



wellcare.

2022

# Agent First Look

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## GEORGIA

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



# 2022 Key Features

GEORGIA

PLAN	Product Space	Key Selling Features
<b>WELLCARE PATRIOT NO PREMIUM (HMO-POS) H1112034000</b>	\$0 Premium	OTC - \$150/QTR; \$3,000 Dental; \$1,000 Flex Card for D/V/H; In-Home Support Services - Chores; \$2,000 Hearing
<b>WELLCARE NO PREMIUM (HMO) H1112038000</b>	\$0 Premium	OTC - \$100/QTR; \$1,500 dental allowance; Transportation - 24 Trips; Acupuncture - 24 Visits; \$2,000 Hearing/ear
<b>WELLCARE NO PREMIUM (HMO) H1112039000</b>	\$0 Premium	OTC - \$85/QTR; \$1,500 dental allowance; \$2,000 Hearing; Transportation - 12 Trips
<b>WELLCARE GIVEBACK (HMO) H1112042000</b>	Giveback	Up to \$840 Part B Giveback annually; OTC - \$25/QTR; \$1,000 Dental
<b>WELLCARE ASSIST (HMO) H1112043000</b>	LIS Non-SNP	OTC - \$125/QTR; \$2,000 dental allowance; Transportation - 36 Trips; Acupuncture - 12 Visits; \$500 Flex Card for D/V/H
<b>WELLCARE NO PREMIUM (HMO) H1112044000</b>	\$0 Premium	OTC - \$85/QTR; \$1,500 dental allowance; \$2,000 Hearing; Transportation - 12 Trips
<b>WELLCARE NO PREMIUM FOCUS (HMO) H1112040000</b>	\$0 Premium	\$300 Flex Card for D/V/H; OTC - \$85/QTR; \$1,500 Dental; \$2,000 Hearing; Alternative Therapy
<b>WELLCARE SPECIALTY NO PREMIUM (HMO C-SNP) H1112037000</b>	CSNP	Senior Savings Model; OTC - \$85/QTR; \$1,500 Dental; Alternative Therapy; Transportation - 12 Trips
<b>WELLCARE DUAL ACCESS (HMO D-SNP) H1112006000</b>	DSNP (Zero Cost Share)	SSBCI - Robotic Companion; SSBCI - \$50 Grocery Card by Shipt; \$3,000 Dental; In-Home Support Services - Chores; \$1,000 Flex Card for D/V/H
<b>WELLCARE DUAL LIBERTY (HMO D-SNP) H1112033000</b>	DSNP (Zero Cost Share)	SSBCI - Robotic Companion; SSBCI - \$50 Grocery Card by Shipt; Platinum Dental; \$1,500 Flex Card for D/V/H; \$50 Utilities Flex Card

# 2022 Key Features

GEORGIA

PLAN	Product Space	Key Selling Features
<b>WELLCARE DUAL ACCESS OPEN (PPO D-SNP) H0111004000</b>	DSNP (Zero Cost Share)	SSBCI - Robotic Companion; OTC - \$420/QTR; \$2,000 Dental; \$1,000 Flex Card for D/V/H
<b>WELLCARE NO PREMIUM OPEN (PPO) H0111001000</b>	\$0 Premium	\$1,000 dental allowance; \$2,000 Hearing; OTC -\$50/QTR; \$200 Vision
<b>WELLCARE PREMIUM ENHANCED OPEN (PPO) H0111003000</b>	\$50-\$99 Premium	\$1,500 dental allowance; \$2,000 Hearing; \$200 Vision; \$50 OTC
<b>WELLCARE ENDURANCE OPEN (PPO) H0111005000</b>	ESRD / \$0 Premium	\$0 Dialysis; Unlimited Transportation; \$25 Specialist Copay (Nephrologists, Cardiologists, Ophthalmologists); \$1,000 dental allowance; SSBCI - Helper Bee's Care Concierge

