



wellcare.™

2022

Agent First Look

LOUISIANA

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



2022 Key Features

LOUISIANA

PLAN	Product Space	Key Selling Features
WELLCARE NO PREMIUM (HMO) H2491017000	\$0 Premium	OTC; \$1,500 dental allowance; Vision; \$300 Flex Card for D/V/H; PERS
WELLCARE PATRIOT NO PREMIUM (HMO) H2491018000	\$0 Premium	OTC; \$2,000 dental allowance; \$200 Flex Card for D/V/H; Transportation; PERS
WELLCARE NO PREMIUM (HMO) H2491007000	\$0 Premium	OTC; \$2,000 dental allowance; Transportation; \$200 Flex Card for D/V/H; SSBCI - Grocery Card by Shipt
WELLCARE ASSIST (HMO) H2491010000	LIS Non-SNP	OTC; \$2,000 dental allowance; Transportation; SSBCI - Utilities Flex Card; SSBCI - Grocery Card by Shipt
WELLCARE DUAL FREEDOM (HMO D-SNP) H2491011000	DSNP (Zero Cost Share)	OTC; \$4,000 dental allowance; \$1,000 Flex Card for D/V/H; SSBCI - Utilities Flex Card; SSBCI - Grocery Card by Shipt
WELLCARE DUAL PINNACLE (HMO D-SNP) H2491012000	DSNP (Zero Cost Share)	OTC; \$5,000 dental allowance; \$1,500 Flex Card for D/V/H; SSBCI - Utilities Flex Card; SSBCI - Grocery Card by Shipt
WELLCARE NO PREMIUM OPEN (PPO) H3047001000	\$0 Premium	OTC; \$1,500 dental allowance; \$500 Flex Card for D/V/H; SSBCI - Grocery Card by Shipt; PERS
WELLCARE GIVEBACK OPEN (PPO) H3047002000	Giveback	Part B Giveback; OTC; Preventive dental; Hearing coverage; PERS

