



wellcare.

2022

Agent First Look

FLORIDA

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



Ascension
Complete

2022 Key Features

FLORIDA

PLAN	Product Space	Key Selling Features
WELLCARE GIVEBACK (HMO) H1032040000	Giveback	Up to \$1,572 Part B Giveback annually; \$2,500 Flex Card for D/V/H; \$500 MOOP; OTC- \$365/QTR; Gold Dental \$5,000
WELLCARE GIVEBACK (HMO) H1032189000	Giveback	Up to \$720 Part B Giveback annually; OTC - \$70/QTR; Bronze Dental; \$100 Vision Allowance; \$750 Hearing/ear
WELLCARE NO PREMIUM (HMO) H1032190000	\$0 Premium	OTC - \$135/QTR; Copper \$1,500 Dental; Vision \$200; Hearing \$1,000; \$3,400 MOOP
WELLCARE GIVEBACK (HMO) H1032191000	Giveback	Up to \$720 Part B Giveback annually; OTC - \$100/QTR; Bronze Dental; \$100 Vision Allowance; \$750 Hearing/ear
WELLCARE NO PREMIUM (HMO) H1032192000	\$0 Premium	\$2,900 MOOP; \$300 Flex Card for D/V/H; OTC - \$150/QTR; Silver \$2,000 Dental; \$200 Vision Allowance
WELLCARE GIVEBACK (HMO) H1032193000	Giveback	Up to \$1,140 Part B Giveback annually; OTC - \$220/QTR; Copper \$1,000 Dental; \$100 Vision Allowance; \$3,400 MOOP
WELLCARE NO PREMIUM (HMO) H1032194000	\$0 Premium	\$2,900 MOOP; \$750 Flex Card for D/V/H; OTC - \$200/QTR; Silver \$2,000 Dental; \$200 Vision Allowance
WELLCARE GIVEBACK (HMO) H1032195000	Giveback	Up to \$1,440 Part B Giveback annually; OTC - \$365/QTR; Silver \$1,000 Dental; \$200 Vision Allowance; \$3,400 MOOP
WELLCARE NO PREMIUM (HMO) H1032196000	\$0 Premium	\$1,700 MOOP; \$1,000 Flex Card for D/V/H; OTC - 365/QTR; Gold \$4,000 Dental; \$300 Vision Allowance
WELLCARE GIVEBACK (HMO) H1032198000	Giveback	Up to \$900 Part B Giveback annually; OTC - \$215/QTR; Copper \$2,000 Dental; \$100 Vision Allowance; \$1,000 Hearing/ear

2022 Key Features

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PLAN	Product Space	Key Selling Features
WELLCARE NO PREMIUM (HMO) H1032199000	\$0 Premium	\$2,900 MOOP; \$750 Flex Card for D/V/H; OTC - \$250/QTR; Gold \$3,000 Dental; \$10 Specialist
WELLCARE GIVEBACK (HMO) H1032200000	Giveback	Up to \$1,735 Part B Giveback annually; OTC - \$160/QTR; Copper \$1,000 Dental; \$200 Vision Allowance; \$2,500 MOOP
WELLCARE NO PREMIUM (HMO) H1032201000	\$0 Premium	\$1,200 MOOP; \$1,500 Flex Card for D/V/H; OTC - \$225/QTR; Platinum Dental; \$0 Specialist
WELLCARE GIVEBACK (HMO) H1032204000	Giveback	Up to \$1,080 Part B Giveback annually; OTC - \$145/QTR; Bronze \$750 Dental; \$200 Vision Allowance; \$3,200 MOOP
WELLCARE NO PREMIUM (HMO) H1032205000	\$0 Premium	\$2,500 MOOP; \$750 Flex Card for D/V/H; OTC - \$210/QTR; Gold \$3,000 Dental; 60 Transportation Trips
WELLCARE GIVEBACK (HMO) H1032209000	Giveback	Up to \$360 Part B Giveback annually; OTC - \$215/QTR; Copper \$1,000 Dental; \$200 Vision Allowance; \$1,000 Hearing/ear
WELLCARE GIVEBACK (HMO) H1032210000	Giveback	Up to \$1,080 Part B Giveback annually; OTC -\$200/QTR; Copper \$1,000 Dental; \$100 Vision Allowance; \$1,000 Hearing/ear
WELLCARE NO PREMIUM (HMO) H1032211000	\$0 Premium	\$2,500 MOOP; \$750 Flex Card for D/V/H; OTC - \$200/QTR; Gold \$3,000 Dental; \$500 Hearing/ear
WELLCARE GIVEBACK (HMO) H1032212000	Giveback	Up to \$1,500 Part B Giveback annually; OTC -\$100/QTR; Copper \$1,000 Dental; \$500 Hearing/ear; \$200 Vision Allowance
WELLCARE NO PREMIUM (HMO) H1032213000	\$0 Premium	\$1,700 MOOP; \$2,000 Flex Card for D/V/H; \$5 Specialist; Platinum Dental; \$275 Quarterly OTC
WELLCARE NO PREMIUM (HMO) H1032218000	\$0 Premium	OTC - \$215/QTR; \$3,900 MOOP; Silver \$1,500 Dental; \$200 Vision Allowance; \$1,000 Hearing/ear

