wellcare.™

2022

Agent First Look

ALABAMA

Wellcare is pleased to highlight the following plans, which will be a great addition to your portfolio. These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2022 selling season.

Ascension
Complete

2022 Key Features

ALABAMA

PLAN	Product Space	Key Selling Features
WELLCARE NO PREMIUM (HMO) H6975005000	$0 Premium	$1,000 Flex Card for D/V/H; OTC -$90/QTR; $300 Vision hardware allowance; Hearing $1000 (2 ears)
WELLCARE ASSIST (HMO) H6975003000	LIS Non-SNP	$1,500 Flex Card for D/V/H; OTC - $235/QTR; Dental - $0 copay for $3,000 allowance; $300 Vision Allowance; $1,000 Hearing/ear
WELLCARE PATRIOT NO PREMIUM (HMO) H6975006000	MA Only Giveback	$750 Flex Card for D/V/H; OTC- $150/QTR; Hearing - $1,000; Transportation - 24 one-way trips; MOOP - $3,450
WELLCARE DUAL LIBERTY (HMO D-SNP) H6975002000	DSNP (Zero Cost Share)	$2,000 Flex Card for D/V/H; MOOP - $3,450; Dental - Platinum $0; $400 Vision Allowance; SSBCI-$75/mo Grocery Card by Shipt delivery, $35/mo Shipt Service Animal
WELLCARE DUAL ACCESS (HMO D-SNP) H6975004000	DSNP (Zero Cost Share)	$1,500 Flex Card for D/V/H; OTC - $510/QTR; Dental - Platinum $0; $400 Vision Allowance; $2,000 Hearing/ear
WELLCARE DUAL ACCESS OPEN (PPO D-SNP) H1848003000	DSNP (Zero Cost Share)	$2,000 Flex Card for D/V/H; OTC - $360/QTR; Dental - $0 copay for $5,000 allowance; SSBCI - $50 Grocery Card by Shipt
WELLCARE LOW PREMIUM OPEN (PPO) H1848004000	$1-$49 Premium	$750 Flex Card for D/V/H; MOOP - $4,500; Dental-Silver $0 copay for $2000 allowance; $300 Vision Allowance; $1000 Hearing/ear
WELLCARE NO PREMIUM OPEN (PPO) H1848002000	$0 Premium	$1,000 Flex Card for D/V/H; OTC - $90/QTR; Dental - Silver $0 copay for $1,500; $300 Vision Allowance; $1,000 Hearing/ear
ASCENSION COMPLETE ST. VINCENT'S SECURE (HMO) H4343003000	$0 Premium	$0 Premium; $0 PCP; Extra Dental, Vision, Hearing; $1,000 Flex Card for D/V/H; SSBCI-Utilities Flex Card, Grocery Card by Shipt, Helper Bee's Care Concierge
ASCENSION COMPLETE ST. VINCENT'S REWARD (HMO) H4343001000	Giveback HMO	Part B Giveback; $0 Premium; $0 PCP; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt

2022 Key Features

ALABAMA

PLAN	Product Space	Key Selling Features
ASCENSION COMPLETE ST. VINCENT'S DSNP (HMO D-SNP) H4343005000	DSNP (Zero Cost Share)	Dental Extractions Included; $2,500 Flex Card for D/V/H; SSBCI - Helper Bee's Care Concierge; Unlimited Transportation; Extra Dental, Vision, Hearing
ASCENSION COMPLETE ST. VINCENT'S ACCESS PLUS (PPO) H7556001000	$0 Premium	Passive Network; $0 Premium; $0 PCP; Low MOOP
ASCENSION COMPLETE ST. VINCENT'S ACCESS (PPO) H7556002000	$0 Premium	Passive Network; $0 Premium; $1,000 Flex Card for D/V/H; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt, Social Needs Benefit
ASCENSION COMPLETE PROVIDENCE SECURE (HMO) H4343004000	$0 Premium	$0 Premium; $0 PCP; Extra Dental, Vision, Hearing; $1,000 Flex Card for D/V/H; SSBCI-Utilities Flex Card, Grocery Card by Shipt, Helper Bee's Care Concierge
ASCENSION COMPLETE PROVIDENCE REWARD (HMO) H4343002000	Giveback HMO	Part B Giveback; $0 Premium; $0 PCP; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt
ASCENSION COMPLETE PROVIDENCE DSNP (HMO D-SNP) H4343006000	DSNP (Zero Cost Share)	Dental Extractions Included; $2,500 Flex Card for D/V/H; SSBCI - Helper Bee's Care Concierge; Unlimited Transportation; Extra Dental, Vision, Hearing
ASCENSION COMPLETE PROVIDENCE ACCESS PLUS (PPO) H7556003000	$0 Premium	Passive Network; $0 Premium; $0 PCP; Low MOOP; SSBCI-Social Needs Benefit
ASCENSION COMPLETE PROVIDENCE ACCESS (PPO) H7556004000	$0 Premium	Passive Network; $0 Premium; $1,000 Flex Card for D/V/H; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt, Social Needs Benefit

