Androscoggin, Aroostook, Cumberland, Hancock, Penobscot, York
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)*	**$0**
In-Network Plan Deductible	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay per day for Days 1-90**
PCP Office Visits	**$0**
Specialist Office Visits	**$0**
Over-the-Counter Items	**Rolling $150 Every Quarter**
Medically Necessary Transportation	**40 One-way trips every year**
Fitness Membership	**$0**
Dental Benefits	**Dental 750**
Vision Benefits	**Vision 200**
Hearing Benefits	**Hearing 1000 (2 Aids)**
Rx Deductible*	**$0**
Deductible Tiers	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic	
Tier 3: Preferred Brand	
Tier 4: Non-Preferred Drug	
Tier 5: Specialty Tier	
Laboratory Services	**$0**
X-Ray Services	**$0**

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Mississippi



At a Glance:*

- 29,000 Medicare Advantage members
- 33,000 Medicare PDP members
- 1,600 Primary care providers
- 5,300 Specialists
- 80 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Value (HMO) H1416038000	WellCare Essential (HMO-POS) H1416026000
Counties	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$40**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$300 co-pay per day for Days 1-6**	**$300 co-pay per day for Days 1-5**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$45**	**$35**
Over-the-Counter Items	**$45 Every Quarter**	**$60 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**TAM Dental 150 Max 600**	**TAM Dental 200 Max 800**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**TruHearing $699/$999 (2 Aids)**	**TruHearing $699/$999 (2 Aids)**
Rx Deductible	**$350**	**$100**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$47**	**$40**
Tier 4: Non-Preferred Drug	**$99**	**$99**
Tier 5: Specialty Tier	**26%**	**31%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Advance (HMO-POS) H1416054001
Counties	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
Premium Part B Giveback	**$40**
Total Premium (Part C Part D)	**$0**
In-Network Plan Deductible	**N/A**
Maximum Out of Pocket (MOOP)	**$4,500**
Inpatient Hospital - Acute	**$350 co-pay per day for Days 1-5**
PCP Office Visits	**$5**
Specialist Office Visits	**$35**
Over-the-Counter Items	**$75 Every Quarter**
Medically Necessary Transportation	**24 One-way trips every year**
Fitness Membership	**$0**
Dental Benefits	**TAM Dental 250 Max 1000**
Vision Benefits	**Vision 200**
Hearing Benefits	**TruHearing 500**
Rx Deductible	**N/A**
Deductible Tiers	**N/A**
Tier 1: Preferred Generic	**N/A**
Tier 2: Generic	**N/A**
Tier 3: Preferred Brand	**N/A**
Tier 4: Non-Preferred Drug	**N/A**
Tier 5: Specialty Tier	**N/A**
Laboratory Services	**$0**
X-Ray Services	**$0**

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Plan Benefits	WellCare Access (HMO SNP) H1416034000	WellCare Liberty (HMO SNP) H1416044000
Counties	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**$0**	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay per stay**	**$0 co-pay per stay**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**$100 Every Quarter**	**$125 Every Quarter**
Medically Necessary Transportation	**36 One-way trips every year**	**36 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**TAM Dental 250 Max 1000**	**TAM Dental 250 Max 1000**
Vision Benefits	**Vision 200**	**Vision 300**
Hearing Benefits	**TruHearing 500 (2 Aids)**	**TruHearing 750 (2 Aids)**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic **Tier 2: Generic** **Tier 3: Preferred Brand** **Tier 4: Non-Preferred Drug** **Tier 5: Specialty Tier**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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New Jersey



At a Glance:*

- 5,000 Medicare Advantage members
- 30,000 Medicare PDP members
- 3,100 Primary care providers
- 12,000 Specialists
- 60 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Rx (HMO) H0913015000	WellCare Value (HMO-POS) H0913002000
Counties	Atlantic, Bergen, Camden, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Union	Atlantic, Bergen, Camden, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Union
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$18.50**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$330 co-pay per day for Days 1-4**	**$325 co-pay per day for Days 1-5**
PCP Office Visits	**$0**	**$5**
Specialist Office Visits	**$25**	**$30**
Over-the-Counter Items	**$65 Every Quarter**	**$50 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 750**	**Dental 500**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**Hearing 500**	**Hearing 500**
Rx Deductible	**$415**	**$0**
Deductible Tiers	**T2-5**	**None**
Tier 1: Preferred Generic	**$1**	**$2**
Tier 2: Generic	**$12**	**$15**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**50%**	**48%**
Tier 5: Specialty Tier	**25%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Liberty (HMO SNP) H0913013000
Counties	Atlantic, Bergen, Camden, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Union
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)*	**$0**
In-Network Plan Deductible	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**
PCP Office Visits	**$0**
Specialist Office Visits	**$0**
Over-the-Counter Items	**$60 Every Month**
Medically Necessary Transportation	**N/A**
Fitness Membership	**$0**
Dental Benefits	**Medicare Only**
Vision Benefits	**Medicare Only**
Hearing Benefits	**Medicare Only**
Rx Deductible*	**$0**
Deductible Tiers	**T1-5**
Tier 1: Preferred Generic	**$0**
Tier 2: Generic	
Tier 3: Preferred Brand	
Tier 4: Non-Preferred Drug	
Tier 5: Specialty Tier	
Laboratory Services	**$0**
X-Ray Services	**$0**

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WellCare®
Beyond Healthcare. A Better You.