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PLAN	Product Space	Key Selling Features
WELLCARE SPECIALTY GIVEBACK (HMO C-SNP) H1032203000	CSNP Giveback	Up to \$1,735 Part B Giveback annually; \$0 Tier 6 Insulin; OTC - \$180/QTR; Bronze \$500 Dental; \$1,000 Hearing/ear
WELLCARE DUAL ACCESS (HMO D-SNP) H1032124000	DSNP (Zero Cost Share)	\$2,000 Flex Card for D/V/H; Gold \$5,000 Dental; OTC - \$400/QTR; SSBCI - Utilities Flex Card; SSBCI - Grocery Card by Shipt
WELLCARE DUAL ACCESS (HMO D-SNP) H1032170000	DSNP (Zero Cost Share)	\$2,500 Flex Card for D/V/H; Gold \$5,000 Dental; OTC - \$400/QTR; SSBCI - Utilities Flex Card; SSBCI - Grocery Card by Shipt
WELLCARE DUAL LIBERTY (HMO D-SNP) H1032175000	DSNP (Zero Cost Share)	\$2,000 Flex Card for D/V/H; OTC- \$425/QTR; Platinum Dental; SSBCI - Utilities Flex Card; SSBCI - Grocery Card by Shipt
WELLCARE DUAL LIBERTY (HMO D-SNP) H1032176000	DSNP (Zero Cost Share)	\$2,500 Flex Card for D/V/H; OTC - \$400/QTR; Platinum Dental; SSBCI - Utilities Flex Card; SSBCI - Grocery Card by Shipt
WELLCARE DUAL ACCESS OPEN (PPO D-SNP) H5199016000	DSNP (Zero Cost Share)	\$1,500 Flex Card for D/V/H; SSBCI - Grocery Card by Shipt; SSBCI - Utilities Flex Card; \$4,000 Gold Dental; \$310 Quarterly OTC
WELLCARE NO PREMIUM OPEN (PPO) H5199008000	\$0 Premium	Most IN/OON match; \$500 Flex Card for D/V/H; OTC - \$50/QTR; Silver \$1,000 Dental; \$200 Vision Allowance
WELLCARE PREMIUM ENHANCED OPEN (PPO) H5199010000	\$50-\$99 Premium	Most IN/OON match; \$1,000 Flex Card for D/V/H; Gold \$3,000 Dental; OTC - \$225/QTR; \$1,700 MOOP
WELLCARE NO PREMIUM OPEN (PPO) H5199012000	\$0 Premium	Most IN/OON match; \$1,000 Flex Card for D/V/H; OTC - \$150/QTR; Silver \$2,000 Dental; \$3,400 IN MOOP
WELLCARE PREMIUM ENHANCED OPEN (PPO) H5199013000	\$50-\$99 Premium	Most IN/OON match; \$1,000 Flex Card for D/V/H; OTC - \$180/QTR; Silver \$1,000 Dental; \$1,700 IN MOOP

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PLAN	Product Space	Key Selling Features
WELLCARE NO PREMIUM OPEN (PPO) H5199014000	\$0 Premium	Most IN/OON match; \$500 Flex Card for D/V/H; OTC - \$125/QTR; Silver \$1,500 Dental; \$200 Vision Allowance
WELLCARE NO PREMIUM OPEN (PPO) H5199015000	\$0 Premium	Most IN/OON Match; \$750 Flex Card for D/V/H; OTC - \$100/QTR; Silver \$1,000 Dental; \$200 Vision Allowance
ASCENSION COMPLETE SACRED HEART ACCESS POS (HMO-POS) H8225008000	\$0 Premium	Passive Network; \$0 Premium; \$1,000 Flex Card for D/V/H; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt
ASCENSION COMPLETE SACRED HEART SECURE (HMO) H8225004000	\$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 SACRED HEART REWARD (HMO) H8225002000	Giveback HMO	Part B Giveback; \$0 Premium; \$0 PCP; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt
ASCENSION COMPLETE SACRED HEART DSNP (HMO D-SNP) H8225006000	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 POS (HMO-POS) H8225007000	\$0 Premium	Passive Network; \$0 Premium; \$1,000 Flex Card for D/V/H; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt
ASCENSION COMPLETE ST. VINCENT'S SECURE (HMO) H8225003000	\$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) H8225001000	Giveback HMO	Part B Giveback; \$0 Premium; \$0 PCP; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt
ASCENSION COMPLETE ST. VINCENT'S DSNP (HMO D-SNP) H8225005000	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