2022 Wellcare Plan Offerings

Here are more details about the Wellcare portfolio this year. This includes the plans mentioned above, as well as a portfolio of plans your customers will love.

2022 Agents' First Look — ALABAMA

Plan Benefits	Ascension Complete St. Vincent's Secure (HMO) H4343003000 In-Network	Ascension Complete St. Vincent's Reward (HMO) H4343001000 In-Network
Counties	Bibb, Blount, Jefferson, Shelby, St. Clair	Bibb, Blount, Jefferson, Shelby, St. Clair
Premium Part B Giveback	$0.00	$100.00
Total Premium (Part C Part D)	$0.00	$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$2,900	$2,900
Inpatient Hospital - Acute	$275 copay per day for days 1-5; $0 day for days 6-90	$500 copay per day for days 1-5; $0 copay per day for days 6-90
PCP Office Visits	$0	$0
Specialist Office Visits	$20	$50
Over-the-Counter Items	$95 every quarter	$55 every quarter
Medically Necessary Transportation	Unlimited one-way trips every year	12 one-way trips every year
Health Club Membership	$0	$0
Dental Benefits	No Max allowance for comprehensive services including dentures and implants	$500 for preventive and diagnostic services
Vision Benefits	$300 eyewear limit	Medicare Only
Hearing Benefits	$1,500 / year for 2 hearing aids	Not Covered
Flex Card D/V/H Services (per year)	$1,000	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	$0	$480
Deductible Tiers	N/A	Tiers 3 to 5
Tier 1: Preferred Generic*	$0	$0
Tier 2: Generic*	$1	$5
Tier 6: Select Care Drugs*	$0	$0
Laboratory Services	$0	$0-35
X-Ray Services	$0	$40
SSBCI Package	Helper Bee's Care Concierge, Grocery Delivery, Social Needs Benefit, Utilities Flex Card	Grocery Delivery, Social Needs Benefit, Utilities Flex Card
Optional Supplemental Packages	N/A	Dental, Vision

***Preferred Network Cost Sharing Displayed Where Available**

2022 Agents' First Look	ALABAMA
Plan Benefits	**Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343005000 In-Network**
Counties	Bibb, Blount, Jefferson, St. Clair, Shelby
Premium Part B Giveback	**$0.00**
Total Premium (Part C Part D)	**$0.00**
In-Network Plan Deductible	**$0**
Maximum Out of Pocket (MOOP)	**$3,450**
Inpatient Hospital - Acute	**$0 per stay**
PCP Office Visits	**$0**
Specialist Office Visits	**$0**
Over-the-Counter Items	**$500 every quarter**
Medically Necessary Transportation	**Unlimited one-way trips every year**
Health Club Membership	**$0**
Dental Benefits	**No Max allowance for comprehensive services including dentures and implants**
Vision Benefits	**$400 eyewear limit**
Hearing Benefits	**$3,000 / year for 2 hearing aids**
Flex Card D/V/H Services (per year)	**$2,500**
In-Home Support Services	**N/A**
Rx Deductible	**$0**
Deductible Tiers	**N/A**
Tier 1: Preferred Generic*	**$0**
Tier 2: Generic*	**Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%**
Tier 6: Select Care Drugs*	**$0**
Laboratory Services	**$0**
X-Ray Services	**$0**
SSBCI Package	**Helper Bee's Care Concierge, Grocery Delivery, Social Needs Benefit, Utilities Flex Card**
Optional Supplemental Packages	**N/A**

