



wellcare.™

2023

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 2023 selling season.

2023 Key Features

NORTH CAROLINA

PLAN	Product Space	Key Selling Features
Wellcare Dual Access (HMO D-SNP) H4073002000	DSNP-Full	Flex card (D/V/H); OTC (\$200+/quarter); Transportation, Non-emergency; Dental with dentures; Hearing
Wellcare Dual Liberty Open (PPO D-SNP) H7175002000	DSNP-Full	Flex card (D/V/H); OTC (\$200+/quarter); Dental with dentures; Vision; Hearing
Wellcare No Premium Open (PPO) H7175001000	\$0 Premium MAPD	Dental with dentures; Hearing; Vision
Wellcare Giveback Open (PPO) H7175004000	Giveback MAPD	Giveback; PCP Low Copay; Fitness
Wellcare Patriot No Premium Open (PPO) H7175005000	\$0 Premium MA Only	Flex card (D/V/H); Dental with dentures; Hearing
Wellcare Premium Enhanced Open (PPO) H7175006000	\$50-\$99 Premium MAPD	Flex card (D/V/H); Dental with dentures; Vision; Hearing

2023 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, Clay, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Franklin, Gaston, Graham, Granville, Greene, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, Orange, Person, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Wilson, 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	\$75 every quarter
Medically Necessary Transportation	N/A
Fitness Benefits	\$0
Dental Benefits	No annual preventive max (\$0 copay) + \$3,000 comp dental services incl. dentures (40% cost-share)
Vision Benefits	\$200 eyewear allowance
Hearing Benefits	\$750 per ear
Flex Card D/V/H Services (per year)¹	\$200
In-Home Support Services	N/A
Rx Deductible	\$150
Deductible Tiers	Tiers 3-5
Tier 1 Drugs*	\$0
Tier 2 Drugs*	\$5
Tier 6 Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
Meals	N/A

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

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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, