

2022

# Agent **First Look**

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## TENNESSEE

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.

Ascension  
**Complete**

# 2022 Key Features

# TENNESSEE

PLAN	Product Space	Key Selling Features
<b>WELLCARE NO PREMIUM (HMO-POS) H1416075000</b>	\$0 Premium	\$1,000 Flex Card for D/V/H; Specialist - \$25; OTC - \$170/QTR; Dental \$1,500; \$1,000 Hearing/ear
<b>WELLCARE NO PREMIUM (HMO-POS) H1416076000</b>	\$0 Premium	\$1,000 Flex Card for D/V/H; \$0 PCP; Specialist - \$30; OTC - \$165/QTR; Dental - \$1,500
<b>WELLCARE NO PREMIUM (HMO-POS) H1416077000</b>	\$0 Premium	\$1,500 Flex Card for D/V/H; \$0 PCP; Specialist - \$25; OTC - \$220/QTR; Dental - \$1,500
<b>WELLCARE ASSIST (HMO) H1416042000</b>	LIS Non-SNP	\$1,500 Flex Card for D/V/H; Low MOOP; OTC - \$200/QTR; Dental - \$3,000; Transportation - 24 one-way trips
<b>WELLCARE DUAL ACCESS (HMO D-SNP) H1416035000</b>	DSNP (Zero Cost Share)	\$2,500 Flex Card for D/V/H ; OTC - \$520/QTR; Dental - Platinum; Unlimited Transportation; SSBCI - \$50 Grocery Card by Shipt
<b>WELLCARE GIVEBACK OPEN (PPO) H9428002000</b>	Giveback	Up to \$480 Part B Giveback annually; \$0 PCP; OTC - \$25/QTR; Hearing coverage; Dental coverage
<b>WELLCARE NO PREMIUM OPEN (PPO) H9428001000</b>	\$0 Premium	\$500 Flex Card for D/V/H; \$0 PCP; Specialist \$25; OTC \$35/QTR; Dental - \$2,000
<b>ASCENSION COMPLETE SAINT THOMAS SECURE (HMO) H2853002000</b>	\$0 Premium	\$0 Premium; \$0 PCP; Extra Dental, Vision, Hearing; \$1,000 Flex Card for D/V/H; SSBCI-Utilities Flex Card, Grocery Card by Shipt, Helper Bee's Care Concierge
<b>ASCENSION COMPLETE SAINT THOMAS ACCESS PLUS (PPO) H8121001000</b>	\$0 Premium	Passive Network; \$0 Premium; \$0 PCP; Low MOOP; Extra Dental, Vision, Hearing
<b>ASCENSION COMPLETE SAINT THOMAS ACCESS (PPO) H8121002000</b>	\$0 Premium	Passive Network; \$0 Premium; \$1,000 Flex Card for D/V/H; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt
<b>ASCENSION COMPLETE SAINT THOMAS REWARD (HMO) H2853001000</b>	Giveback HMO	Part B Giveback; \$0 Premium; \$0 PCP; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt

# 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	Ascension Complete Saint Thomas Secure (HMO) H2853002000 In-Network
<b>Counties</b>	Cannon, Cheatham, Davidson, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson, Wilson
<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>\$2,900</b>
<b>Inpatient Hospital - Acute</b>	<b>\$250 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>\$25</b>
<b>Over-the-Counter Items</b>	<b>Unlimited one-way trips every year</b>
<b>Medically Necessary Transportation</b>	<b>\$90 every quarter</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>\$300 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>\$1,000</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>\$1</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>Helper Bee's Care Concierge, Grocery Delivery, Social Needs Benefit, Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Ascension Complete Saint Thomas Reward (HMO) H2853001000 In-Network
<b>Counties</b>	Cannon, Cheatham, Davidson, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson, Wilson
<b>Premium Part B Giveback</b>	<b>\$100.00</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>\$2,900</b>
<b>Inpatient Hospital - Acute</b>	<b>\$500 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>\$50</b>
<b>Over-the-Counter Items</b>	<b>12 one-way trips every year</b>
<b>Medically Necessary Transportation</b>	<b>\$75 every quarter</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$500 for preventive and diagnostic services</b>
<b>Vision Benefits</b>	<b>Medicare Only</b>
<b>Hearing Benefits</b>	<b>Medicare Only</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 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 - \$35</b>
<b>X-Ray Services</b>	<b>\$40</b>
<b>SSBCI Package</b>	<b>Grocery Delivery, Social Needs Benefit, Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>Dental, Vision</b>