***Preferred Network Cost Sharing Displayed Where Available**

2022 Agents' First Look — ALABAMA

Plan Benefits	Ascension Complete St. Vincent's Access Plus (PPO) H7556001000	
Counties	Bibb, Blount, Jefferson, St. Clair, Shelby	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	$0.00	$0.00
Total Premium (Part C Part D)	$0.00	$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,450	$5,150 (combined)
Inpatient Hospital - Acute	$300 copay per day for days 1-6: $0 copay per day for days 7-90	$300 copay per day for days 1-6; $0 copay per day for days 7-999
PCP Office Visits	$0	$0
Specialist Office Visits	$40	$40
Over-the-Counter Items	$80 every quarter	$80 every quarter
Medically Necessary Transportation	12 one-way trips every year	12 one-way trips every year
Health Club Membership	$0	$0
Dental Benefits	$3,000 for comprehensive services including dentures	$3,000 for comprehensive services including dentures
Vision Benefits	$200 eyewear limit	$200 eyewear limit
Hearing Benefits	$1,000 / year for 2 hearing aids	$1,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	$0	$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	$0	$0
Tier 2: Generic*	$5	$5
Tier 6: Select Care Drugs*	$0	$0
Laboratory Services	$0	$0
X-Ray Services	$0	$0
SSBCI Package	Social Needs Benefit	N/A
Optional Supplemental Packages	N/A	N/A

***Preferred Network Cost Sharing Displayed Where Available**

Plan Benefits	Ascension Complete St. Vincent's Access (PPO) H7556002000	
Counties	Bibb, Blount, Jefferson, St. Clair, Shelby	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	$0.00	$0.00
Total Premium (Part C Part D)	$0.00	$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$2,900	$2,900 (combined)
Inpatient Hospital - Acute	$575 copay per day for days 1-4; $0 copay per day for days 5-90	$575 copay per day for days 1-4; $0 days 5-999
PCP Office Visits	$0	$0
Specialist Office Visits	20%	20%
Over-the-Counter Items	$65 every quarter	$65 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	$0	$0
Dental Benefits	$5,000 for comprehensive services including dentures	$5,000 for comprehensive services including dentures
Vision Benefits	$200 eyewear limit	$200 eyewear limit
Hearing Benefits	$700 / year for 2 hearing aids	$700 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	$1,000	$1,000
In-Home Support Services	N/A	N/A
Rx Deductible	$0	$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	$0	$0
Tier 2: Generic*	$5	$5
Tier 6: Select Care Drugs*	$0	$0
Laboratory Services	$0-20%	20%
X-Ray Services	20%	20%
SSBCI Package	Grocery Delivery, Social Needs Benefit, Utilities Flex Card	N/A
Optional Supplemental Packages	N/A	N/A

***Preferred Network Cost Sharing Displayed Where Available**

2022 Agents' First Look — ALABAMA

Plan Benefits	Ascension Complete Providence Secure (HMO) H4343004000 In-Network	Ascension Complete Providence Reward (HMO) H4343002000 In-Network
Counties	Mobile	Mobile
Premium Part B Giveback	$0.00	$100.00
Total Premium (Part C Part D)	$0.00	$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$2,900	$2,900
Inpatient Hospital - Acute	$275 copay per day for days 1-5; $0 copay per day for days 6-90	$500 copay per day for days 1-5; $0 copay per day for days 6-90
PCP Office Visits	$0	$0
Specialist Office Visits	$20	$50
Over-the-Counter Items	$95 every quarter	$55 every quarter
Medically Necessary Transportation	Unlimited one-way trips every year	12 one-way trips every year
Health Club Membership	$0	$0
Dental Benefits	No Max allowance for comprehensive services including dentures and implants	$500 for preventive and diagnostic services
Vision Benefits	$300 eyewear limit	Medicare Only
Hearing Benefits	$1,500 / year for 2 hearing aids	Not Covered
Flex Card D/V/H Services (per year)	$1,000	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	$0	$480
Deductible Tiers	N/A	Tiers 3 to 5
Tier 1: Preferred Generic*	$0	$0
Tier 2: Generic*	$1	$5
Tier 6: Select Care Drugs*	$0	$0
Laboratory Services	$0	$0-$35
X-Ray Services	$0	$40
SSBCI Package	Helper Bee's Care Concierge, Grocery Delivery, Social Needs Benefit, Utilities Flex Card	Grocery Delivery, Social Needs Benefit, Utilities Flex Card
Optional Supplemental Packages	N/A	Dental, Vision

