



wellcare.TM

2022

Agent **First Look**

SOUTH 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

SOUTH CAROLINA

PLAN	Product Space	Key Selling Features
WELLCARE NO PREMIUM (HMO) H4847001000	\$0 Premium	OTC - \$75/QTR; \$1,000 dental allowance; \$200 Vision hardware allowance; \$700 Hearing
WELLCARE NO PREMIUM (HMO) H4847002000	\$0 Premium	OTC - \$75/QTR; \$750 Dental; \$200 Vision hardware allowance; \$700 Hearing
WELLCARE ASSIST (HMO) H4847005000	LIS Non-SNP	OTC - \$125/QTR; \$1,500 dental allowance; \$2,000 Hearing; Transportation - 36 Trips; \$200 Flex Card for D/V/H
WELLCARE PATRIOT GIVEBACK (HMO-POS) H4847006000	Giveback	OTC - \$30/QTR; \$3,000 Dental; \$2,000 Hearing; Transportation - 12 Trips; \$500 Flex Card for D/V/H
WELLCARE DUAL LIBERTY (HMO D-SNP) H1436007000	DSNP (Zero Cost Share)	\$1,500 Flex Card for D/V/H; SSBCI - Robotic Companion; Assistive Devices - \$100/qtr; OTC - \$510/QTR; Transportation - Unlimited
WELLCARE DUAL LIBERTY (HMO D-SNP) H1416036000	DSNP (Zero Cost Share)	\$1,500 Flex Card for D/V/H; SSBCI - Robotic Companion; Assistive Devices - \$100/qtr; OTC - \$510/QTR; Transportation - Unlimited
WELLCARE DUAL LIBERTY (HMO D-SNP) H4847004000	DSNP (Zero Cost Share)	\$1,500 Flex Card for D/V/H; SSBCI - Robotic Companion; Assistive Devices - \$100/qtr; OTC - \$510/QTR; Transportation - Unlimited
WELLCARE NO PREMIUM OPEN (PPO) H7326001000	\$0 Premium	OTC - \$90/QTR; \$2,000 dental allowance; \$1,500 Hearing; \$200 Vision; \$200 Flex Card for D/V/H
WELLCARE LOW PREMIUM OPEN (PPO) H7326002000	\$1-\$49 Premium	OTC - \$70/QTR; \$1,000 dental allowance; \$300 Vision hardware allowance; \$700 Hearing; SSBCI - Helper Bee's Care Concierge
WELLCARE GIVEBACK OPEN (PPO) H7326003000	Giveback	OTC - \$25/QTR; \$1,000 dental allowance; \$700 Hearing

2022 Wellcare Plan Offerings

Here are more details about the Wellcare portfolio this year. This includes the plans mentioned above, as well as a portfolio of plans your customers will love.



2022 Agents' First Look

SOUTH CAROLINA

Plan Benefits	Wellcare No Premium (HMO) H4847001000 In-Network
Counties	Charleston, Cherokee, Darlington, Dillon, Fairfield, Florence, Georgetown, Greenville, Laurens, Marlboro, Pickens, Richland, Saluda, Spartanburg, Union
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	\$290 copay per day for days 1-8; \$0 copay per day for days 9-90
PCP Office Visits	\$0
Specialist Office Visits	\$40
Over-the-Counter Items	\$75 every quarter
Medically Necessary Transportation	N/A
Health Club Membership	\$0
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	N/A
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$5
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	N/A
Optional Supplemental Packages	N/A