New York



At a Glance:*

- 88,000 Medicare Advantage members
- 54,000 Medicare PDP members
- 9,000 Primary care providers
- 61,000 Specialists
- 280 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Today's Options Classic (HMO) H4868001000	WellCare Advance (HMO) H4868003000
Counties	Broome, Cayuga, Chenango, Cortland, Jefferson, Onondaga	Albany, Broome, Dutchess, Erie, Monroe, Niagara, Oneida, Onondaga, Orange, Rockland, Saratoga, Schenectady, Ulster, Wayne, Westchester
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$350 co-pay per day for Days 1-5**	**$300 co-pay per day for Days 1-5**
PCP Office Visits	**$0**	**$10**
Specialist Office Visits	**$40**	**$35**
Over-the-Counter Items	**Rolling $10 Every Month**	**N/A**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 750**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**Hearing 750 (2 Aids)**	**Hearing 350**
Rx Deductible	**$0**	**N/A**
Deductible Tiers	**No**	**N/A**
Tier 1: Preferred Generic	**$0**	**N/A**
Tier 2: Generic	**$15**	**N/A**
Tier 3: Preferred Brand	**$47**	**N/A**
Tier 4: Non-Preferred Drug	**48%**	**N/A**
Tier 5: Specialty Tier	**33%**	**N/A**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Rx (HMO) H4868006003	WellCare Rx (HMO) H4868006004
Counties	New York, Queens, Richmond	Bronx, Kings
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$12.60**	**$12.60**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$5,000**	**$6,700**
Inpatient Hospital - Acute	**$525 co-pay per day for Days 1-3**	**$300 co-pay per day for Days 1-6**
PCP Office Visits	**$0**	**$5**
Specialist Office Visits	**$45**	**$50**
Over-the-Counter Items	**Rolling $90 Every Quarter**	**Rolling $90 Every Quarter**
Medically Necessary Transportation	**40 One-way trips every year**	**40 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 1000**	**Dental 500**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**Hearing 750 (2 Aids)**	**Hearing 750 (2 Aids)**
Rx Deductible	**$415**	**$415**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$20**	**$20**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**50%**	**50%**
Tier 5: Specialty Tier	**25%**	**25%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Choice (HMO) H4868007000	WellCare Choice (HMO) H4868008000
Counties	Nassau	Ulster
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$35**	**$35**
In-Network Plan Deductible	**$175**	**$175**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$500 co-pay per day for Days 1-3**	**$500 co-pay per day for Days 1-3**
PCP Office Visits	**$5**	**$10**
Specialist Office Visits	**$40**	**$50**
Over-the-Counter Items	**$10 Every Month**	**$10 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**N/A**
Dental Benefits	**Dental 500**	**Preventive Plus**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**Hearing 750 (2 Aids)**	**Hearing 350**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$0**	**$2**
Tier 2: Generic	**$10**	**$12**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**48%**	**48%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Essential (HMO) H4868009000	WellCare Preferred (HMO) H4868010000
Counties	Erie, Niagara, Oneida, Schenectady	Bronx, Kings, New York, Queens, Richmond, Westchester
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$53**
In-Network Plan Deductible	**$190**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$300 co-pay per day for Days 1-5**	**$295 co-pay per day for Days 1-6**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$40**	**$30**
Over-the-Counter Items	**Rolling $20 Every Month**	**$5 Every Month**
Medically Necessary Transportation	**N/A**	**8 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 1000**
Vision Benefits	**Vision 200**	**Vision 200**
Hearing Benefits	**Hearing 750 (2 Aids)**	**Hearing 750 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$15**	**$15**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**48%**	**48%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Value (HMO) H4868011001	WellCare Value (HMO) H4868011002
Counties	Monroe	Albany, Broome, Erie, Niagara, Oneida, Rensselaer, Rockland, Saratoga, Schenectady
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$70**	**$0**
In-Network Plan Deductible	**$125**	**$190**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$575 co-pay per day for Days 1-3**	**$400 co-pay per day for Days 1-3**
PCP Office Visits	**$5**	**$10**
Specialist Office Visits	**$40**	**$50**
Over-the-Counter Items	**$11 Every Month**	**$25 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 500**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**Hearing 350**	**Hearing 750 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$12**	**$12**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**48%**	**48%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Choice (HMO) H4868012001	WellCare Choice (HMO) H4868012002
Counties	Bronx	Kings, New York, Queens, Richmond
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$310 co-pay per day for Days 1-6**	**$475 co-pay per day for Days 1-3**
PCP Office Visits	**$0**	**$10**
Specialist Office Visits	**$45**	**$50**
Over-the-Counter Items	**$35 Every Month**	**$10 Every Month**
Medically Necessary Transportation	**12 One-way trips every year**	**12 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 500**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**Hearing 750 (2 Aids)**	**Hearing 750 (2 Aids)**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$15**	**$15**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**48%**	**48%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Value (HMO) H4868013000
Counties	Dutchess, Onondaga, Orange, Wayne
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)	**$59**
In-Network Plan Deductible	**$190**
Maximum Out of Pocket (MOOP)	**$5,000**
Inpatient Hospital - Acute	**$475 co-pay per day for Days 1-3**
PCP Office Visits	**$5**
Specialist Office Visits	**$50**
Over-the-Counter Items	**$10 Every Month**
Medically Necessary Transportation	**N/A**
Fitness Membership	**$0**
Dental Benefits	**Dental 500**
Vision Benefits	**Vision 100**
Hearing Benefits	**Hearing 350**
Rx Deductible	**$0**
Deductible Tiers	**No**
Tier 1: Preferred Generic	**$3**
Tier 2: Generic	**$15**
Tier 3: Preferred Brand	**$47**
Tier 4: Non-Preferred Drug	**48%**
Tier 5: Specialty Tier	**33%**
Laboratory Services	**$0**
X-Ray Services	**$0**