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

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Plan Benefits	Ascension Complete Sacred Heart Access POS (HMO-POS) H8225008000 In-Network	Ascension Complete Sacred Heart Secure (HMO) H8225004000 In-Network
Counties	Escambia, Santa Rosa, Walton	Escambia, Santa Rosa, Walton
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 (combined)	\$2,900
Inpatient Hospital - Acute	\$575 copay per day for days 1-4 \$0 copay per day for days 5-90	\$250 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	20%	\$25
Over-the-Counter Items	\$65 every quarter	\$125 every quarter
Medically Necessary Transportation	N/A	Unlimited one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$5,000 for comprehensive services including dentures	No Max allowance for comprehensive services including dentures and implants
Vision Benefits	\$200 eyewear limit	\$300 eyewear limit
Hearing Benefits	\$700 / year for 2 hearing aids	\$1,500 / 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	\$1
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0 - 20%	\$0
X-Ray Services	20%	\$0
SSBCI Package	Grocery Delivery, Social Needs Benefit, Utilities Flex Card	Helper Bee's Care Concierge, Grocery Delivery, Social Needs Benefit, Utilities Flex Card
Optional Supplemental Packages	N/A	N/A

*Preferred Network Cost Sharing Displayed Where Available

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2022 Agents' First Look

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Plan Benefits	Ascension Complete Sacred Heart Reward (HMO) H8225002000 In-Network
Counties	Escambia, Santa Rosa, Walton
Premium Part B Giveback	\$100.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$2,900
Inpatient Hospital - Acute	\$500 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0
Specialist Office Visits	\$50
Over-the-Counter Items	\$80 every quarter
Medically Necessary Transportation	12 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$500 for preventive and diagnostic services
Vision Benefits	Medicare Only
Hearing Benefits	Medicare Only
Flex Card D/V/H Services (per year)	N/A
In-Home Support Services	N/A
Rx Deductible	\$480
Deductible Tiers	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$5
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0-\$35
X-Ray Services	\$40
SSBCI Package	Grocery Delivery, Social Needs Benefit, Utilities Flex Card
Optional Supplemental Packages	Dental, Vision

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Plan Benefits	Ascension Complete Sacred Heart DSNP (HMO D-SNP) H8225006000 In-Network
Counties	Escambia, Santa Rosa, Walton
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	\$380 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

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Plan Benefits	Ascension Complete St. Vincent's Access POS (HMO POS) H8225007000 In-Network	Ascension Complete St. Vincent's Secure (HMO) H8225003000 In-Network
Counties	Baker, Clay, Duval, Nassau	Baker, Clay, Duval, Nassau
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 (combined)	\$2,900
Inpatient Hospital - Acute	\$575 copay per day for days 1-4; \$0 copay per day for days 5-90	\$250 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	20%	\$25
Over-the-Counter Items	\$65 every quarter	\$125 every quarter
Medically Necessary Transportation	N/A	Unlimited one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$5,000 for comprehensive services including dentures	No Max allowance for comprehensive services including dentures and implants
Vision Benefits	\$200 eyewear limit	\$300 eyewear limit
Hearing Benefits	\$700 / year for 2 hearing aids	\$1,500 / 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	\$1
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0 - 20%	\$0
X-Ray Services	20%	\$0
SSBCI Package	Grocery Delivery, Social Needs Benefit, Utilities Flex Card	Helper Bee's Care Concierge, Grocery Delivery, Social Needs Benefit, Utilities Flex Card
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Ascension Complete St. Vincent's Reward (HMO) H8225001000 In-Network
Counties	Baker, Clay, Duval, Nassau
Premium Part B Giveback	\$100.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$2,900
Inpatient Hospital - Acute	\$500 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0
Specialist Office Visits	\$50
Over-the-Counter Items	\$80 every quarter
Medically Necessary Transportation	12 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$500 for preventive and diagnostic services
Vision Benefits	Medicare Only
Hearing Benefits	Medicare Only
Flex Card D/V/H Services (per year)	N/A
In-Home Support Services	N/A
Rx Deductible	\$480
Deductible Tiers	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$5
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0-\$35
X-Ray Services	\$40
SSBCI Package	Grocery Delivery, Social Needs Benefit, Utilities Flex Card
Optional Supplemental Packages	Dental, Vision

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Plan Benefits	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H8225005000 In-Network
Counties	Baker, Clay, Duval, Nassau
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	\$380 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