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	Wellcare No Premium (HMO) H2491017000 In-Network
Parishes	Bossier, Caddo, De Soto, Natchitoches, Sabine
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	\$200 copay per day for days 1-9: \$0 copay per day for days 10-90
PCP Office Visits	\$0
Specialist Office Visits	\$30
Over-the-Counter Items	\$80 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	\$1,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$300
In-Home Support Services	N/A
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic	\$0
Tier 2: Generic	\$10
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 Patriot No Premium (HMO) H2491018000 In-Network
Parishes	Acadia, Allen, Ascension, Assumption, Avoyelles, Bossier, Caddo, Cameron, De Soto, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Livingston, Natchitoches, Orleans, Plaquemines, Pointe Coupee, Rapides, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Terrebonne, Vermilion, Vernon, Washington, West Baton Rouge, West Feliciana
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$5,500
Inpatient Hospital - Acute	\$100 copay per day per days 1-10; \$0 per day for days 11-90
PCP Office Visits	\$0
Specialist Office Visits	\$30
Over-the-Counter Items	\$100 every quarter
Medically Necessary Transportation	24 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$2,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit
Hearing Benefits	\$1,500 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$200
In-Home Support Services	N/A
Rx Deductible	N/A
Deductible Tiers	N/A
Tier 1: Preferred Generic	N/A
Tier 2: Generic	N/A
Tier 6: Select Care Drugs	N/A
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	N/A
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare No Premium (HMO) H2491007000 In-Network
Parishes	Acadia, Allen, Ascension, Assumption, Avoyelles, Cameron, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, Rapides, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Terrebonne, Vermilion, Vernon, Washington, West Baton Rouge, West Feliciana
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	\$225 copay per day for days 1-9 \$0 copay per day for days 10-90
PCP Office Visits	\$0
Specialist Office Visits	\$30
Over-the-Counter Items	\$90 every quarter
Medically Necessary Transportation	12 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$2,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit
Hearing Benefits	\$1,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$200
In-Home Support Services	N/A
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic	\$0
Tier 2: Generic	\$10
Tier 6: Select Care Drugs	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	Grocery Delivery
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Assist (HMO) H2491010000 In-Network
Parishes	Acadia, Allen, Ascension, Assumption, Avoyelles, Bossier, Caddo, Cameron, De Soto, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Livingston, Natchitoches, Orleans, Plaquemines, Pointe Coupee, Rapides, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Terrebonne, Vermilion, Vernon, Washington, West Baton Rouge, West Feliciana
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$20.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$3,400
Inpatient Hospital - Acute	\$175 copay per day for days 1-9; \$0 copay per day for days 10-90
PCP Office Visits	\$0
Specialist Office Visits	\$20
Over-the-Counter Items	\$100 every quarter
Medically Necessary Transportation	36 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$2,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit
Hearing Benefits	\$1,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$750
In-Home Support Services	N/A
Rx Deductible	\$480
Deductible Tiers	Tiers 2 to 5
Tier 1: Preferred Generic	\$0
Tier 2: Generic	\$17
Tier 6: Select Care Drugs	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	Grocery Delivery, Utilities Flex Card
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare No Premium Baton Rouge General (HMO) H2491014000	
Parishes	Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, St. James, West Baton Rouge, West Feliciana	
Network / Tiers	In-Network Tier 1	In-Network Tier 2
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	\$3,400
Inpatient Hospital - Acute	\$80 copay per day for days 1-10; \$0 copay per day for days 11-90	\$275 copay per day for days 1-10; \$0 copay per day for days 11-90
PCP Office Visits	\$0	20%
Specialist Office Visits	\$10	\$50
Over-the-Counter Items	\$50 every quarter	\$50 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	\$1,000 / year for 2 hearing aids	\$1,000 / 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	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$20	\$20
Tier 6: Select Care Drugs	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
SSBCI Package	N/A	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Endurance (HMO) H2491016000 In-Network
Parishes	Acadia, Allen, Ascension, Assumption, Avoyelles, Cameron, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, Rapides, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Vermilion, Vernon, Washington, West Baton Rouge, West Feliciana
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	\$250 copay per day for days 1-9; \$0 copay per day for days 10-90
PCP Office Visits	\$0
Specialist Office Visits	\$40
Over-the-Counter Items	\$75 every quarter
Medically Necessary Transportation	Unlimited one-way trips every year
Health Club Membership	N/A
Dental Benefits	\$1,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit
Hearing Benefits	\$700 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A
In-Home Support Services	Chores and personal care services
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	N/A
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Dual Freedom (HMO D-SNP) H2491011000 In-Network