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Plan Benefits	WellCare Today's Options Premier Plus 250A (PFFS) H2816013000 In-Network	WellCare Today's Options Premier Plus 250A (PFFS) H2816013000 Out of-Network
Counties	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	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$123**	**$123**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**N/A**	**N/A**
Inpatient Hospital - Acute	**$500 co-pay Per Stay**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$0**	**$10**
Specialist Office Visits	**$25**	**$35**
Over-the-Counter Items	**N/A**	**N/A**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Medicare only**	**Medicare only**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$5**	**$5**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$45**	**$45**
Tier 4: Non-Preferred Drug	**$85**	**$85**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Premier Plus 650B (PFFS) H2816019000 In-Network	WellCare Today's Options Premier Plus 650B (PFFS) H2816019000 Out of-Network
Counties	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	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$24**	**$24**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**N/A**	**N/A**
Inpatient Hospital - Acute	**$295 co-pay per day for Days 1-5**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$10**	**$25**
Specialist Office Visits	**$35**	**$60**
Over-the-Counter Items	**N/A**	**N/A**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Medicare only**	**Medicare only**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$7**	**$7**
Tier 2: Generic	**$12**	**$12**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Premier 200 (PFFS) H2816033003 In-Network	WellCare Today's Options Premier Plus 200 (PFFS) H2816033003 Out of-Network
Counties	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	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$62**	**$62**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**N/A**	**N/A**
Inpatient Hospital - Acute	**$500 co-pay Per Stay**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$0**	**$10**
Specialist Office Visits	**$25**	**$35**
Over-the-Counter Items	**N/A**	**N/A**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Medicare only**	**Medicare only**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Rx Deductible	**N/A**	**N/A**
Deductible Tiers	**N/A**	**N/A**
Tier 1: Preferred Generic	**N/A**	**N/A**
Tier 2: Generic	**N/A**	**N/A**
Tier 3: Preferred Brand	**N/A**	**N/A**
Tier 4: Non-Preferred Drug	**N/A**	**N/A**
Tier 5: Specialty Tier	**N/A**	**N/A**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Premier 200 (PFFS) H2816034001 In-Network	WellCare Today's Options Premier 200 (PFFS) H2816034001 Out of-Network
Counties	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$55**	**$55**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$500 co-pay Per Stay**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$0**	**$10**
Specialist Office Visits	**$25**	**$35**
Over-the-Counter Items	**N/A**	**N/A**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Medicare only**	**Medicare only**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Rx Deductible	**N/A**	**N/A**
Deductible Tiers	**N/A**	**N/A**
Tier 1: Preferred Generic	**N/A**	**N/A**
Tier 2: Generic	**N/A**	**N/A**
Tier 3: Preferred Brand	**N/A**	**N/A**
Tier 4: Non-Preferred Drug	**N/A**	**N/A**
Tier 5: Specialty Tier	**N/A**	**N/A**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Premier 300 (PFFS) H2816035001 In-Network	WellCare Today's Options Premier 300 (PFFS) H2816035001 Out of-Network
Counties	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	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**N/A**	**$3,400**
Inpatient Hospital - Acute	**$260 co-pay per day for Days 1-6**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$5**	**$15**
Specialist Office Visits	**$30**	**$50**
Over-the-Counter Items	**N/A**	**N/A**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Medicare only**	**Medicare only**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Rx Deductible	**N/A**	**N/A**
Deductible Tiers	**N/A**	**N/A**
Tier 1: Preferred Generic	**N/A**	**N/A**
Tier 2: Generic	**N/A**	**N/A**
Tier 3: Preferred Brand	**N/A**	**N/A**
Tier 4: Non-Preferred Drug	**N/A**	**N/A**
Tier 5: Specialty Tier	**N/A**	**N/A**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Premier 300 (PFFS) H2816036001 In-Network	WellCare Today's Options Premier 300 (PFFS) H2816036001 Out of-Network
Counties	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**N/A**	**$3,400**
Inpatient Hospital - Acute	**$260 co-pay per day for Days 1-6**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$5**	**$15**
Specialist Office Visits	**$30**	**$50**
Over-the-Counter Items	**N/A**	**N/A**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Medicare only**	**Medicare only**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Rx Deductible	**N/A**	**N/A**
Deductible Tiers	**N/A**	**N/A**
Tier 1: Preferred Generic	**N/A**	**N/A**
Tier 2: Generic	**N/A**	**N/A**
Tier 3: Preferred Brand	**N/A**	**N/A**
Tier 4: Non-Preferred Drug	**N/A**	**N/A**
Tier 5: Specialty Tier	**N/A**	**N/A**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Premier (PPO) H0088001000 In-Tier 1	WellCare Premier (PPO) H0088001000 In-Tier 2
Counties	New York	New York
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$300 co-pay per day for Days 1-5**	**$360 co-pay per day for Days 1-5**
PCP Office Visits	**$0**	**$25**
Specialist Office Visits	**$35**	**$50**
Over-the-Counter Items	**$13 Every Month**	**$13 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 INN**
Vision Benefits	**PPO Vision 100 INN**	**PPO Vision 100 INN**
Hearing Benefits	**PPO Hearing 350 INN**	**PPO Hearing 350 INN**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$15**	**$15**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**48%**	**48%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$50**
X-Ray Services	**$0**	**$50**