***Preferred Network Cost Sharing Displayed Where Available**

2022 Agents' First Look	ALABAMA
Plan Benefits	**Ascension Complete Providence DSNP (HMO D-SNP) H4343006000 In-Network**
Counties	Mobile
Premium Part B Giveback	**$0.00**
Total Premium (Part C Part D)	**$0.00**
In-Network Plan Deductible	**$0**
Maximum Out of Pocket (MOOP)	**$3,450**
Inpatient Hospital - Acute	**$0 per stay**
PCP Office Visits	**$0**
Specialist Office Visits	**$0**
Over-the-Counter Items	**$500 every quarter**
Medically Necessary Transportation	**Unlimited one-way trips every year**
Health Club Membership	**$0**
Dental Benefits	**No Max allowance for comprehensive services including dentures and implants**
Vision Benefits	**$400 eyewear limit**
Hearing Benefits	**$3,000 / year for 2 hearing aids**
Flex Card D/V/H Services (per year)	**$2,500**
In-Home Support Services	**N/A**
Rx Deductible	**$0**
Deductible Tiers	**N/A**
Tier 1: Preferred Generic*	**$0**
Tier 2: Generic*	**Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%**
Tier 6: Select Care Drugs*	**$0**
Laboratory Services	**$0**
X-Ray Services	**$0**
SSBCI Package	**Helper Bee's Care Concierge, Grocery Delivery, Social Needs Benefit, Utilities Flex Card**
Optional Supplemental Packages	**N/A**

***Preferred Network Cost Sharing Displayed Where Available**

Plan Benefits	Ascension Complete Providence Access Plus (PPO) H7556003000	
Counties	Mobile	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	$0.00	$0.00
Total Premium (Part C Part D)	$0.00	$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,450	$5,150 (combined)
Inpatient Hospital - Acute	$300 copay per day for days 1-6; $0 copay per day for days 7-90	$300 copay per day days 1-6; $0 copay per day days 7-999
PCP Office Visits	$0	$0
Specialist Office Visits	$40	$40
Over-the-Counter Items	$80 every quarter	$80 every quarter
Medically Necessary Transportation	12 one-way trips every year	12 one-way trips every year
Health Club Membership	$0	$0
Dental Benefits	$3,000 for comprehensive services including dentures	$3,000 for comprehensive services including dentures
Vision Benefits	$200 eyewear limit	$200 eyewear limit
Hearing Benefits	$1,000 / year for 2 hearing aids	$1,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	$0	$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	$0	$0
Tier 2: Generic*	$5	$5
Tier 6: Select Care Drugs*	$0	$0
Laboratory Services	$0	$0
X-Ray Services	$0	$0
SSBCI Package	Social Needs Benefit	N/A
Optional Supplemental Packages	N/A	N/A

***Preferred Network Cost Sharing Displayed Where Available**

2022 Agents' First Look — ALABAMA

Plan Benefits	Ascension Complete Providence Access (PPO) H7556004000	
Counties	Mobile	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	$0.00	$0.00
Total Premium (Part C Part D)	$0.00	$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$2,900	$2,900 (combined)
Inpatient Hospital - Acute	$575 copay per day for days 1-4; $0 copay per day for days 5-90	$575 copay per day for days 1-4; $0 days 5-999
PCP Office Visits	$0	$0
Specialist Office Visits	20%	20%
Over-the-Counter Items	$65 every quarter	$65 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	$0	$0
Dental Benefits	$5,000 for comprehensive services including dentures	$5,000 for comprehensive services including dentures
Vision Benefits	$200 eyewear limit	$200 eyewear limit
Hearing Benefits	$700 / year for 2 hearing aids	$700 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	$1,000	$1,000
In-Home Support Services	N/A	N/A
Rx Deductible	$0	$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	$0	$0
Tier 2: Generic*	$5	$5
Tier 6: Select Care Drugs*	$0	$0
Laboratory Services	$0-20%	20%
X-Ray Services	20%	20%
SSBCI Package	Grocery Delivery, Social Needs Benefit, Utilities Flex Card	N/A
Optional Supplemental Packages	N/A	N/A

