

2022

Agent **First Look**

NORTH CAROLINA

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

NORTH CAROLINA

PLAN	Product Space	Key Selling Features
WELLCARE NO PREMIUM (HMO) H4073001000	\$0 Premium	OTC - \$105/QTR; \$1,500 dental allowance; \$200 Flex Card for D/V/H ; SSBCI -\$50/mo. Utilities Flex Card; SSBCI - \$50 Grocery Card by Shipt
WELLCARE DUAL ACCESS (HMO D-SNP) H4073002000	DSNP (Zero Cost Share)	OTC - \$425/QTR; \$3,000 dental; \$1,000 Flex Card for D/V/H for D/V/H ; SSBCI - \$50 Grocery Card by Shipt; 12 non medical trips covered
WELLCARE NO PREMIUM OPEN (PPO) H7175001000	\$0 Premium	\$0 PCP INN; OTC - \$85/QTR; \$1,000 dental; \$0 Part D Tier 1 co-pay; Counseling Services
WELLCARE ASSIST OPEN (PPO) H7175003000	LIS Non-SNP	\$0 PCP; OTC - \$150/QTR; \$1,500 dental; 6 in home support visits; \$500 Flex Card for D/V/H
WELLCARE GIVEBACK OPEN (PPO) H7175004000	Giveback	Up to \$900 Part B Giveback annually; Counseling services; OTC - \$35/QTR; \$0 Part D Tier 1 co-pay; \$5 PCP
WELLCARE PATRIOT NO PREMIUM OPEN (PPO) H7175005000	\$0 Premium	24 Routine Chiro visits; Routine Podiatry - 6 visits/yr; \$0 PCP; \$3,000 dental allowance; \$500 Flex Card for D/V/H
WELLCARE PREMIUM ENHANCED OPEN (PPO) H7175006000	\$50-\$99 Premium	\$200 Flex Card for D/V/H; \$2,000 dental allowance; 12 trips; 6 in home support visits; 12 CAM visits
WELLCARE PREMIUM ULTRA OPEN (PPO) H7175007000	\$50-\$99 Premium	\$3,000 Dental; \$300 Flex Card for D/V/H; Part D Tier 4 copay vs Coinsurance; 24 CAM visits; \$0 PCP
WELLCARE DUAL LIBERTY OPEN (PPO D-SNP) H7175002000	DSNP (Zero Cost Share)	OTC - \$430/QTR; \$3,000 dental; 48 trips; Fitness Benefit Covered; \$750 Flex Card for D/V/H

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) H4073001000 In-Network
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Gaston, Graham, Granville, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, McDowell, Macon, Madison, Mecklenburg, Mitchell, Montgomery, Moore, Orange, Person, Polk, Randolph, Richmond, Robeson, Rowan, Rutherford, Scotland, Stanly, Stokes, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Yadkin, Yancey
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$4,500
Inpatient Hospital - Acute	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0
Specialist Office Visits	\$25
Over-the-Counter Items	\$105 every quarter
Medically Necessary Transportation	36 one-way trips every year
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)	\$200
In-Home Support Services	N/A
Rx Deductible	\$150
Deductible Tiers	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$5
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

*Preferred Network Cost Sharing Displayed Where Available

Agent use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2022 plan and benefit information may be discussed with beneficiaries on or after October 1.

Plan Benefits	Wellcare Dual Access (HMO D-SNP) H4073002000 In-Network
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Gaston, Graham, Granville, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, McDowell, Macon, Madison, Mecklenburg, Mitchell, Montgomery, Moore, Orange, Person, Polk, Randolph, Richmond, Robeson, Rowan, Rutherford, Scotland, Stanly, Stokes, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Yadkin, Yancey
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 copay per day for days 1-90
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	\$3,000 for comprehensive services including dentures
Vision Benefits	\$500 eyewear limit
Hearing Benefits	\$5,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$500
In-Home Support Services	Chores and personal care services
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

*Preferred Network Cost Sharing Displayed Where Available

Agent use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2022 plan and benefit information may be discussed with beneficiaries on or after October 1.

Plan Benefits	Wellcare No Premium Open (PPO) H7175001000	
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Gaston, Graham, Granville, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Orange, Person, Polk, Randolph, Richmond, Robeson, Rowan, Rutherford, Scotland, Stanly, Stokes, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Yadkin, Yancey	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$5,500	\$10,000 (Combined)
Inpatient Hospital - Acute	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90	35% coinsurance per day for days 1-90
PCP Office Visits	\$0	\$25
Specialist Office Visits	\$25	\$50
Over-the-Counter Items	\$85 every quarter	\$85 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	\$100 eyewear limit	\$100 eyewear limit
Hearing Benefits	\$1,000 / year for 2 hearing aids	\$1,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$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	35%
X-Ray Services	\$0	35%
SSBCI Package	N/A	N/A
Optional Supplemental Packages	N/A	N/A

*Preferred Network Cost Sharing Displayed Where Available

Agent use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2022 plan and benefit information may be discussed with beneficiaries on or after October 1.

Plan Benefits	Wellcare Assist Open (PPO) H7175003000	
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Gaston, Graham, Granville, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Orange, Person, Polk, Randolph, Richmond, Robeson, Rowan, Rutherford, Scotland, Stanly, Stokes, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Yadkin, Yancey	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$31.70	\$31.70
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	20% coinsurance per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$40	\$40
Over-the-Counter Items	\$150 every quarter	\$150 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 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	Chores and personal care services	Chores and personal care services
Rx Deductible	\$480	\$480
Deductible Tiers	Tiers 2 to 5	Tiers 2 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$14	\$14
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

Agent use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2022 plan and benefit information may be discussed with beneficiaries on or after October 1.