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Plan Benefits	WellCare Premier (PPO) H0088001000 Out of-Network
Counties	New York
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)	**$0**
In-Network Plan Deductible	**N/A**
Maximum Out of Pocket (MOOP)	**$10,000**
Inpatient Hospital - Acute	**35% coinsurance per day for Days 1-210**
PCP Office Visits	**35%**
Specialist Office Visits	**35%**
Over-the-Counter Items	**$13 Every Month**
Medically Necessary Transportation	**N/A**
Fitness Membership	**$0**
Dental Benefits	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 100 OON 50%**
Hearing Benefits	**PPO Hearing 350 OON**
Rx Deductible	**$0**
Deductible Tiers	**No**
Tier 1: Preferred Generic	**$0**
Tier 2: Generic	**$15**
Tier 3: Preferred Brand	**$47**
Tier 4: Non-Preferred Drug	**48%**
Tier 5: Specialty Tier	**33%**
Laboratory Services	**35%**
X-Rays Services	**35%**

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Plan Benefits	WellCare Today's Options Advantage Plus 150A (PPO) H2775082000 In-Network	WellCare Today's Options Advantage Plus 150A (PPO) H2775082000 Out of-Network
Counties	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	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$111**	**$111**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$500 co-pay Per Stay**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$0**	**$10**
Specialist Office Visits	**$25**	**$35**
Over-the-Counter Items	**Rolling $10 Every Month**	**Rolling $10 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 100 INN**	**PPO Vision 100 OON 30%**
Hearing Benefits	**PPO Hearing 750 (2 Aids) INN**	**PPO Hearing 750 (2 Aids) OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$5**	**$5**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$45**	**$45**
Tier 4: Non-Preferred Drug	**$85**	**$85**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Advantage Plus 450A (PPO) H2775099000 In-Network	WellCare Today's Options Advantage Plus 450A (PPO) H2775099000 Out of-Network
Counties	Dutchess, Orange, Putnam, Rockland, Ulster, Westchester	Dutchess, Orange, Putnam, Rockland, Ulster, Westchester
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$118**	**$118**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$250 co-pay per day for Days 1-5**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$10**	**$20**
Specialist Office Visits	**$35**	**$50**
Over-the-Counter Items	**$10 Every Month**	**$10 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**PPO Hearing 750 (2 Aids) INN**	**PPO Hearing 750 (2 Aids) OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$5**	**$5**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$45**	**$45**
Tier 4: Non-Preferred Drug	**$85**	**$85**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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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
Counties	Dutchess, Orange, Putnam, Rockland, Ulster, Westchester	Dutchess, Orange, Putnam, Rockland, Ulster, Westchester
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$56**	**$56**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$350 co-pay per day for Days 1-5**	**$375 co-pay per day for Days 1-7**
PCP Office Visits	**$15**	**$30**
Specialist Office Visits	**$40**	**$60**
Over-the-Counter Items	**Rolling $10 Every Month**	**Rolling $10 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**PPO Hearing 750 (2 Aids) INN**	**PPO Hearing 750 (2 Aids) OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$7**	**$7**
Tier 2: Generic	**$12**	**$12**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Advantage Plus 550B (PPO) H2775101001 In-Network	WellCare Today's Options Advantage Plus 550B (PPO) H2775101001 Out of-Network
Counties	Cattaraugus, Chautauqua, Columbia, Essex, Franklin, Greene, Hamilton, Monroe, Niagra, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates	Cattaraugus, Chautauqua, Columbia, Essex, Franklin, Greene, Hamilton, Monroe, Niagra, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$8.50**	**$8.50**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$295 co-pay per day for Days 1-5**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$10**	**$25**
Specialist Office Visits	**$35**	**$60**
Over-the-Counter Items	**Rolling $25 Every Month**	**Rolling $25 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 100 INN**	**PPO Vision 100 OON 30%**
Hearing Benefits	**PPO Hearing 750 (2 Aids) INN**	**PPO Hearing 750 (2 Aids) OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$7**	**$7**
Tier 2: Generic	**$12**	**$12**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Advantage Plus 550B (PPO) H2775101002 In-Network	WellCare Today's Options Advantage Plus 550B (PPO) H2775101002 Out of-Network
Counties	Clinton, Delaware, Jefferson, Lewis	Clinton, Delaware, Jefferson, Lewis
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$8.50**	**$8.50**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$295 co-pay per day for Days 1-5**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$10**	**$25**
Specialist Office Visits	**$35**	**$60**
Over-the-Counter Items	**$10 Every Month**	**$10 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 100 INN**	**PPO Vision 100 OON 30%**
Hearing Benefits	**PPO Hearing 750 (2 Aids) INN**	**PPO Hearing 750 (2 Aids) OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$7**	**$7**
Tier 2: Generic	**$12**	**$12**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Advantage Plus 150A (PPO) H2775102001 In-Network	WellCare Today's Options Advantage Plus 150A (PPO) H2775102001 Out of-Network
Counties	New York: Cattaraugus, Chautauqua, Clinton, Columbia, Delaware, Essex, Franklin, Greene, Hamilton, Jefferson, Lewis, Monroe, Niagra, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates	New York: Cattaraugus, Chautauqua, Clinton, Columbia, Delaware, Essex, Franklin, Greene, Hamilton, Jefferson, Lewis, Monroe, Niagra, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$140**	**$140**
In-Network Plan Deductible	**N/A**	**$3,400**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,400**
Inpatient Hospital - Acute	**$500 co-pay Per Stay**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$0**	**$10**
Specialist Office Visits	**$25**	**$35**
Over-the-Counter Items	**Rolling $10 Every Month**	**Rolling $10 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 100 INN**	**PPO Vision 100 OON 30%**
Hearing Benefits	**PPO Hearing 750 (2 Aids) INN**	**PPO Hearing 750 (2 Aids) OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$5**	**$5**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$45**	**$45**
Tier 4: Non-Preferred Drug	**$85**	**$85**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Advantage Plus 550B (PPO) H2775103001 In-Network	WellCare Today's Options Advantage Plus 550B (PPO) H2775103001 Out of-Network
Counties	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	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$11.90**	**$11.90**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$295 co-pay per day for Days 1-5**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$5**	**$25**
Specialist Office Visits	**$35**	**$60**
Over-the-Counter Items	**Rolling $25 Every Month**	**Rolling $25 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 500 INN**	**PPO Dental 500 OON**
Vision Benefits	**PPO Vision 100 INN**	**PPO Vision 100 OON 30%**
Hearing Benefits	**PPO Hearing 750 (2 Aids) INN**	**PPO Hearing 750 (2 Aids) OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$7**	**$7**
Tier 2: Generic	**$12**	**$12**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$100**	**$100**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Today's Options Advantage 300 (PPO) H2775104001 In-Network	WellCare Today's Options Advantage 300 (PPO) H2775104001 Out of-Network
Counties	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
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$260 co-pay per day for Days 1-6**	**$300 co-pay per day for Days 1-7**
PCP Office Visits	**$5**	**$15**
Specialist Office Visits	**$30**	**$50**
Over-the-Counter Items	**$10 Every Month**	**$10 Every Month**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Medicare Only**	**Medicare Only**
Vision Benefits	**UAM Routine Exam Only INN**	**UAM Routine Exam Only OON**
Hearing Benefits	**PPO Hearing 750 (2 Aids) INN**	**PPO Hearing 750 (2 Aids) OON**
Rx Deductible	**N/A**	**N/A**
Deductible Tiers	**N/A**	**N/A**
Tier 1: Preferred Generic	**N/A**	**N/A**
Tier 2: Generic	**N/A**	**N/A**
Tier 3: Preferred Brand	**N/A**	**N/A**
Tier 4: Non-Preferred Drug	**N/A**	**N/A**
Tier 5: Specialty Tier	**N/A**	**N/A**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$15**	**30%**