***Preferred Network Cost Sharing Displayed Where Available**

2022 Agents' First Look	ALABAMA	
Plan Benefits	**Wellcare No Premium (HMO) H6975005000 In-Network**	**Wellcare Assist (HMO) H6975003000 In-Network**
Counties	Baldwin, Bibb, Blount, Choctaw, Cullman, Escambia, Jefferson, Madison, Mobile, Morgan, Shelby, St. Clair, Sumter, Washington	Baldwin, Bibb, Blount, Choctaw, Cullman, Escambia, Jefferson, Madison, Mobile, Morgan, Shelby, St. Clair, Sumter, Washington
Premium Part B Giveback	**$0.00**	**$0.00**
Total Premium (Part C Part D)	**$0.00**	**$20.10**
In-Network Plan Deductible	**No**	**No**
Maximum Out of Pocket (MOOP)	**$4,900**	**$4,500**
Inpatient Hospital - Acute	**$300 copay per day for days 1-7; $0 copay per day for days 8-90**	**$275 copay per day for days 1-6; $0 copay per day for days 7-90**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$25**	**$25**
Over-the-Counter Items	**$90 every quarter**	**$235 every quarter**
Medically Necessary Transportation	**24 one-way trips every year**	**48 one-way trips every year**
Health Club Membership	**$0**	**$0**
Dental Benefits	**$1,500 for comprehensive services and including dentures**	**$3,000 for comprehensive services including dentures**
Vision Benefits	**$300 eyewear limit**	**$300 eyewear limit**
Hearing Benefits	**$2,000 / year for 2 hearing aids**	**$2,000 / year for 2 hearing aids**
Flex Card D/V/H Services (per year)	**$750**	**$1,000**
In-Home Support Services	**N/A**	**Chores**
Rx Deductible	**$0**	**$480**
Deductible Tiers	**N/A**	**Tiers 2 to 5**
Tier 1: Preferred Generic*	**$0**	**$0**
Tier 2: Generic*	**$0**	**20**
Tier 6: Select Care Drugs*	**$0**	**$0**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**
SSBCI Package	**N/A**	**N/A**
Optional Supplemental Packages	**N/A**	**N/A**

***Preferred Network Cost Sharing Displayed Where Available**

2022 Agents' First Look	ALABAMA
Plan Benefits	**Wellcare Patriot No Premium (HMO) H6975006000 In-Network**
Counties	Baldwin, Bibb, Blount, Choctaw, Cullman, Escambia, Jefferson, Madison, Mobile, Morgan, St. Clair, Shelby, Sumter, Washington
Premium Part B Giveback	**$0.00**
Total Premium (Part C Part D)	**$0.00**
In-Network Plan Deductible	**No**
Maximum Out of Pocket (MOOP)	**$3,450**
Inpatient Hospital - Acute	**$325 copay per days for days 1-5; $0 copay per day for days 6-90**
PCP Office Visits	**$0**
Specialist Office Visits	**$0**
Over-the-Counter Items	**$150 every quarter**
Medically Necessary Transportation	**24 one-way trips every year**
Health Club Membership	**$0**
Dental Benefits	**$1,500 for comprehensive services and including dentures**
Vision Benefits	**$200 eyewear limit**
Hearing Benefits	**$2,000 / year for 2 hearing aids**
Flex Card D/V/H Services (per year)	**$750**
In-Home Support Services	**Chores**
Rx Deductible	**N/A**
Deductible Tiers	**N/A**
Tier 1: Preferred Generic*	**N/A**
Tier 2: Generic*	**N/A**
Tier 6: Select Care Drugs*	**N/A**
Laboratory Services	**$0**
X-Ray Services	**$0**
SSBCI Package	**N/A**
Optional Supplemental Packages	**N/A**

***Preferred Network Cost Sharing Displayed Where Available**

2022 Agents' First Look — ALABAMA

Plan Benefits	Wellcare Dual Liberty (HMO D-SNP) H6975002000 In-Network	Wellcare Dual Access (HMO D-SNP) H6975004000 In-Network
Counties	Baldwin, Bibb, Blount, Choctaw, Cullman, Escambia, Jefferson, Madison, Mobile, Morgan, Shelby, St. Clair, Sumter, Washington	Baldwin, Bibb, Blount, Choctaw, Cullman, Escambia, Jefferson, Madison, Mobile, Morgan, Shelby, St. Clair, Sumter, Washington
Premium Part B Giveback	$0.00	$0.00
Total Premium (Part C Part D)	$0.00	$0.00
In-Network Plan Deductible	$0	$0
Maximum Out of Pocket (MOOP)	$3,450	$3,450
Inpatient Hospital - Acute	$0 per stay	$0 per stay
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$0
Over-the-Counter Items	$550 every quarter	$510 every quarter
Medically Necessary Transportation	Unlimited one-way trips every year	60 one-way trips every year
Health Club Membership	$0	$0
Dental Benefits	No Max allowance for comprehensive services including dentures and implants	No Max allowance for comprehensive services including dentures and implants
Vision Benefits	$400 eyewear limit	$400 eyewear limit
Hearing Benefits	$4,000 / year for 2 hearing aids	$4,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	$2,000	$1,500
In-Home Support Services	Chores	Chores
Rx Deductible	$0	$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	$0	$0
Tier 2: Generic*	Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%	Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%
Tier 6: Select Care Drugs*	$0	$0
Laboratory Services	$0	$0
X-Ray Services	$0	$0
SSBCI Package	Grocery Delivery, Service Animal Stipend	Grocery Delivery
Optional Supplemental Packages	N/A	N/A