***Preferred Network Cost Sharing Displayed Where Available**

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Plan Benefits	Wellcare No Premium (HMO) H4847002000 In-Network
Counties	Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Chester, Chesterfield, Clarendon, Colleton, Dorchester, Edgefield, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Lee, Lexington, Marion, McCormick, Newberry, Oconee, Orangeburg, Sumter, Williamsburg, York
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	\$375 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0
Specialist Office Visits	\$45
Over-the-Counter Items	\$75 every quarter
Medically Necessary Transportation	N/A
Health Club Membership	\$0
Dental Benefits	\$750 for preventive and diagnostic services
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	N/A
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$5
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	N/A
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Assist (HMO) H4847005000 In-Network
Counties	Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$27.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$3,400
Inpatient Hospital - Acute	\$250 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0
Specialist Office Visits	\$25
Over-the-Counter Items	\$125 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	\$300 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	\$480
Deductible Tiers	Tiers 2 to 5
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$20
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 Giveback (HMO-POS) H4847006000 In-Network
Counties	Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York
Premium Part B Giveback	\$50.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$6,700 (Combined)
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	\$50
Over-the-Counter Items	\$30 every quarter
Medically Necessary Transportation	12 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$3,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit
Hearing Benefits	\$2,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$500
In-Home Support Services	Chores
Rx Deductible	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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2022 Agents' First Look

SOUTH CAROLINA

Plan Benefits	Wellcare Dual Liberty (HMO D-SNP) H1436007000 In-Network	Wellcare Dual Liberty (HMO D-SNP) H1416036000 In-Network
Counties	Darlington, Dillon, Florence, Marion, Marlboro	Abbeville, Cherokee, Greenville, Greenwood, McCormick, Newberry, Pickens, Saluda, Spartanburg, Union
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	\$3,000
Inpatient Hospital - Acute	\$0 per stay	\$0 per stay
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$510 every quarter	\$510 every quarter
Medically Necessary Transportation	Unlimited one-way trips every year	Unlimited 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	\$500 eyewear limit	\$500 eyewear limit
Hearing Benefits	\$3,000 / year for 2 hearing aids	\$3,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$1,500	\$1,500
In-Home Support Services	Chores	Chores
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	Assistive Devices, Non-Medical Transportation, Robotic Companion Pet	Assistive Devices, Non-Medical Transportation, Robotic Companion Pet
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Dual Liberty (HMO D-SNP) H4847004000 In-Network
Counties	Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Chester, Chesterfield, Clarendon, Colleton, Dorchester, Edgefield, Fairfield, Georgetown, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Oconee, Orangeburg, Richland, Sumter, Williamsburg, York
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	\$0
Maximum Out of Pocket (MOOP)	\$3,000
Inpatient Hospital - Acute	\$0 per stay
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$510 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	\$3,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$1,500
In-Home Support Services	Chores
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	Assistive Devices, Non-Medical Transportation, Robotic Companion Pet
Optional Supplemental Packages	N/A

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2022 Agents' First Look

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Plan Benefits	Wellcare No Premium Open (PPO) H7326001000	
Counties	Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York	
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	20% coinsurance per day for days 1-90
PCP Office Visits	\$0	\$50
Specialist Office Visits	\$40	\$50
Over-the-Counter Items	\$90 every quarter	\$90 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$2,000 for comprehensive services including dentures	\$2,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit	\$200 eyewear limit
Hearing Benefits	\$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	N/A	N/A
Rx Deductible	\$100	\$100
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$0	\$0
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	40%
X-Ray Services	\$0	40%
SSBCI Package	N/A	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Low Premium Open (PPO) H7326002000	
Counties	Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$44.00	\$44.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$6,000	\$10,000 (Combined)
Inpatient Hospital - Acute	\$275 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	\$5	\$5
Specialist Office Visits	\$35	\$35
Over-the-Counter Items	\$70 every quarter	\$70 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	\$300 eyewear limit	\$300 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	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$2	\$2
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	30%
X-Ray Services	\$0	30%
SSBCI Package	Helper Bee's Care Concierge	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Giveback Open (PPO) H7326003000	
Counties	Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York	
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)	\$6,700	\$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	\$0	\$50
Specialist Office Visits	\$40	\$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	\$1,000 for comprehensive services including dentures	\$1,000 for comprehensive services including dentures
Vision Benefits	Routine Exam Only	Routine Exam Only
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	\$90	\$90
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$10	\$10
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

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