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Plan Benefits	WellCare Liberty (HMO SNP) H4868002000	WellCare Access (HMO SNP) H4868004000
Counties	Albany, Broome, Erie, Monroe, Niagara, Oneida, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Ulster	Broome, Dutchess, Erie, Niagara, Oneida, Orange, Rockland, Saratoga, Schenectady, Suffolk, Wayne, Westchester
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**$0**	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**	**$0 co-pay Per Stay**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**Rolling $75 Every Month**	**$65 Every Month**
Medically Necessary Transportation	**12 One-way trips every year**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Medicare Only**	**Preventive Plus**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**Hearing 750 (2 Aids)**	**Hearing 750 (2 Aids)**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic		
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Access (HMO SNP) H4868005003	WellCare Access (HMO SNP) H4868005004
Counties	Kings, Nassau, New York, Queens, Richmond	Bronx
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**$0**	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**	**$0 co-pay Per Stay**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**$100 Every Month**	**$100 Every Month**
Medically Necessary Transportation	**20 One-way trips every year**	**20 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Preventive Plus**	**Preventive Plus**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**Hearing 750 (2 Aids)**	**Hearing 750 (2 Aids)**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic		
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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WellCare®
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North Carolina



At a Glance:*

- 361 Medicare Advantage members (New in market for 2018)
- 33,000 Medicare PDP members
- 820 Primary care providers
- 3,600 Specialists
- 20 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Value (HMO) H0712022000	WellCare Value (HMO) H0712023000
Counties	Durham, Orange, Person	Henderson, Madison, McDowell, Polk, Swain, Transylvania
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$350 co-pay per day for Days 1-5**	**$350 co-pay per day for Days 1-5**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$45**	**$40**
Over-the-Counter Items	**$23 Every Month**	**$23 Every Month**
Medically Necessary Transportation	**10 One-way trips every year**	**10 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 500**
Vision Benefits	**Vision 200**	**Vision 100**
Hearing Benefits	**Hearing 750 (2 Aids)**	**Hearing 750 (2 Aids)**
Rx Deductible	**$0**	**$165**
Deductible Tiers	**None**	**T2-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$12**	**$10**
Tier 3: Preferred Brand	**$45**	**$47**
Tier 4: Non-Preferred Drug	**45%**	**45%**
Tier 5: Specialty Tier	**33%**	**29%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$45**	**$45**

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Plan Benefits	WellCare Value (HMO) H0712024000
Counties	Buncombe
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)	**$0**
In-Network Plan Deductible	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**
Inpatient Hospital - Acute	**$350 co-pay per day for Days 1-5**
PCP Office Visits	**$0**
Specialist Office Visits	**$45**
Over-the-Counter Items	**$28 Every Month**
Medically Necessary Transportation	**10 One-way trips every year**
Fitness Membership	**$0**
Dental Benefits	**Dental 500**
Vision Benefits	**Vision 100**
Hearing Benefits	**Hearing 500 (2 Aids)**
Rx Deductible	**$160**
Deductible Tiers	**T2-5**
Tier 1: Preferred Generic	**$0**
Tier 2: Generic	**$10**
Tier 3: Preferred Brand	**$47**
Tier 4: Non-Preferred Drug	**45%**
Tier 5: Specialty Tier	**30%**
Laboratory Services	**$0**
X-Ray Services	**$25**

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Plan Benefits	WellCare Access (HMO SNP) H0712025000
Counties	Buncombe, Durham, Henderson, Madison, McDowell, Orange, Person, Polk, Swain, Transylvania
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)*	**$0- $19.80**
In-Network Plan Deductible	**$0- $147**
Maximum Out of Pocket (MOOP)	**$6,700**
Inpatient Hospital - Acute	**$0 - $925 co-pay for Days 1-2/ Days 1-90**
PCP Office Visits	**$0**
Specialist Office Visits	**$0- 20%**
Over-the-Counter Items	**$85 Every Month**
Medically Necessary Transportation	**36 One-way trips every year**
Fitness Membership	**$0**
Dental Benefits	**Dental 2500**
Vision Benefits	**Vision 300**
Hearing Benefits	**Hearing 1000 (2 Aids)**
Rx Deductible*	**$0- $415**
Deductible Tiers	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic	
Tier 3: Preferred Brand	
Tier 4: Non-Preferred Drug	
Tier 5: Specialty Tier	
Laboratory Services	**$0**
X-Ray Services	**$0 - 20%**