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Plan Benefits	Wellcare Giveback (HMO) H1032040000 In-Network	Wellcare Giveback (HMO) H1032189000 In-Network
Counties	Miami-Dade	Alachua, Bradford, Levy, Putnam, Union
Premium Part B Giveback	\$131.00	\$60.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$500	\$6,700
Inpatient Hospital - Acute	\$0 copay per day for days 1-90; \$0 copay per day for days 91-999	\$275 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$35
Over-the-Counter Items	\$365 every quarter	\$70 every quarter
Medically Necessary Transportation	Unlimited one-way trips every year	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$5,000 for comprehensive services including dentures	\$750 for preventive and diagnostic services
Vision Benefits	\$400 eyewear limit	\$100 eyewear limit
Hearing Benefits	\$3,000 / year for 2 hearing aids	\$1,500 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$2,500	N/A
In-Home Support Services	Chores	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$5
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

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Plan Benefits	Wellcare No Premium (HMO) H1032190000 In-Network	Wellcare Giveback (HMO) H1032191000 In-Network
Counties	Alachua, Bradford, Levy, Putnam, Union	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Liberty, Okaloosa, Santa Rosa, Walton, Washington
Premium Part B Giveback	\$0.00	\$60.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$3,400	\$3,400
Inpatient Hospital - Acute	\$250 copay per day for days 1-7; \$0 copay per day for days 8-90	\$400 copay per day for days 1-4; \$0 copay per day for days 5-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$15	\$35
Over-the-Counter Items	\$135 every quarter	\$100 every quarter
Medically Necessary Transportation	12 one-way trips every year	12 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$1,500 for comprehensive services	\$750 for preventive and diagnostic services
Vision Benefits	\$200 eyewear limit	\$100 eyewear limit
Hearing Benefits	\$2,000 / year for 2 hearing aids	\$1,500 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	Chores	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$5
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

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Plan Benefits	Wellcare No Premium (HMO) H1032192000 In-Network	Wellcare Giveback (HMO) H1032193000 In-Network
Counties	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Liberty, Okaloosa, Santa Rosa, Walton, Washington	Brevard, Indian River, Lake, Marion, Sumter, Volusia
Premium Part B Giveback	\$0.00	\$95.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$2,900	\$3,400
Inpatient Hospital - Acute	\$250 copay per day for days 1-7; \$0 copay per day for days 8-90	\$250 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	\$150 every quarter	\$220 every quarter
Medically Necessary Transportation	12 one-way trips every year	12 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$2,000 for comprehensive services including dentures	\$1,000 for comprehensive services
Vision Benefits	\$200 eyewear limit	\$100 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)	\$300	N/A
In-Home Support Services	Chores	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
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

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Plan Benefits	Wellcare No Premium (HMO) H1032194000 In-Network	Wellcare Giveback (HMO) H1032195000 In-Network
Counties	Brevard, Indian River, Lake, Marion, Sumter, Volusia	Broward, Palm Beach
Premium Part B Giveback	\$0.00	\$120.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$2,900	\$3,400
Inpatient Hospital - Acute	\$95 copay per day for days 1-7; \$0 copay per day for days 8-90	\$200 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$15	\$20
Over-the-Counter Items	\$200 every quarter	\$365 every quarter
Medically Necessary Transportation	48 one-way trips every year	48 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$2,000 for comprehensive services including dentures	\$1,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit	\$200 eyewear limit
Hearing Benefits	\$2,000 / year for 2 hearing aids	\$1,500 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$750	N/A
In-Home Support Services	Chores	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
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

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2022 Agents' First Look

FLORIDA

Plan Benefits	Wellcare No Premium (HMO) H1032196000 In-Network	Wellcare Giveback (HMO) H1032198000 In-Network
Counties	Broward, Palm Beach	Charlotte, Collier, DeSoto, Hardee, Lee, Manatee, Sarasota
Premium Part B Giveback	\$0.00	\$75.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$1,700	\$3,400
Inpatient Hospital - Acute	\$0 copay per day for days 1-90; \$0 copay per day for days 91-999	\$200 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$25
Over-the-Counter Items	\$365 every quarter	\$215 every quarter
Medically Necessary Transportation	60 one-way trips every year	12 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$4,000 for comprehensive services including dentures	\$2,000 for comprehensive services including dentures
Vision Benefits	\$300 eyewear limit	\$100 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	N/A
In-Home Support Services	Chores	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
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

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2022 Agents' First Look

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Plan Benefits	Wellcare No Premium (HMO) H1032199000 In-Network	Wellcare Giveback (HMO) H1032200000 In-Network
Counties	Charlotte, Collier, DeSoto, Hardee, Lee, Manatee, Sarasota	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
Premium Part B Giveback	\$0.00	\$144.60
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$2,900	\$2,500
Inpatient Hospital - Acute	\$150 copay per day for days 1-7; \$0 copay per day for days 8-90	\$100 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$10	\$20
Over-the-Counter Items	\$250 every quarter	\$160 every quarter
Medically Necessary Transportation	12 one-way trips every year	48 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$3,000 for comprehensive services including dentures	\$1,000 for comprehensive services
Vision Benefits	\$300 eyewear limit	\$200 eyewear limit
Hearing Benefits	\$2,000 / year for 2 hearing aids	\$1,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$750	N/A
In-Home Support Services	Chores	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
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