Plan Benefits	Wellcare Giveback Open (PPO) H7175004000	
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Gaston, Graham, Granville, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Orange, Person, Polk, Randolph, Richmond, Robeson, Rowan, Rutherford, Scotland, Stanly, Stokes, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Yadkin, Yancey	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$75.00	\$75.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	\$300	\$300
Maximum Out of Pocket (MOOP)	\$7,550	\$10,000 (Combined)
Inpatient Hospital - Acute	\$450 copay per day for days 1-4; \$0 copay per day for days 5-90	20% coinsurance per day for days 1-90
PCP Office Visits	\$5	\$5
Specialist Office Visits	\$50	\$50
Over-the-Counter Items	\$35 every quarter	\$35 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$750 for preventive and diagnostic services	\$750 for preventive and diagnostic services
Vision Benefits	\$100 eyewear limit	\$100 eyewear limit
Hearing Benefits	Not Covered	Not Covered
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$200	\$200
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	40%
X-Ray Services	\$0	40%
SSBCI Package	N/A	N/A
Optional Supplemental Packages	N/A	N/A

*Preferred Network Cost Sharing Displayed Where Available

Agent use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2022 plan and benefit information may be discussed with beneficiaries on or after October 1.

Plan Benefits	Wellcare Patriot No Premium Open (PPO) H7175005000	
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Gaston, Graham, Granville, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Orange, Person, Polk, Randolph, Richmond, Robeson, Rowan, Rutherford, Scotland, Stanly, Stokes, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Yadkin, Yancey	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$5,500	\$10,000 (Combined)
Inpatient Hospital - Acute	\$300 copay per day for days 1-6; \$0 copay per day for days 7-90	35% coinsurance per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$30	\$30
Over-the-Counter Items	\$60 every quarter	\$60 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)	\$500	\$500
In-Home Support Services	N/A	N/A
Rx Deductible	N/A	N/A
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	N/A	N/A
Tier 2: Generic*	N/A	N/A
Tier 6: Select Care Drugs*	N/A	N/A
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

Agent use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2022 plan and benefit information may be discussed with beneficiaries on or after October 1.

Plan Benefits	Wellcare Premium Enhanced Open (PPO) H7175006000	
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Gaston, Graham, Granville, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, McDowell, Macon, Madison, Mecklenburg, Mitchell, Montgomery, Moore, Orange, Person, Polk, Randolph, Richmond, Robeson, Rowan, Rutherford, Scotland, Stanly, Stokes, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Yadkin, Yancey	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$55.00	\$55.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$4,500	\$9,000 (Combined)
Inpatient Hospital - Acute	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90	35% coinsurance per day for days 1-90
PCP Office Visits	\$0	\$25
Specialist Office Visits	\$25	\$50
Over-the-Counter Items	\$100 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	\$2,000 for comprehensive services including dentures	\$2,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit	\$200 eyewear limit
Hearing Benefits	\$1,500 / year for 2 hearing aids	\$1,500 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$200	\$200
In-Home Support Services	Chores and personal care services	Chores and personal care services
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	35%
X-Ray Services	\$0	35%
SSBCI Package	Helper Bee's Care Concierge	N/A
Optional Supplemental Packages	N/A	N/A

*Preferred Network Cost Sharing Displayed Where Available

Agent use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2022 plan and benefit information may be discussed with beneficiaries on or after October 1.

Plan Benefits	Wellcare Premium Ultra Open (PPO) H7175007000	
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Gaston, Graham, Granville, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, McDowell, Macon, Madison, Mecklenburg, Mitchell, Montgomery, Moore, Orange, Person, Polk, Randolph, Richmond, Robeson, Rowan, Rutherford, Scotland, Stanly, Stokes, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Yadkin, Yancey	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0	\$0
In-Network Plan Deductible	\$0	\$0
Maximum Out of Pocket (MOOP)	\$3,450	\$5,100 (Combined)
Inpatient Hospital - Acute	\$0 copay per day for days 1-90	30% coinsurance per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$125 every quarter	\$125 every quarter
Medically Necessary Transportation	12 one-way trips every year	12 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$3,000 for comprehensive services including dentures	\$3,000 for comprehensive services including dentures
Vision Benefits	\$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)	\$300	\$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*	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	Helper Bee's Care Concierge	N/A
Optional Supplemental Packages	N/A	N/A

*Preferred Network Cost Sharing Displayed Where Available

Agent use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2022 plan and benefit information may be discussed with beneficiaries on or after October 1.

Plan Benefits	Wellcare Dual Liberty Open (PPO D-SNP) H7175002000	
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Gaston, Graham, Granville, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Orange, Person, Polk, Randolph, Richmond, Robeson, Rowan, Rutherford, Scotland, Stanly, Stokes, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Yadkin, Yancey	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0	\$0
In-Network Plan Deductible	\$0	\$0
Maximum Out of Pocket (MOOP)	\$3,450	\$5,100 (Combined)
Inpatient Hospital - Acute	\$0 copay per day for days 1-90	\$0 per stay
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$430 every quarter	\$430 every quarter
Medically Necessary Transportation	48 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	\$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)	\$750	\$750
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	N/A	N/A
Optional Supplemental Packages	N/A	N/A

*Preferred Network Cost Sharing Displayed Where Available

Agent use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2022 plan and benefit information may be discussed with beneficiaries on or after October 1.