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WellCare®
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South Carolina



At a Glance:*

- 13,000 Medicare Advantage members
- 9,000 Medicare PDP members
- 3,000 Primary care providers
- 13,000 Specialists
- 70 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Value (HMO) H1416052001	WellCare Value (HMO) H1416052002
Counties	Cherokee, Greenville, Pickens, Saluda, Spartanburg, Union	Abbeville, Greenwood, McCormick, Newberry
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$372 co-pay per day for Days 1-5**	**$372 co-pay per day for Days 1-5**
PCP Office Visits	**$5**	**$20**
Specialist Office Visits	**$45**	**$45**
Over-the-Counter Items	**$30 Every Quarter**	**$46 Every Quarter**
Medically Necessary Transportation	**12 One-way trips every year**	**12 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 750**	**Dental 500**
Vision Benefits	**Vision 300**	**Vision 100**
Hearing Benefits	**Hearing 350**	**Hearing 350**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$20**	**$20**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**35%**	**35%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Elite (HMO) H4847001000	WellCare Elite (HMO) H4847002000
Counties	Charleston, Cherokee, Fairfield, Greenville, Laurens, Pickens, Richland, Saluda, Spartanburg, Union	Abbeville, McCormick, Newberry
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$300 co-pay per day for Days 1-4**	**$400 co-pay per day for Days 1-4**
PCP Office Visits	**$5**	**$15**
Specialist Office Visits	**$35**	**$40**
Over-the-Counter Items	**$46 Every Quarter**	**$46 Every Quarter**
Medically Necessary Transportation	**N/A**	**12 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 750**	**Dental 750**
Vision Benefits	**Vision 200**	**Vision 200**
Hearing Benefits	**Hearing 350**	**Hearing 350**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$12**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**35%**	**35%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Advance (HMO-POS) H1416054002
Counties	Abbeville, Cherokee, Greenville, Greenwood, McCormick, Newberry, Pickens, Saluda, Spartanburg, Union
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)	**$0**
In-Network Plan Deductible	**N/A**
Maximum Out of Pocket (MOOP)	**$4,500**
Inpatient Hospital - Acute	**$325 co-pay per day for Days 1-5**
PCP Office Visits	**$0**
Specialist Office Visits	**$35**
Over-the-Counter Items	**$100 Every Quarter**
Medically Necessary Transportation	**24 One-way trips every year**
Fitness Membership	**$0**
Dental Benefits	**Dental 1000**
Vision Benefits	**Vision 200**
Hearing Benefits	**Hearing 350**
Rx Deductible	**N/A**
Deductible Tiers	**N/A**
Tier 1: Preferred Generic	**N/A**
Tier 2: Generic	**N/A**
Tier 3: Preferred Brand	**N/A**
Tier 4: Non-Preferred Drug	**N/A**
Tier 5: Specialty Tier	**N/A**
Laboratory Services	**$0**
X-Ray Services	**$0**

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Plan Benefits	WellCare Premier (PPO) H7326001000 In-Network	WellCare Premier (PPO) H7326001000 Out-Of-Network
Counties	Charleston, Fairfield, Greenville, Greenwood, Laurens ,Pickens, Richland, Spartanburg, Union	Charleston ,Fairfield, Greenville, Greenwood, Laurens, Pickens, Richland, Spartanburg, Union
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,000**	**$10,000**
Inpatient Hospital - Acute	**$300 co-pay per day for Days 1-6**	**20% co-pay per day for Days 1-180**
PCP Office Visits	**$5**	**$50**
Specialist Office Visits	**$40**	**$50**
Over-the-Counter Items	**$50 Every Quarter**	**$50 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 750 INN**	**PPO Dental 750 OON**
Vision Benefits	**PPO Vision 200 INN**	**PPO Vision 200 OON**
Hearing Benefits	**PPO Hearing 350 INN**	**PPO Hearing 350 OON**
Rx Deductible	**$50**	**$50**
Deductible Tiers	**T3-5**	**T3-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**35%**	**35%**
Tier 5: Specialty Tier	**32%**	**32%**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$0**	**30%**

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Plan Benefits	WellCare Prime (PPO) H7326002000 In-Network	WellCare Prime (PPO) H7326002000 Out-Of-Network
Counties	Abbeville, Cherokee, Greenville, Greenwood, Laurens, McCormick, Newberry, Pickens, Richland, Saluda, Spartanburg, Union, Charleston, Fairfield	Abbeville, Cherokee, Greenville, Greenwood, Laurens, McCormick, Newberry, Pickens, Richland, Saluda, Spartanburg, Union, Charleston, Fairfield
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$30**	**$30**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,000**	**$10,000**
Inpatient Hospital - Acute	**$250 co-pay per day for Days 1-7**	**$250 co-pay per day for Days 1-7**
PCP Office Visits	**$5**	**$5**
Specialist Office Visits	**$35**	**$35**
Over-the-Counter Items	**$50 Every Quarter**	**$50 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**PPO Dental 1000 INN**	**PPO Dental 1000 OON**
Vision Benefits	**PPO Vision 300 INN**	**PPO Vision 300 OON**
Hearing Benefits	**PPO Hearing 350 INN**	**PPO Hearing 350 OON**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**None**	**None**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$10**	**$10**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**35%**	**35%**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$20**
X-Ray Services	**$0**	**$20**

