



wellcare.

2022

# Agent First Look

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## MISSISSIPPI

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

# MISSISSIPPI

PLAN	Product Space	Key Selling Features
<b>WELLCARE NO PREMIUM (HMO) H1416072000</b>	\$0 Premium	\$300 Flex Card for D/V/H; Full Tier 1 & 6 Gap Coverage; \$0 Part D Tier 1 co-pay; \$2,000 dental allowance; OTC allowance
<b>WELLCARE NO PREMIUM (HMO) H1416070000</b>	\$0 Premium	\$300 Flex Card for D/V/H; Full Tier 1 & 6 Gap Coverage; \$0 Part D Tier 1 co-pay; \$2,000 dental allowance; Large OTC allowance
<b>WELLCARE NO PREMIUM (HMO) H1416071000</b>	\$0 Premium	\$300 Flex Card for D/V/H; Full Tier 1 & 6 Gap Coverage; \$0 Part D Tier 1 co-pay; \$2,000 dental allowance; OTC allowance
<b>WELLCARE ASSIST (HMO) H1416068000</b>	LIS Non-SNP	\$750 Flex Card for D/V/H; \$2,000 dental allowance; OTC allowance; Vision allowance; SSBCI - Non-medical transportation
<b>WELLCARE GIVEBACK (HMO) H1416065000</b>	Giveback	Up to \$720 Part B Giveback annually; \$750 Dental; OTC; \$0 Part D Tier 1 co-pay; Lower Part D Deductible
<b>WELLCARE LOW PREMIUM (HMO-POS) H1416026000</b>	\$1-\$49 Premium	\$2,000 dental allowance; OTC allowance; \$0 Part D deductible; \$0 Part D Tier 1 co-pay; Vision allowance
<b>WELLCARE PATRIOT GIVEBACK (HMO-POS) H1416060000</b>	MA Only Giveback	Up to \$600 Part B Giveback annually; \$200 Flex Card for D/V/H; \$2,000 Dental; Large OTC Allowance; POS - OON coverage
<b>WELLCARE DUAL ACCESS (HMO D-SNP) H1416034000</b>	DSNP (Zero Cost Share)	\$1,000 Flex Card for D/V/H; OTC Allowance; \$3,000 Dental; Transportation; SSBCI - Non-medical transportation
<b>WELLCARE DUAL LIBERTY (HMO D-SNP) H1416044000</b>	DSNP (Zero Cost Share)	\$1,500 Flex Card for D/V/H; \$4000 Dental; SSBCI - Utilities Flex Card; OTC Allowance; Unlimited Transportation
<b>WELLCARE PREMIUM HYBRID OPEN (PPO) H0074002000</b>	Med Supp Look Alike	\$3,000 dental allowance; Vision; Hearing; Fitness; \$0 Part D deductible
<b>WELLCARE NO PREMIUM OPEN (PPO) H0074001000</b>	\$0 Premium	\$200 Flex Card for D/V/H; Full Tier 1 & 6 Gap Coverage; \$0 Part D Tier 1 co-pay; \$1,000 dental allowance; OTC allowance

# 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 No Premium (HMO) H1416072000 In-Network
<b>Counties</b>	George, Hancock, Harrison, Jackson
<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>\$5,900</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>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$75 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>\$2,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$300</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$275</b>
<b>Deductible Tiers</b>	<b>Tiers 4 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$10</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>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare No Premium (HMO) H1416070000 In-Network
<b>Counties</b>	Desoto, Marshall, Panola, Tate, Tunica
<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>\$6,400</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>\$40</b>
<b>Over-the-Counter Items</b>	<b>\$75 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>\$2,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$300</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$275</b>
<b>Deductible Tiers</b>	<b>Tiers 4 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$10</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>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare No Premium (HMO) H1416071000 In-Network
<b>Counties</b>	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, Forrest, Greene, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Montgomery, Neshoba, Newton, Perry, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Walthall, Warren, Washington, Wayne, Yalobusha, Yazoo
<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>\$5,900</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>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$75 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>\$2,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$300</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$275</b>
<b>Deductible Tiers</b>	<b>Tiers 4 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$10</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>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Assist (HMO) H1416068000 In-Network
<b>Counties</b>	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, Desoto, Forrest, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Jackson, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Marshall, Montgomery, Neshoba, Newton, Panola, Perry, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yalobusha, Yazoo
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$20.40</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$5,500</b>
<b>Inpatient Hospital - Acute</b>	<b>\$275 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>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$115 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>\$300 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>\$750</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>Non-Medical Transportation</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Giveback (HMO) H1416065000 In-Network
<b>Counties</b>	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, Desoto, Forrest, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Jackson, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Marshall, Montgomery, Neshoba, Newton, Panola, Perry, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yalobusha, Yazoo
<b>Premium Part B Giveback</b>	<b>\$60.00</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>\$6,700</b>
<b>Inpatient Hospital - Acute</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>\$0</b>
<b>Specialist Office Visits</b>	<b>\$45</b>
<b>Over-the-Counter Items</b>	<b>\$30 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>\$750 for preventive and diagnostic services</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$700 / 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>\$350</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</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 Low Premium (HMO-POS) H1416026000 In-Network
<b>Counties</b>	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, Desoto, Forrest, Greene, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Marshall, Montgomery, Neshoba, Newton, Panola, Perry, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yalobusha, Yazoo
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$30.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700 (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>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$45 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>\$2,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,500 / 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>\$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 Patriot Giveback (HMO-POS) H1416060000 In-Network
<b>Counties</b>	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, Desoto, Forrest, George, Greene, Grenada, Hancock, Harrison, Hinds, Holmes, Humphreys, Issaquena, Jackson, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Marshall, Montgomery, Neshoba, Newton, Panola, Perry, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yalobusha, Yazoo
<b>Premium Part B Giveback</b>	<b>\$50.00</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>\$4,500 (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>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$90 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>\$1,500 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$200</b>
<b>In-Home Support Services</b>	<b>N/A</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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# 2022 Agents' First Look