# 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.



Plan Benefits	Wellcare Patriot No Premium (HMO-POS) H1112034000 In-Network
<b>Counties</b>	Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, DeKalb, Decatur, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, Worth
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,400 (combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$325 copay per day for days 1-5; \$0 copay per day for days 6-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>
<b>Over-the-Counter Items</b>	<b>\$150 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>24 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$3,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$400 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$1,000</b>
<b>In-Home Support Services</b>	<b>Chores</b>
<b>Rx Deductible</b>	<b>N/A</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>N/A</b>
<b>Tier 2: Generic*</b>	<b>N/A</b>
<b>Tier 6: Select Care Drugs*</b>	<b>N/A</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare No Premium (HMO) H1112038000 In-Network
<b>Counties</b>	Banks, Barrow, Bartow, Butts, Carroll, Catoosa, Chattooga, Cherokee, Clarke, Clayton, Coweta, Dade, Dawson, DeKalb, Douglas, Elbert, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Gordon, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Hart, Heard, Henry, Jackson, Jasper, Lamar, Lumpkin, Madison, Morgan, Murray, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Polk, Putnam, Rabun, Rockdale, Spalding, Stephens, Towns, Union, Upson, Walker, Walton, White, Whitfield
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$5,000</b>
<b>Inpatient Hospital - Acute</b>	<b>\$275 copay per day for days 1-8; \$0 copay per day for days 9-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$100 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>24 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,500 for comprehensive service including dentures</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$5</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$20</b>
<b>SSBCI Package</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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<b>Counties</b>	Appling, Bacon, Brantley, Bryan, Burke, Camden, Candler, Charlton, Chatham, Chattahoochee, Columbia, Effingham, Emanuel, Evans, Glascock, Glynn, Harris, Jefferson, Jenkins, Johnson, Liberty, Lincoln, Long, Marion, McDuffie, McIntosh, Meriwether, Muscogee, Pierce, Quitman, Richmond, Schley, Screven, Stewart, Talbot, Tattnall, Taylor, Toombs, Treutlen, Troup, Ware, Warren, Washington, Wayne, Webster, Wilkes
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$5,000</b>
<b>Inpatient Hospital - Acute</b>	<b>\$275 copay per day for days 1-8; \$0 copay per day for days 9-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$85 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>12 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,500 for comprehensive service including dentures</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$5</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$20</b>
<b>SSBCI Package</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Giveback (HMO) H1112042000 In-Network
<b>Counties</b>	Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, DeKalb, Decatur, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, Worth
<b>Premium Part B Giveback</b>	<b>\$70.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$7,500</b>
<b>Inpatient Hospital - Acute</b>	<b>\$450 copay per day for days 1-4; \$0 copay per day for days 5-90</b>
<b>PCP Office Visits</b>	<b>\$10</b>
<b>Specialist Office Visits</b>	<b>\$50</b>
<b>Over-the-Counter Items</b>	<b>\$25 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$400</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$5</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0-\$20</b>
<b>X-Ray Services</b>	<b>\$50</b>
<b>SSBCI Package</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Assist (HMO) H1112043000 In-Network
<b>Counties</b>	Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, DeKalb, Decatur, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, Worth
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$31.10</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,450</b>
<b>Inpatient Hospital - Acute</b>	<b>\$300 copay per day for days 1-6; \$0 copay per day for days 7-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$15</b>
<b>Over-the-Counter Items</b>	<b>\$125 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>36 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$2,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$500</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$480</b>
<b>Deductible Tiers</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$20</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare No Premium (HMO) H1112044000 In-Network
<b>Counties</b>	Atkinson, Baker, Baldwin, Ben Hill, Berrien, Bibb, Bleckley, Brooks, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dodge, Dooly, Echols, Grady, Houston, Irwin, Jeff Davis, Jones, Lanier, Laurens, Lowndes, Macon, Mitchell, Monroe, Montgomery, Peach, Pulaski, Seminole, Telfair, Thomas, Tift, Turner, Twiggs, Wheeler, Wilcox, Wilkinson, Worth
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$5,000</b>
<b>Inpatient Hospital - Acute</b>	<b>\$270 copay per day for days 1-8; \$0 copay per day for days 9-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$85 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>12 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,500 for comprehensive service including dentures</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$0</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$20</b>
<b>SSBCI Package</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare No Premium Choice (HMO) H1112035000 In-Network	Wellcare No Premium Focus (HMO) H1112040000 In-Network
Counties	Cobb	Chatham, Clayton, DeKalb, Fulton, Gwinnett
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)	\$6,700	\$3,450
Inpatient Hospital - Acute	\$288 copay per day for days 1-7; \$0 copay per day for days 8-90	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$45	\$30
Over-the-Counter Items	\$45 every quarter	\$85 every quarter
Medically Necessary Transportation	N/A	12 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$750 for preventive and diagnostic services	\$1,500 for comprehensive service 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	\$300
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	\$0
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$10
SSBCI Package	N/A	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Specialty No Premium (HMO C-SNP) H1112037000 In-Network
<b>Counties</b>	Chatham, Clayton, DeKalb, Fulton, Gwinnett
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,450</b>
<b>Inpatient Hospital - Acute</b>	<b>\$350 copay per day for days 1-5; \$0 copay per day for days 6-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$20- \$30</b>
<b>Over-the-Counter Items</b>	<b>\$85 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>12 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,500 for comprehensive service including dentures</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$0</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$10</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Dual Access (HMO D-SNP) H112006000 In-Network
<b>Counties</b>	Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, DeKalb, Decatur, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, Worth
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>\$0</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,000</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 per stay</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>
<b>Over-the-Counter Items</b>	<b>\$420 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>48 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$3,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$400 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$3,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$1,000</b>
<b>In-Home Support Services</b>	<b>Chores</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>Grocery Delivery, Robotic Companion Pet</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Dual Liberty (HMO D-SNP) H1112033000 In-Network
<b>Counties</b>	Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, DeKalb, Decatur, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, Worth
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>\$0</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,000</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 per stay</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>
<b>Over-the-Counter Items</b>	<b>\$485 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>Unlimited one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No Max allowance for comprehensive services including dentures and implants</b>
<b>Vision Benefits</b>	<b>\$500 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$3,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$1,500</b>
<b>In-Home Support Services</b>	<b>Chores</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>Grocery Delivery, Robotic Companion Pet, Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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## Plan Benefits