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Plan Benefits	WellCare Access (HMO SNP) H1416036000
Counties	Abbeville, Cherokee, Greenville, Greenwood, McCormick, Newberry, Pickens, Saluda, Spartanburg, Union
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)*	**$0**
In-Network Plan Deductible	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**
PCP Office Visits	**$0**
Specialist Office Visits	**$0**
Over-the-Counter Items	**$150 Every Quarter**
Medically Necessary Transportation	**36 One-way trips every year**
Fitness Membership	**$0**
Dental Benefits	**Dental 2500**
Vision Benefits	**Vision 350**
Hearing Benefits	**Hearing 350**
Rx Deductible*	**$0**
Deductible Tiers	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic	
Tier 3: Preferred Brand	
Tier 4: Non-Preferred Drug	
Tier 5: Specialty Tier	
Laboratory Services	**$0**
X-Ray Services	**$0**

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Tennessee



At a Glance:*

- 12,000 Medicare Advantage members
- 33,000 Medicare PDP members
- 3,200 Primary care providers
- 16,000 Specialists
- 110 Hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare Dividend (HMO) H1416039000	WellCare Rx (HMO) H1416042000
Counties	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
Premium Part B Giveback	**$30**	**$0**
Total Premium (Part C Part D)	**$0**	**$12.20**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$1,450 co-pay Per Stay**	**$275 co-pay per day for Days 1-5**
PCP Office Visits	**$5**	**$0**
Specialist Office Visits	**$50**	**$40**
Over-the-Counter Items	**$50 Every Quarter**	**$60 Every Quarter**
Medically Necessary Transportation	**N/A**	**36 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Preventive Plus**	**Dental 750**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**TruHearing $699/$999 (2 Aids)**	**TruHearing 350**
Rx Deductible	**$0**	**$415**
Deductible Tiers	**No**	**T1-5**
Tier 1: Preferred Generic	**$4**	**$1**
Tier 2: Generic	**$12**	**$9**
Tier 3: Preferred Brand	**$47**	**$47**
Tier 4: Non-Preferred Drug	**$99**	**$99**
Tier 5: Specialty Tier	**33%**	**25%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Value (HMO-POS) H1416031000	WellCare Advance (HMO-POS) H1416054001
Counties	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	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
Premium Part B Giveback	**$0**	**$40**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,000**	**$4,500**
Inpatient Hospital - Acute	**$325 co-pay per day for Days 1-5**	**$350 co-pay per day for Days 1-5**
PCP Office Visits	**$0**	**$5**
Specialist Office Visits	**$45**	**$35**
Over-the-Counter Items	**$50 Every Quarter**	**$75 Every Quarter**
Medically Necessary Transportation	**N/A**	**24 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**TAM Dental 250 Max 1000**
Vision Benefits	**Vision 100**	**Vision 200**
Hearing Benefits	**TruHearing $699/$999 (2 Aids)**	**TruHearing 500**
Rx Deductible	**$0**	**N/A**
Deductible Tiers	**No**	**N/A**
Tier 1: Preferred Generic	**$2**	**N/A**
Tier 2: Generic	**$20**	**N/A**
Tier 3: Preferred Brand	**$47**	**N/A**
Tier 4: Non-Preferred Drug	**$99**	**N/A**
Tier 5: Specialty Tier	**33%**	**N/A**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Access (HMO SNP) H1416035000
Counties	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
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)*	**$0**
In-Network Plan Deductible	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**
PCP Office Visits	**$0**
Specialist Office Visits	**$0**
Over-the-Counter Items	**$150 Every Quarter**
Medically Necessary Transportation	**48 One-way trips every year**
Fitness Membership	**$0**
Dental Benefits	**TAM Dental 250 Max 1000**
Vision Benefits	**Vision 350**
Hearing Benefits	**TruHearing 1000**
Rx Deductible*	**$0**
Deductible Tiers	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic	
Tier 3: Preferred Brand	
Tier 4: Non-Preferred Drug	
Tier 5: Specialty Tier	
Laboratory Services	**$0**
X-Ray Services	**$0**

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WellCare®
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Texas



At a Glance:*

- 104,000 Medicare Advantage members
- 95,000 Medicare PDP members
- 2,300 primary care providers
- 20,000 specialists
- 200 hospitals