## MISSISSIPPI

Plan Benefits	Wellcare No Premium Medicare (HMO) H9811001000 In-Network	Wellcare Giveback Boost (HMO) H9811008000 In-Network
<b>Counties</b>	Desoto, George, Hancock, Harrison, Hinds, Jackson, Lafayette, Madison, Panola, Rankin, Stone, Tate	George, Hancock, Harrison, Jackson
<b>Premium Part B Giveback</b>	<b>\$0.00</b>	<b>\$49.00</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>\$7,450</b>	<b>\$7,550</b>
<b>Inpatient Hospital - Acute</b>	<b>\$260 copay per day for days 1-7; \$0 copay per day for days 8-90</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>\$0</b>	<b>\$5</b>
<b>Specialist Office Visits</b>	<b>\$35</b>	<b>\$50</b>
<b>Over-the-Counter Items</b>	<b>\$50 every quarter</b>	<b>\$30 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>\$2,000 for comprehensive services including dentures</b>	<b>\$750 for preventive and diagnostic services</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>	<b>\$100 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,000 / 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>\$300</b>	<b>\$445</b>
<b>Deductible Tiers</b>	<b>Tiers 4 to 5</b>	<b>Tiers 4 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$10</b>	<b>\$10</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>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 Assist Complement (HMO) H9811009000 In-Network
<b>Counties</b>	George, Hancock, Harrison, Jackson
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$22.70</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>
<b>Inpatient Hospital - Acute</b>	<b>\$225 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>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$100 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>\$300 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,000 / 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>\$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>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Dual Access (HMO D-SNP) H1416034000 In-Network
<b>Counties</b>	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, Desoto, Forrest, Greene, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Marshall, Montgomery, Neshoba, Newton, Panola, Perry, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yalobusha, Yazoo
<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>\$3,400</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>\$335 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>60 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>\$300 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>\$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>Non-Medical Transportation</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Dual Liberty (HMO D-SNP) H1416044000 In-Network
<b>Counties</b>	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, Desoto, Forrest, Greene, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Leflore, Lincoln, Madison, Marion, Marshall, Montgomery, Neshoba, Newton, Panola, Perry, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Stone, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yalobusha, Yazoo
<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>\$3,400</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>\$505 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>\$4,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$400 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$4,000 / 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, Non-Medical Transportation, Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Dual Access Medicare (HMO D-SNP) H9811006000 In-Network
<b>Counties</b>	George, Hancock, Harrison, Hinds, Jackson, Madison, Rankin, Stone
<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>\$3,450</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>\$250 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>\$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>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>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>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Premium Hybrid Open (PPO) H0074002000	
<b>Counties</b>	Claiborne, Copiah, George, Hancock, Harrison, Hinds, Issaquena, Jackson, Jefferson Davis, Madison, Rankin, Scott, Simpson, Smith, Warren	
<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>\$225.00</b>	<b>\$225.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,450</b>	<b>\$5,150 (Combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 copay per day for days 1-90; \$0 copay per day for days 91-999</b>	<b>20% coinsurance per day for days 1-999</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>	<b>20%</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>\$3,000 for comprehensive services including dentures</b>	<b>\$3,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$400 eyewear limit</b>	<b>\$400 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>\$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>\$5</b>	<b>\$5</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>20%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>20%</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 No Premium Open (PPO) H0074001000	
<b>Counties</b>	Claiborne, Copiah, Desoto, George, Greene, Hancock, Harrison, Hinds, Issaquena, Jackson, Jefferson Davis, Leflore, Madison, Montgomery, Panola, Perry, Rankin, Scott, Simpson, Smith, Stone, Tate, Tunica, Warren, Yalobusha	
<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>\$6,000</b>	<b>\$10,000 (Combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$295 copay per day for days 1-6; \$0 copay per day for days 7-90</b>	<b>30% coinsurance per day for days 1-999</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>30%</b>
<b>Specialist Office Visits</b>	<b>\$40</b>	<b>30%</b>
<b>Over-the-Counter Items</b>	<b>\$75 every quarter</b>	<b>\$75 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>\$1,000 / year for 2 hearing aids</b>	<b>\$1,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$200</b>	<b>\$200</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>\$10</b>	<b>\$10</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>30%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>30%</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 Community Assist (PPO) H0074003000	
<b>Counties</b>	DeSoto, Greene, Leflore, Montgomery, Panola, Perry, Stone, Tate, Tunica, Yalobusha, Claiborne, Copiah, George, Hancock, Harrison, Hinds, Issaquena, Jackson, Jefferson Davis, Madison, Rankin, Scott, Simpson, Smith, Warren	
<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>\$27.70</b>	<b>\$27.70</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>\$300 copay per day for days 1-6; \$0 copay per day for days 7-90</b>	<b>20% coinsurance per day for days 1-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>30%</b>
<b>Specialist Office Visits</b>	<b>\$40</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>24 one-way trips every year</b>	<b>24 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$2,000 for comprehensive services</b>	<b>\$2,000 for comprehensive services</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,500 / year for 2 hearing aids</b>	<b>\$1,500 / 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>Chores</b>	<b>Chores</b>
<b>Rx Deductible</b>	<b>\$480</b>	<b>\$480</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>\$19</b>	<b>\$19</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>30%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>30%</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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