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Plan Benefits	Wellcare No Premium (HMO) H1032201000 In-Network	Wellcare Giveback (HMO) H1032204000 In-Network
Counties	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Clay, Duval, Flagler, Nassau, St. Johns
Premium Part B Giveback	\$0.00	\$90.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$1,200	\$3,200
Inpatient Hospital - Acute	\$50 copay per day for days 1-10; \$0 copay per day for days 11-90	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$40
Over-the-Counter Items	\$225 every quarter	\$145 every quarter
Medically Necessary Transportation	Unlimited one-way trips every year	N/A
Health Club Membership	\$0	\$0
Dental Benefits	No Max allowance for comprehensive services including dentures and implants	\$750 for preventive and diagnostic services
Vision Benefits	\$300 eyewear limit	\$200 eyewear limit
Hearing Benefits	\$2,000 / year for 2 hearing aids	\$1,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$1,500	N/A
In-Home Support Services	Chores	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
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

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FLORIDA

Plan Benefits	Wellcare No Premium (HMO) H1032205000 In-Network	Wellcare Giveback (HMO) H1032209000 In-Network
Counties	Clay, Duval, Flagler, Nassau, St. Johns	Jefferson, Leon, Madison, Wakulla
Premium Part B Giveback	\$0.00	\$30.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$2,500	\$5,000
Inpatient Hospital - Acute	\$150 copay per day for days 1-5; \$0 copay per day for days 6-90	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$15	\$50
Over-the-Counter Items	\$210 every quarter	\$215 every quarter
Medically Necessary Transportation	60 one-way trips every year	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$3,000 for comprehensive services including dentures	\$1,000 for comprehensive services
Vision Benefits	\$200 eyewear limit	\$200 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	N/A
In-Home Support Services	Chores	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
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

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Plan Benefits	Wellcare Giveback (HMO) H1032210000 In-Network	Wellcare No Premium (HMO) H1032211000 In-Network
Counties	Martin, St. Lucie	Martin, St. Lucie
Premium Part B Giveback	\$90.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$3,400	\$2,500
Inpatient Hospital - Acute	\$275 copay per day for days 1-6; \$0 copay per day for days 7-90	\$95 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$35	\$20
Over-the-Counter Items	\$200 every quarter	\$200 every quarter
Medically Necessary Transportation	12 one-way trips every year	36 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$1,000 for comprehensive services	\$3,000 for comprehensive services including dentures
Vision Benefits	\$100 eyewear limit	\$200 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)	N/A	\$750
In-Home Support Services	N/A	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
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

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Plan Benefits	Wellcare Giveback (HMO) H1032212000 In-Network	Wellcare No Premium (HMO) H1032213000 In-Network
Counties	Orange, Osceola, Seminole	Orange, Osceola, Seminole
Premium Part B Giveback	\$125.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$3,400	\$1,700
Inpatient Hospital - Acute	\$225 copay per day for days 1-7; \$0 copay per day for days 8-90	\$50 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$20	\$5
Over-the-Counter Items	\$100 every quarter	\$275 every quarter
Medically Necessary Transportation	12 one-way trips every year	60 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$1,000 for comprehensive services	No Max allowance for comprehensive services including dentures and implants
Vision Benefits	\$200 eyewear limit	\$400 eyewear limit
Hearing Benefits	\$1,000 / year for 2 hearing aids	\$2,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A	\$2,000
In-Home Support Services	N/A	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
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