*All numbers are as of March 31, 2018

Plan Benefits	WellCare TexanPlus Classic (HMO) H0174002000	WellCare TexanPlus Classic (HMO) H0174003000
Counties	Travis, Williamson	Bexar, El Paso
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$4,000**	**$5,000**
Inpatient Hospital - Acute	**$250 co-pay per day for Days 1-6**	**$150 co-pay per day for Days 1-10**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$30**	**$35**
Over-the-Counter Items	**$65 Every Quarter**	**$40 Every Quarter**
Medically Necessary Transportation	**24 One-way trips every year**	**24 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 1000**	**Dental 500**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**Hearing 1000 (2 Aids)**	**Hearing 350 (2 Aids)**
Rx Deductible	**$200**	**$250**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$5**	**$5**
Tier 3: Preferred Brand	**$35**	**$35**
Tier 4: Non-Preferred Drug	**$75**	**$75**
Tier 5: Specialty Tier	**29%**	**28%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare TexanPlus Classic (HMO) H4506003000	WellCare TexanPlus Value (HMO) H4506010000
Counties	Austin, Brazoria, Chambers, Fort Bend, Galveston (partial county), Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller	Austin, Brazoria, Chambers, Fort Bend, Galveston (partial county), Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller
Premium Part B Giveback	**$0**	**$80**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$3,400**	**$3,000**
Inpatient Hospital - Acute	**$250 co-pay Per Stay**	**$300 co-pay Per Stay**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$35**	**$20**
Over-the-Counter Items	**$30 Every Quarter**	**$25 Every Quarter**
Medically Necessary Transportation	**48 One-way trips every year**	**30 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**UAM Dental 1000**	**UAM Dental 1000**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**Hearing 750**	**Medicare Only**
Rx Deductible	**$0**	**N/A**
Deductible Tiers	**No**	**N/A**
Tier 1: Preferred Generic	**$0**	**N/A**
Tier 2: Generic	**$5**	**N/A**
Tier 3: Preferred Brand	**$40**	**N/A**
Tier 4: Non-Preferred Drug	**$80**	**N/A**
Tier 5: Specialty Tier	**33%**	**N/A**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare TexanPlus Classic (HMO) H5656001000	WellCare TexanPlus Choice (HMO-POS) H4506029000
Counties	Collin, Dallas, Rockwall, Tarrant	Austin, Brazoria, Chambers, Fort Bend, Galveston (partial county), Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$4,900**	**$6,700**
Inpatient Hospital - Acute	**$200 co-pay per day for Days 1-4**	**$250 co-pay per day for Days 1-5**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$35**	**$40**
Over-the-Counter Items	**$30 Every Quarter**	**N/A**
Medically Necessary Transportation	**48 One-way trips every year**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 500**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**Hearing 750**	**Medicare Only**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**No**	**No**
Tier 1: Preferred Generic	**$5**	**$0**
Tier 2: Generic	**$10**	**$5**
Tier 3: Preferred Brand	**$45**	**$40**
Tier 4: Non-Preferred Drug	**$85**	**$80**
Tier 5: Specialty Tier	**33%**	**33%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**20%**	**$15**

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Plan Benefits	WellCare Dividend Prime (HMO) H0174007000	WellCare Value (HMO-POS) H0174005000
Counties	Bexar, Dallas, Denton, El Paso, Fort Bend, Harris	Bexar, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Jefferson, Johnson, Montgomery, Tarrant
Premium Part B Giveback	**$80**	**$0**
Total Premium (Part C Part D)	**$0**	**$0**
In-Network Plan Deductible	**N/A**	**N/A**
Maximum Out of Pocket (MOOP)	**$6,700**	**$4,500**
Inpatient Hospital - Acute	**$350 co-pay per day for Days 1-5**	**$275 co-pay per day for Days 1-6**
PCP Office Visits	**$5**	**$0**
Specialist Office Visits	**$50**	**$30**
Over-the-Counter Items	**$5 Every Month**	**$30 Every Quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 500**	**Dental 500**
Vision Benefits	**Vision 100**	**Vision 100**
Hearing Benefits	**Hearing 750**	**Hearing 750**
Rx Deductible	**$200**	**$200**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic	**$0**	**$0**
Tier 2: Generic	**$7**	**$5**
Tier 3: Preferred Brand	**$30**	**$30**
Tier 4: Non-Preferred Drug	**48%**	**48%**
Tier 5: Specialty Tier	**29%**	**29%**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Benefits	WellCare Access (HMO SNP) H0174004000	WellCare Liberty (HMO SNP) H0174006000
Counties	Bexar, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Jefferson, Johnson, Montgomery, Tarrant	Bexar, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Jefferson, Johnson, Montgomery, Tarrant
Premium Part B Giveback	**$0**	**$0**
Total Premium (Part C Part D)*	**$0**	**$0**
In-Network Plan Deductible	**$0**	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**	**$6,700**
Inpatient Hospital - Acute	**$0 co-pay Per Stay**	**$0 co-pay Per Stay**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**$140 Every Quarter**	**$120 Every Quarter**
Medically Necessary Transportation	**48 One-way trips every year**	**48 One-way trips every year**
Fitness Membership	**$0**	**$0**
Dental Benefits	**Dental 1500**	**Dental 2000**
Vision Benefits	**Vision 200**	**Vision 300**
Hearing Benefits	**Hearing 1000**	**Hearing 1000**
Rx Deductible*	**$0**	**$0**
Deductible Tiers	**T2-5**	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic		
Tier 3: Preferred Brand		
Tier 4: Non-Preferred Drug		
Tier 5: Specialty Tier		
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**

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Plan Name	WellCare TexanPlus Star (HMO SNP) H0174001000
Counties	Austin, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Walker, Waller, Wharton
Premium Part B Giveback	**$0**
Total Premium (Part C Part D)*	**$0 - $23.80**
In-Network Plan Deductible	**$0**
Maximum Out of Pocket (MOOP)	**$6,700**
Inpatient Hospital - Acute	**$0-$875 co-pay Per Stay**
PCP Office Visits	**$0**
Specialist Office Visits	**$0**
Over-the-Counter Items	**$75 every month**
Medically Necessary Transportation	**48 One-way trips every year**
Fitness Membership	**$0**
Dental Benefits	**Dental 2000**
Vision Benefits	**Vision 300**
Hearing Benefits	**Hearing 750 (2 Aids)**
Rx Deductible*	**$0 - $415**
Deductible Tiers	**T2-5**
Tier 1: Preferred Generic	**Tier 1 - $0 Preferred Generics** **Generics: $0 / $1.25 / $3.40 / 15%** **Brands: $0 / $3.80 / $8.50 / 15%** ***Dependent on LIS level**
Tier 2: Generic	
Tier 3: Preferred Brand	
Tier 4: Non-Preferred Drug	
Tier 5: Specialty Tier	
Laboratory Tests	**$0**
X-Ray Services	**$0 - 20%**

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