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Plan Benefits	Ascension Complete Saint Thomas Access Plus (PPO) H8121001000	
<b>Counties</b>	Cannon, Cheatham, Davidson, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson, Wilson	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Premium Part B Giveback</b>	\$0.00	\$0.00
<b>Total Premium (Part C Part D)</b>	\$0.00	\$0.00
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,450	\$5,150 (combined)
<b>Inpatient Hospital - Acute</b>	\$300 copay per day for days 1-6; \$0 copay per day for days 7-90	\$300 copay per day for days 1-6; \$0 copay per day for days 7-999
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$30	\$30
<b>Over-the-Counter Items</b>	12 one-way trips every year	12 one-way trips every year
<b>Medically Necessary Transportation</b>	\$80 every quarter	\$80 every quarter
<b>Health Club Membership</b>	\$0	\$0
<b>Dental Benefits</b>	\$3,000 for comprehensive services including dentures	\$3,000 for comprehensive services including dentures
<b>Vision Benefits</b>	\$200 eyewear limit	\$200 eyewear limit
<b>Hearing Benefits</b>	\$1,000 / year for 2 hearing aids	\$1,000 / year for 2 hearing aids
<b>Flex Card D/V/H Services (per year)</b>	N/A	N/A
<b>In-Home Support Services</b>	N/A	N/A
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic*</b>	\$0	\$0
<b>Tier 2: Generic*</b>	\$5	\$5
<b>Tier 6: Select Care Drugs*</b>	\$0	\$0
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0
<b>SSBCI Package</b>	Social Needs Benefit	N/A
<b>Optional Supplemental Packages</b>	N/A	N/A

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Plan Benefits	Ascension Complete Saint Thomas Access (PPO) H8121002000	
<b>Counties</b>	Cannon, Cheatham, Davidson, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson, Wilson	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Premium Part B Giveback</b>	\$0.00	\$0.00
<b>Total Premium (Part C Part D)</b>	\$0.00	\$0.00
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$2,900	\$2,900 (Combined)
<b>Inpatient Hospital - Acute</b>	\$575 copay per day for days 1-4; \$0 copay per day for days 5-90	\$575 copay per day for days 1-4; \$0 copay per day for days 5-999
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	20%	20%
<b>Over-the-Counter Items</b>	N/A	N/A
<b>Medically Necessary Transportation</b>	\$65 every quarter	\$65 every quarter
<b>Health Club Membership</b>	\$0	\$0
<b>Dental Benefits</b>	\$5,000 for comprehensive services including dentures	\$5,000 for comprehensive services including dentures
<b>Vision Benefits</b>	\$200 eyewear limit	\$200 eyewear limit
<b>Hearing Benefits</b>	\$700 / year for 2 hearing aids	\$700 / year for 2 hearing aids
<b>Flex Card D/V/H Services (per year)</b>	\$1,000	\$1,000
<b>In-Home Support Services</b>	N/A	N/A
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic*</b>	\$0	\$0
<b>Tier 2: Generic*</b>	\$5	\$5
<b>Tier 6: Select Care Drugs*</b>	\$0	\$0
<b>Laboratory Services</b>	\$0 - 20%	20%
<b>X-Ray Services</b>	20%	20%
<b>SSBCI Package</b>	Grocery Delivery, Social Needs Benefit, Utilities Flex Card	N/A
<b>Optional Supplemental Packages</b>	N/A	N/A

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Plan Benefits	Wellcare No Premium (HMO-POS) H1416075000 In-Network	Wellcare No Premium (HMO-POS) H1416076000 In-Network
<b>Counties</b>	Davidson, Franklin, Williamson	Fayette, Shelby, Tipton
<b>Premium Part B Giveback</b>	\$0.00	\$0.00
<b>Total Premium (Part C Part D)</b>	\$0.00	\$0.00
<b>In-Network Plan Deductible</b>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$5,500 (Combined)	\$4,900 (Combined)
<b>Inpatient Hospital - Acute</b>	\$275 copay per day for days 1-6; \$0 copay per day for days 7-90	\$300 copay per day for days 1-6; \$0 copay per day for days 7-90
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$25	\$30
<b>Over-the-Counter Items</b>	N/A	N/A
<b>Medically Necessary Transportation</b>	\$170 every quarter	\$165 every quarter
<b>Health Club Membership</b>	\$0	\$0
<b>Dental Benefits</b>	\$1,500 for comprehensive services including dentures	\$1,500 for comprehensive services including dentures
<b>Vision Benefits</b>	\$200 eyewear limit	\$200 eyewear limit
<b>Hearing Benefits</b>	\$2,000 / year for 2 hearing aids	\$3,000 / year for 2 hearing aids
<b>Flex Card D/V/H Services (per year)</b>	\$1,000	\$1,000
<b>In-Home Support Services</b>	N/A	N/A
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic*</b>	\$0	\$0
<b>Tier 2: Generic*</b>	\$5	\$5
<b>Tier 6: Select Care Drugs*</b>	\$0	\$0
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0
<b>SSBCI Package</b>	N/A	N/A
<b>Optional Supplemental Packages</b>	N/A	N/A