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Plan Benefits	Wellcare No Premium (HMO) H1032218000 In-Network
Counties	Jefferson, Leon, Madison, Wakulla
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$3,900
Inpatient Hospital - Acute	\$300 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0
Specialist Office Visits	\$35
Over-the-Counter Items	\$215 every quarter
Medically Necessary Transportation	N/A
Health Club Membership	\$0
Dental Benefits	\$1,500 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit
Hearing Benefits	\$2,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$500
In-Home Support Services	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$5
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	N/A
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Specialty Giveback (HMO C-SNP) H1032203000 In-Network	Wellcare Specialty No Premium (HMO C-SNP) H1032224000 In-Network
Counties	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Broward, Duval, Martin, Orange, Osceola, Palm Beach, Seminole, St. Lucie
Premium Part B Giveback	\$144.60	\$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	\$1,700
Inpatient Hospital - Acute	\$100 copay per day for days 1-5; \$0 copay per day for days 6-90	\$50 copay per day for days 1-10; \$0 copay per day for days 11-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$15-\$30	\$0-\$15
Over-the-Counter Items	\$180 every quarter	\$175 every quarter
Medically Necessary Transportation	12 one-way trips every year	12 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$500 for preventive and diagnostic services	\$1,000 for comprehensive services including dentures
Vision Benefits	\$200 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)	N/A	\$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*	\$0	\$0
Tier 6: Select Care Drugs*	\$0	\$10
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
SSBCI Package	N/A	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Specialty Giveback (HMO C-SNP) H1032186000 In-Network	Wellcare Specialty No Premium (HMO C-SNP) H1032184000 In-Network
Counties	Miami-Dade	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
Premium Part B Giveback	\$131.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$500	\$2,500
Inpatient Hospital - Acute	\$0 copay per day for days 1-90; \$0 copay per day for days 91-999	\$50 copay per day for days 1-10; \$0 copay per day for days 11-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$365 every quarter	\$210 every quarter
Medically Necessary Transportation	Unlimited one-way trips every year	12 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$5,000 for comprehensive services including dentures	\$1,500 for comprehensive services including dentures
Vision Benefits	\$400 eyewear limit	\$300 eyewear limit
Hearing Benefits	\$3,000 / year for 2 hearing aids	\$2,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$2,000	\$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*	\$0	\$0
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

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Plan Benefits	Wellcare Specialty Giveback (HMO C-SNP) H1032227000 In-Network
Counties	Broward, Martin, Orange, Osceola, Palm Beach, Seminole, St. Lucie
Premium Part B Giveback	\$125.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$3,400
Inpatient Hospital - Acute	\$225 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0
Specialist Office Visits	\$20-\$30
Over-the-Counter Items	\$180 every quarter
Medically Necessary Transportation	12 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$500 for preventive and diagnostic services
Vision Benefits	\$100 eyewear limit
Hearing Benefits	\$1,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A
In-Home Support Services	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$0
Tier 6: Select Care Drugs*	\$10
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	N/A
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Dual Access (HMO D-SNP) H1032124000 In-Network
Counties	Alachua, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier, DeSoto, Duval, Escambia, Flagler, Franklin, Gadsden, Glades, Gulf, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jefferson, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Union, Volusia, Wakulla, Walton, 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)	\$3,400
Inpatient Hospital - Acute	\$0 per stay
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$400 every quarter
Medically Necessary Transportation	60 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$5,000 for comprehensive services including dentures
Vision Benefits	\$400 eyewear limit
Hearing Benefits	\$3,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$2,000
In-Home Support Services	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$0
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	Grocery Delivery, Non-Medical Transportation, Utilities Flex Card
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Dual Access (HMO D-SNP) H1032170000 In-Network
Counties	Miami-Dade
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$3,400
Inpatient Hospital - Acute	\$0 per stay
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$400 every quarter
Medically Necessary Transportation	60 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$5,000 for comprehensive services including dentures
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	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$0
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	Grocery Delivery, Non-Medical Transportation, Utilities Flex Card
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Dual Liberty (HMO D-SNP) H1032175000 In-Network
Counties	Alachua, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier, DeSoto, Duval, Escambia, Flagler, Franklin, Gadsden, Glades, Gulf, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jefferson, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Union, Volusia, Wakulla, Walton, 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)	\$3,400
Inpatient Hospital - Acute	\$0 per stay
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$425 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	\$5,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$2,000
In-Home Support Services	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$0
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	Grocery Delivery, Non-Medical Transportation, Robotic Companion Pet, Utilities Flex Card
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Dual Liberty (HMO D-SNP) H1032176000 In-Network	Wellcare Dual Nurture (HMO D-SNP) H5190005000 In-Network
Counties	Miami-Dade	Broward, Duval, Hillsborough, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Seminole, Volusia
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)	\$3,000	\$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	\$400 every quarter	\$20 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	\$1,000 for comprehensive services including dentures
Vision Benefits	\$400 eyewear limit	\$100 eyewear limit
Hearing Benefits	\$5,000 / year for 2 hearing aids	\$2,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$2,500	N/A
In-Home Support Services	Chores	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	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, Non-Medical Transportation, Robotic Companion Pet, Utilities Flex Card	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Dual Nurture (HMO D-SNP) H5190006000 In-Network
Counties	Miami-Dade
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	\$0 per stay
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$20 every quarter
Medically Necessary Transportation	12 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$1,000 for comprehensive services including dentures
Vision Benefits	\$100 eyewear limit
Hearing Benefits	\$2,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A
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	N/A
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Dual Select (HMO D-SNP) H1032182000 In-Network
Counties	Alachua, Bay, Bradford, Brevard, Calhoun, Charlotte, Clay, Collier, DeSoto, Duval, Escambia, Flagler, Franklin, Gadsden, Glades, Gulf, Hardee, Hendry, Highlands, Holmes, Indian River, Jefferson, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Nassau, Okaloosa, Okeechobee, Putnam, Santa Rosa, Sarasota, St. Johns, Sumter, Union, Volusia, Wakulla, Walton, Washington
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$32.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$3,400
Inpatient Hospital - Acute	\$195 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$200 every quarter
Medically Necessary Transportation	60 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$1,500 for comprehensive services including dentures
Vision Benefits	\$300 eyewear limit
Hearing Benefits	\$2,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A
In-Home Support Services	N/A
Rx Deductible	\$0 - \$99
Deductible Tiers	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$0
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	N/A
Optional Supplemental Packages	N/A