***Preferred Network Cost Sharing Displayed Where Available**

2022 Agents' First Look	ALABAMA	
Plan Benefits	**Wellcare Dual Access Open (PPO D-SNP) H1848003000**	
Counties	Baldwin, Bibb, Blount, Choctaw, Escambia, Jefferson, Mobile, St. Clair, Shelby, Washington	
Network / Tiers	**In-Network**	**Out-of-Network**
Premium Part B Giveback	**$0.00**	**$0.00**
Total Premium (Part C Part D)	**$0.00**	**$0.00**
In-Network Plan Deductible	**$0**	**$0**
Maximum Out of Pocket (MOOP)	**$3,450**	**$5,100 (combined)**
Inpatient Hospital - Acute	**$0 per stay**	**$0 per stay**
PCP Office Visits	**$0**	**$0**
Specialist Office Visits	**$0**	**$0**
Over-the-Counter Items	**$360 every quarter**	**$360 every quarter**
Medically Necessary Transportation	**48 one-way trips every year**	**48 one-way trips every year**
Health Club Membership	**$0**	**$0**
Dental Benefits	**$5,000 for comprehensive services including dentures**	**$5,000 for comprehensive services including dentures**
Vision Benefits	**$300 eyewear limit**	**$300 eyewear limit**
Hearing Benefits	**$3,000 / year for 2 hearing aids**	**$3,000 / year for 2 hearing aids**
Flex Card D/V/H Services (per year)	**$1,500**	**$1,500**
In-Home Support Services	**Chores and personal care services**	**Chores and personal care services**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**N/A**	**N/A**
Tier 1: Preferred Generic*	**$0**	**$0**
Tier 2: Generic*	**Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%**	**Generics: $0 / $1.35 / $3.95 / 15% Brands: $0 / $4.00 / $9.85 / 15%**
Tier 6: Select Care Drugs*	**$0**	**$0**
Laboratory Services	**$0**	**$0**
X-Ray Services	**$0**	**$0**
SSBCI Package	**Grocery Delivery**	**N/A**
Optional Supplemental Packages	**N/A**	**N/A**

***Preferred Network Cost Sharing Displayed Where Available**

2022 Agents' First Look	ALABAMA	
Plan Benefits	**Wellcare Low Premium Open (PPO) H1848004000**	
Counties	Baldwin, Bibb, Blount, Choctaw, Cullman, Escambia, Jefferson, Madison, Mobile, Morgan, St. Clair, Shelby, Sumter, Washington	
Network / Tiers	**In-Network**	**Out-of-Network**
Premium Part B Giveback	**$0.00**	**$0.00**
Total Premium (Part C Part D)	**$30.00**	**$30.00**
In-Network Plan Deductible	**No**	**No**
Maximum Out of Pocket (MOOP)	**$4,500**	**$10,000 (combined)**
Inpatient Hospital - Acute	**$275 copay per day for days 1-6; $0 copay per day for days 7-90**	**30% coinsurance per day for days 1-90**
PCP Office Visits	**$0**	**30%**
Specialist Office Visits	**$25**	**30%**
Over-the-Counter Items	**$70 every quarter**	**$70 every quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Health Club Membership	**$0**	**$0**
Dental Benefits	**$2,000 for comprehensive services and including dentures**	**$2,000 for comprehensive services and including dentures**
Vision Benefits	**$300 eyewear limit**	**$300 eyewear limit**
Hearing Benefits	**$2,000 / year for 2 hearing aids**	**$2,000 / year for 2 hearing aids**
Flex Card D/V/H Services (per year)	**$750**	**$750**
In-Home Support Services	**N/A**	**N/A**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**N/A**	**N/A**
Tier 1: Preferred Generic*	**$0**	**$0**
Tier 2: Generic*	**$2**	**$2**
Tier 6: Select Care Drugs*	**$0**	**$0**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$0**	**30%**
SSBCI Package	**N/A**	**N/A**
Optional Supplemental Packages	**N/A**	**N/A**