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Plan Benefits	Wellcare No Premium (HMO-POS) H1416077000 In-Network
<b>Counties</b>	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Decatur, DeKalb, Dickson, Dyer, Fentress, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Smith, Stewart, Sullivan, Sumner, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Wilson
<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>\$5,500 (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>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$25</b>
<b>Over-the-Counter Items</b>	<b>N/A</b>
<b>Medically Necessary Transportation</b>	<b>\$220 every quarter</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,500 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>\$1,500</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 Assist (HMO) H1416042000 In-Network
<b>Counties</b>	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$20.80</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$4,900</b>
<b>Inpatient Hospital - Acute</b>	<b>\$275 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>\$20</b>
<b>Over-the-Counter Items</b>	<b>24 one-way trips every year</b>
<b>Medically Necessary Transportation</b>	<b>\$200 every quarter</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>\$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>\$1,500</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>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Patriot Giveback (HMO-POS) H1416061000 In-Network
<b>Counties</b>	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson
<b>Premium Part B Giveback</b>	<b>\$40.00</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>\$25</b>
<b>Over-the-Counter Items</b>	<b>24 one-way trips every year</b>
<b>Medically Necessary Transportation</b>	<b>\$175 every quarter</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>\$1,000 / 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>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 Giveback (HMO) H1416073001 In-Network	Wellcare Giveback (HMO) H1416073002 In-Network
Counties	Davidson, Franklin, Williamson	Fayette, Shelby, Tipton
Premium Part B Giveback	\$50.00	\$45.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$6,700	\$6,700
Inpatient Hospital - Acute	\$375 copay per day for days 1-5; \$0 copay per day for days 6-90	\$375 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$50	\$50
Over-the-Counter Items	N/A	N/A
Medically Necessary Transportation	\$60 every quarter	\$60 every quarter
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	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$7	\$7
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 Giveback (HMO) H1416073003 In-Network
<b>Counties</b>	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, DeKalb, Decatur, Dickson, Dyer, Fentress, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Smith, Stewart, Sullivan, Sumner, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Wilson
<b>Premium Part B Giveback</b>	<b>\$45.00</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>\$375 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>\$50</b>
<b>Over-the-Counter Items</b>	<b>N/A</b>
<b>Medically Necessary Transportation</b>	<b>\$50 every quarter</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>\$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>\$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>\$7</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) H1416035000 In-Network
<b>Counties</b>	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson
<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>Unlimited one-way trips every year</b>
<b>Medically Necessary Transportation</b>	<b>\$520 every quarter</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>\$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>\$2,000</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, Non-Medical Transportation</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Giveback Open (PPO) H9428002000	
<b>Counties</b>	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Claiborne, Clay, Cocke, Coffee, Cumberland, Davidson, DeKalb, Decatur, Dickson, Fayette, Fentress, Franklin, Giles, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Haywood, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lawrence, Lewis, Lincoln, Loudon, Macon, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Trousdale, Union, Van Buren, Warren, Wayne, White, Williamson, Wilson	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Premium Part B Giveback</b>	<b>\$40.00</b>	<b>\$40.00</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>\$6,700</b>	<b>\$10,000 (Combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$335 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>40%</b>
<b>Specialist Office Visits</b>	<b>\$40</b>	<b>40%</b>
<b>Over-the-Counter Items</b>	<b>N/A</b>	<b>N/A</b>
<b>Medically Necessary Transportation</b>	<b>\$25 every quarter</b>	<b>\$25 every quarter</b>
<b>Health Club Membership</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$750 for preventive and diagnostic services</b>	<b>\$750 for preventive and diagnostic 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>\$90</b>	<b>\$90</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>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 No Premium Open (PPO) H9428001000	
<b>Counties</b>	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Claiborne, Clay, Cocke, Coffee, Cumberland, Davidson, DeKalb, Decatur, Dickson, Fayette, Fentress, Franklin, Giles, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Haywood, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lawrence, Lewis, Lincoln, Loudon, Macon, Marion, Marshall, Maury, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Trousdale, Union, Van Buren, Warren, Wayne, White, Williamson, Wilson	
<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>\$275 copay per day for days 1-6; \$0 copay per day for days 7-90</b>	<b>35% coinsurance per day for days 1-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>35%</b>
<b>Specialist Office Visits</b>	<b>\$25</b>	<b>35%</b>
<b>Over-the-Counter Items</b>	<b>N/A</b>	<b>N/A</b>
<b>Medically Necessary Transportation</b>	<b>\$35 every quarter</b>	<b>\$35 every quarter</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>\$1,000 / 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>\$500</b>	<b>\$500</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>\$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>35%</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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