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2022 Agents' First Look

FLORIDA

Plan Benefits	Wellcare Dual Reserve (HMO D-SNP) H1032202000 In-Network	Wellcare Dual Reserve (HMO D-SNP) H1032206000 In-Network
Counties	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Miami-Dade
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$30.40	\$28.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$1,500	\$500
Inpatient Hospital - Acute	\$0 copay per day for days 1-90	\$0 copay per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$365 every quarter	\$365 every quarter
Medically Necessary Transportation	60 one-way trips every year	60 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	\$400 eyewear limit	\$400 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)	\$1,500	\$2,500
In-Home Support Services	Chores	Chores
Rx Deductible	\$0 - \$99	\$0 - \$99
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
SSBCI Package	Non-Medical Transportation	Non-Medical Transportation
Optional Supplemental Packages	N/A	N/A

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2022 Agents' First Look

FLORIDA

Plan Benefits	Wellcare Dual Reserve (HMO D-SNP) H1032214000 In-Network	Wellcare Dual Reserve (HMO D-SNP) H1032217000 In-Network
Counties	Orange, Osceola, Seminole	Broward, Palm Beach
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$32.00	\$29.10
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$1,500	\$1,400
Inpatient Hospital - Acute	\$0 copay per day for days 1-90	\$0 copay per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$400 every quarter	\$400 every quarter
Medically Necessary Transportation	60 one-way trips every year	48 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	\$400 eyewear limit	\$400 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)	\$1,500	\$1,000
In-Home Support Services	Chores	Chores
Rx Deductible	\$0 - \$99	\$0 - \$99
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
SSBCI Package	Non-Medical Transportation	Non-Medical Transportation
Optional Supplemental Packages	N/A	N/A

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2022 Agents' First Look

FLORIDA

Plan Benefits	Wellcare Dual Reserve (HMO D-SNP) H1032236000 In-Network	Wellcare Dual Medicare (HMO D-SNP) H5190001000 In-Network
Counties	Martin, St. Lucie	Duval, Volusia
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$28.50	\$0.00 - \$32.00
In-Network Plan Deductible	No	\$0
Maximum Out of Pocket (MOOP)	\$2,500	\$3,450
Inpatient Hospital - Acute	\$0 copay per day for days 1-90	\$0 copay per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$240 every quarter	\$80 every quarter
Medically Necessary Transportation	60 one-way trips every year	36 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$1,000 for comprehensive services including dentures	\$1,000 for comprehensive services including dentures
Vision Benefits	\$300 eyewear limit	\$200 eyewear limit
Hearing Benefits	\$2,000 / year for 2 hearing aids	Routine Exam Only
Flex Card D/V/H Services (per year)	\$1,000	N/A
In-Home Support Services	Chores	N/A
Rx Deductible	\$0 - \$99	\$0 - \$99
Deductible Tiers	Tiers 3 to 5	Tiers 2 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	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	N/A	N/A
Optional Supplemental Packages	N/A	N/A