***Preferred Network Cost Sharing Displayed Where Available**

2022 Agents' First Look	ALABAMA	
Plan Benefits	**Wellcare Giveback Open (PPO) H1848001000**	
Counties	Baldwin, Bibb, Blount, Choctaw, Cullman, Escambia, Jefferson, Madison, Mobile, Morgan, Shelby, St. Clair, Sumter, Washington	
Network / Tiers	**In-Network**	**Out-of-Network**
Premium Part B Giveback	**$55.00**	**$55.00**
Total Premium (Part C Part D)	**$0.00**	**$0.00**
In-Network Plan Deductible	**No**	**No**
Maximum Out of Pocket (MOOP)	**$7,350**	**$10,000 (combined)**
Inpatient Hospital - Acute	**$335 copay per day for days 1-6; $0 days for days 7-90**	**40% coinsurance per day for days 1-90**
PCP Office Visits	**$0**	**40%**
Specialist Office Visits	**$45**	**40%**
Over-the-Counter Items	**$25 every quarter**	**$25 every quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Health Club Membership	**$0**	**$0**
Dental Benefits	**$750 for preventive and diagnostic services INN**	**$750 for preventive and diagnostic services**
Vision Benefits	**$100 eyewear limit**	**$100 eyewear limit**
Hearing Benefits	**$700 / year for 2 hearing aids**	**$700 / year for 2 hearing aids**
Flex Card D/V/H Services (per year)	**N/A**	**N/A**
In-Home Support Services	**N/A**	**N/A**
Rx Deductible	**$100**	**$100**
Deductible Tiers	**Tiers 3 to 5**	**Tiers 3 to 5**
Tier 1: Preferred Generic*	**$0**	**$0**
Tier 2: Generic*	**$10**	**$10**
Tier 6: Select Care Drugs*	**$0**	**$0**
Laboratory Services	**$0**	**40%**
X-Ray Services	**$0**	**40%**
SSBCI Package	**N/A**	**N/A**
Optional Supplemental Packages	**N/A**	**N/A**

***Preferred Network Cost Sharing Displayed Where Available**

2022 Agents' First Look	ALABAMA	
Plan Benefits	**Wellcare No Premium Open (PPO) H1848002000**	
Counties	Baldwin, Bibb, Blount, Choctaw, Cullman, Escambia, Jefferson, Madison, Mobile, Morgan, Shelby, St. Clair, Sumter, Washington	
Network / Tiers	**In-Network**	**Out-of-Network**
Premium Part B Giveback	**$0.00**	**$0.00**
Total Premium (Part C Part D)	**$0.00**	**$0.00**
In-Network Plan Deductible	**No**	**No**
Maximum Out of Pocket (MOOP)	**$5,500**	**$10,000 (combined)**
Inpatient Hospital - Acute	**$325 copay per day for days 1-6; $0 copay per day for days 7-90**	**30% coinsurance per day for days 1-90**
PCP Office Visits	**$0**	**30%**
Specialist Office Visits	**$30**	**30%**
Over-the-Counter Items	**$90 every quarter**	**$90 every quarter**
Medically Necessary Transportation	**N/A**	**N/A**
Health Club Membership	**$0**	**$0**
Dental Benefits	**$1,500 for comprehensive services and including services**	**$1,500 for comprehensive services and including dentures**
Vision Benefits	**$300 eyewear limit**	**$300 eyewear limit**
Hearing Benefits	**$2,000 / year for 2 hearing aids**	**$2,000 / year for 2 hearing aids**
Flex Card D/V/H Services (per year)	**$1,000**	**$1,000**
In-Home Support Services	**N/A**	**N/A**
Rx Deductible	**$0**	**$0**
Deductible Tiers	**N/A**	**N/A**
Tier 1: Preferred Generic*	**$0**	**$0**
Tier 2: Generic*	**$2**	**$2**
Tier 6: Select Care Drugs*	**$0**	**$0**
Laboratory Services	**$0**	**30%**
X-Ray Services	**$0**	**30%**
SSBCI Package	**N/A**	**N/A**
Optional Supplemental Packages	**N/A**	**N/A**

***Preferred Network Cost Sharing Displayed Where Available**