## Wellcare Dual Access Open (PPO D-SNP) H0111004000

## Counties

Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, DeKalb, Decatur, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, Worth

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)	\$3,000	\$5,150 (combined)
Inpatient Hospital - Acute	\$0 per stay	\$0 per stay
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$420 every quarter	\$420 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	\$2,000 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)	\$1,000	\$1,000
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	Robotic Companion Pet	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare No Premium Open (PPO) H0111001000	
<b>Counties</b>	Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, DeKalb, Decatur, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, Worth	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Premium Part B Giveback</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$5,500</b>	<b>\$10,000 (combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$300 copay per day for days 1-5; \$0 copay per day for days 6-90</b>	<b>40% coinsurance per day for days 1-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$50</b>
<b>Specialist Office Visits</b>	<b>\$40</b>	<b>\$50</b>
<b>Over-the-Counter Items</b>	<b>\$50 every quarter</b>	<b>\$50 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Health Club Membership</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,000 for comprehensive services including dentures</b>	<b>\$1,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / year for 2 hearing aids</b>	<b>\$2,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$75</b>	<b>\$75</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0-\$20</b>	<b>40%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>40%</b>
<b>SSBCI Package</b>	<b>N/A</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>	<b>N/A</b>

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Plan Benefits	Wellcare Low Premium Open (PPO) H0111002000	
<b>Counties</b>	Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, DeKalb, Decatur, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, Worth	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Premium Part B Giveback</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$55.00</b>	<b>\$55.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>	<b>\$10,000 (combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$465 copay per day for days 1-4; \$0 copay per day for days 5-90</b>	<b>\$475 copay per day for days 1-4; \$0 copay per day for days 5-90</b>
<b>PCP Office Visits</b>	<b>\$5</b>	<b>\$5</b>
<b>Specialist Office Visits</b>	<b>\$40</b>	<b>\$40</b>
<b>Over-the-Counter Items</b>	<b>\$80 every quarter</b>	<b>\$80 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Health Club Membership</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,000 for comprehensive services including dentures</b>	<b>\$1,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>	<b>\$100 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / year for 2 hearing aids</b>	<b>\$2,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$150</b>	<b>\$150</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$10</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$10</b>
<b>SSBCI Package</b>	<b>N/A</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>	<b>N/A</b>

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Plan Benefits	Wellcare Premium Enhanced Open (PPO) H0111003000	
<b>Counties</b>	Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, DeKalb, Decatur, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, Worth	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Premium Part B Giveback</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$85.00</b>	<b>\$85.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,000</b>	<b>\$10,000 (combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$350 copay per day for days 1-5; \$0 copay per day for days 6-90</b>	<b>\$350 copay per day for days 1-5; \$0 copay per day for days 6-999</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$30</b>	<b>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$50 every quarter</b>	<b>\$50 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Health Club Membership</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,500 for comprehensive service including dentures</b>	<b>\$1,500 for comprehensive service including dentures</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / year for 2 hearing aids</b>	<b>\$2,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$75</b>	<b>\$75</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>Helper Bee's Care Concierge</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>	<b>N/A</b>

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Plan Benefits	Wellcare Endurance Open (PPO) H0111005000	
<b>Counties</b>	Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, DeKalb, Decatur, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, Worth	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Premium Part B Giveback</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$5,500</b>	<b>\$10,000 (combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$350 copay per day for days 1-5; \$0 copay per day for days 6-90</b>	<b>50% coinsurance per day for days 1-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>50%</b>
<b>Specialist Office Visits</b>	<b>\$25 - \$45</b>	<b>50%</b>
<b>Over-the-Counter Items</b>	<b>\$45 every quarter</b>	<b>\$45 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>Unlimited one-way trips every year</b>	<b>Unlimited one-way trips every year</b>
<b>Health Club Membership</b>	<b>N/A</b>	<b>N/A</b>
<b>Dental Benefits</b>	<b>\$1,000 for comprehensive services</b>	<b>\$1,000 for comprehensive services</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>	<b>\$100 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$700 / year for 2 hearing aids</b>	<b>\$700 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>50%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>50%</b>
<b>SSBCI Package</b>	<b>Helper Bee's Care Concierge</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>	<b>N/A</b>

\*Preferred Network Cost Sharing Displayed Where Available

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