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2022 Agents' First Look

FLORIDA

Plan Benefits	Wellcare Dual Medicare (HMO D-SNP) H5190002000 In-Network	Wellcare Dual Medicare (HMO D-SNP) H5190003000 In-Network
Counties	Hillsborough, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Seminole	Broward
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0.00 - \$32.00	\$0.00 - \$32.00
In-Network Plan Deductible	\$0	\$0
Maximum Out of Pocket (MOOP)	\$3,450	\$3,450
Inpatient Hospital - Acute	\$0 copay per day for days 1-90	\$0 copay per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$80 every quarter	\$80 every quarter
Medically Necessary Transportation	36 one-way trips every year	36 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$1,500 for comprehensive services including dentures	\$1,500 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit	\$200 eyewear limit
Hearing Benefits	Routine Exam Only	Routine Exam Only
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$0 - \$99	\$0 - \$99
Deductible Tiers	Tiers 2 to 5	Tiers 2 to 5
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	N/A	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Dual Medicare (HMO D-SNP) H5190004000 In-Network
Counties	Miami-Dade
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00 - \$30.50
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$3,450
Inpatient Hospital - Acute	\$0 copay per day for days 1-90
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$80 every quarter
Medically Necessary Transportation	36 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$1,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit
Hearing Benefits	Routine Exam Only
Flex Card D/V/H Services (per year)	N/A
In-Home Support Services	N/A
Rx Deductible	\$0 - \$99
Deductible Tiers	Tiers 2 to 5
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	N/A
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Dual Access Open (PPO D-SNP) H5199016000	
Counties	Baker, Columbia, Dixie, Gilchrist, Hamilton, Jackson, Lafayette, Suwannee, Taylor	
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	\$5,100
Inpatient Hospital - Acute	\$0 per stay	\$0 per stay
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$310 every quarter	\$310 every quarter
Medically Necessary Transportation	48 one-way trips every year	48 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$4,000 for comprehensive services including dentures	\$4,000 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*	\$0	\$0
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
SSBCI Package	Grocery Delivery, Non-Medical Transportation, Utilities Flex Card	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare No Premium Open (PPO) H5199008000	
Counties	Alachua, Baker, Bradford, Brevard, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Glades, Hamilton, Hendry, Highlands, Indian River, Jefferson, Lafayette, Lake, Leon, Levy, Madison, Marion, Nassau, Okeechobee, Putnam, St. Johns, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla	
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)	\$4,500	\$10,000 (combined)
Inpatient Hospital - Acute	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$5	\$5
Specialist Office Visits	\$30	\$30
Over-the-Counter Items	\$50 every quarter	\$50 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$1,000 for comprehensive services including dentures	\$1,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit	\$200 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)	\$500	\$500
In-Home Support Services	N/A	N/A
Rx Deductible	\$150	\$150
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
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

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Plan Benefits	Wellcare Premium Enhanced Open (PPO) H5199010000	
Counties	Broward, Charlotte, Citrus, Collier, DeSoto, Hardee, Hernando, Hillsborough, Lee, Manatee, Martin, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$85.00	\$85.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$1,700	\$5,000 (combined)
Inpatient Hospital - Acute	\$100 copay per day for days 1-6; \$0 copay per day for days 7-90	\$100 copay per day for days 1-6; \$0 copay per day for days 7-999
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$15	\$15
Over-the-Counter Items	\$225 every quarter	\$225 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$3,000 for comprehensive services 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)	\$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*	\$0	\$0
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

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Plan Benefits	Wellcare No Premium Open (PPO) H5199012000	
Counties	Broward, Charlotte, Citrus, Collier, DeSoto, Hardee, Hernando, Hillsborough, Lee, Manatee, Martin, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie	
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)	\$3,400	\$5,100 (combined)
Inpatient Hospital - Acute	\$225 copay per day for days 1-6; \$0 copay per day for days 7-90	\$225 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	\$150 every quarter	\$150 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$2,000 for comprehensive services including dentures	\$2,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit	\$200 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	\$100	\$100
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
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

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Plan Benefits	Wellcare Premium Enhanced Open (PPO) H5199013000	
Counties	Alachua, Baker, Bradford, Brevard, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Indian River, Jefferson, Lafayette, Lake, Leon, Levy, Madison, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$90.00	\$90.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$1,700	\$5,100 (combined)
Inpatient Hospital - Acute	\$125 copay per day for days 1-6; \$0 copay per day for days 7-90	\$125 copay per day for days 1-6; \$0 copay per day for days 7-999
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$15	\$15
Over-the-Counter Items	\$180 every quarter	\$180 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$1,000 for comprehensive services including dentures	\$1,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit	\$200 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*	\$0	\$0
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

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Plan Benefits	Wellcare No Premium Open (PPO) H5199014000	
Counties	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Liberty, Okaloosa, Santa Rosa, Walton, 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)	\$4,900	\$10,000 (combined)
Inpatient Hospital - Acute	\$275 copay per day for days 1-6; \$0 copay per day for days 7-90	\$275 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$5	\$5
Specialist Office Visits	\$35	\$35
Over-the-Counter Items	\$125 every quarter	\$125 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$1,500 for comprehensive services including dentures	\$1,500 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit	\$200 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)	\$500	\$500
In-Home Support Services	N/A	N/A
Rx Deductible	\$175	\$175
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
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

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Plan Benefits	Wellcare No Premium Open (PPO) H5199015000	
Counties	Miami-Dade	
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)	\$3,400	\$5,100 (combined)
Inpatient Hospital - Acute	\$175 copay per day for days 1-6; \$0 copay per day for days 7-90	\$175 copay per day for days 1-6; \$0 copay per day for days 7-999
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$25	\$25
Over-the-Counter Items	\$100 every quarter	\$100 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$1,000 for comprehensive services including dentures	\$1,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit	\$200 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*	\$0	\$0
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

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