Parishes	Acadia, Allen, Ascension, Assumption, Avoyelles, Bossier, Caddo, Cameron, De Soto, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Livingston, Natchitoches, Orleans, Plaquemines, Pointe Coupee, Rapides, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Terrebonne, Vermilion, Vernon, Washington, West Baton Rouge, West Feliciana
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	\$0
Maximum Out of Pocket (MOOP)	\$3,400
Inpatient Hospital - Acute	\$0 per stay
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$250 every quarter
Medically Necessary Transportation	Unlimited one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$4,000 for comprehensive services including dentures
Vision Benefits	\$400 eyewear limit
Hearing Benefits	\$2,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$1,000
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	Grocery Delivery, Non-Medical Transportation, Utilities Flex Card
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Dual Pinnacle (HMO D-SNP) H2491012000 In-Network
Parishes	Acadia, Allen, Ascension, Assumption, Avoyelles, Bossier, Caddo, Cameron, De Soto, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Livingston, Natchitoches, Orleans, Plaquemines, Pointe Coupee, Rapides, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Terrebonne, Vermilion, Vernon, Washington, West Baton Rouge, West Feliciana
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	\$0
Maximum Out of Pocket (MOOP)	\$3,400
Inpatient Hospital - Acute	\$0 per stay
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$300 every quarter
Medically Necessary Transportation	Unlimited one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$5,000 for comprehensive services including dentures
Vision Benefits	\$500 eyewear limit
Hearing Benefits	\$3,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$1,500
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	Grocery Delivery, Non-Medical Transportation, Utilities Flex Card
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare No Premium Open (PPO) H3047001000	
Parishes	Acadia, Allen, Ascension, Assumption, Avoyelles, Bossier, Caddo, Cameron, De Soto, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche, La Salle, Livingston, Natchitoches, Orleans, Plaquemines, Pointe Coupee, Rapides, Sabine, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Terrebonne, Vermilion, Vernon, Washington, West Baton Rouge, West Feliciana	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$5,000	10,000 (combined)
Inpatient Hospital - Acute	\$295 copay per day for days 1-5; \$0 copay per day for days 6-90	40% coinsurance per day for days 1-999
PCP Office Visits	\$0	40%
Specialist Office Visits	\$35	40%
Over-the-Counter Items	\$90 every quarter	\$90 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$1,500 for comprehensive services including dentures	\$1,500 for comprehensive services including dentures
Vision Benefits	\$100 eyewear limit	\$100 eyewear limit
Hearing Benefits	\$700 / year for 2 hearing aids	\$700 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$500	\$500
In-Home Support Services	N/A	N/A
Rx Deductible	\$75	\$75
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$15	\$15
Tier 6: Select Care Drugs	\$0	\$0
Laboratory Services	\$0	40%
X-Ray Services	\$0	40%
SSBCI Package	Grocery Delivery	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Giveback Open (PPO) H3047002000	
Parishes	Acadia, Allen, Ascension, Assumption, Avoyelles, Cameron, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, Rapides, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Vermilion, Vernon, Washington, West Baton Rouge, West Feliciana	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$60.00	\$60.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$7,550	\$11,300 (combined)
Inpatient Hospital - Acute	\$350 copay per day for days 1-5; \$0 copay per day per days 6-90	30% coinsurance per day for days 1-90
PCP Office Visits	\$0	\$50
Specialist Office Visits	\$45	\$50
Over-the-Counter Items	\$25 every quarter	\$25 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$500 for preventive and diagnostic services	\$500 for preventive and diagnostic services
Vision Benefits	\$100 eyewear limit	\$100 eyewear limit
Hearing Benefits	\$700 / year for 2 hearing aids	\$700 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$195	\$195
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$15	\$15
Tier 6: Select Care Drugs	\$0	\$0
Laboratory Services	\$0	50%
X-Ray Services	\$0	50%
SSBCI Package	N/A	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Community Assist (PPO) H3047004000	
Parishes	Acadia, Allen, Ascension, Assumption, Avoyelles, Cameron, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson, Jefferson Davis, La Salle, Lafayette, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, Rapides, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Vermilion, Vernon, Washington, West Baton Rouge, West Feliciana, Bossier, Caddo, De Soto, Natchitoches, Sabine, Terrebonne	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$35.10	\$35.10
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$6,000	\$10,000 (combined)
Inpatient Hospital - Acute	\$300 copay per day for days 1-7 \$0 copay per day for days 8-90	30% coinsurance per day for days 1-90
PCP Office Visits	\$0	30%
Specialist Office Visits	\$40	30%
Over-the-Counter Items	\$50 every quarter	\$50 every quarter
Medically Necessary Transportation	24 one-way trips every year	24 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$1,500 for comprehensive services	\$1,500 for comprehensive services
Vision Benefits	\$200 eyewear limit	\$200 eyewear limit
Hearing Benefits	\$1,000 / year for 2 hearing aids	\$1,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	Chores	Chores
Rx Deductible	\$480	\$480
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic	\$19	\$19
Tier 2: Generic	\$20	\$20
Tier 6: Select Care Drugs	\$0	\$0
Laboratory Services	\$0	30%
X-Ray Services	\$0	30%
SSBCI Package	N/A	N/A
Optional Supplemental Packages	N/A	N/A

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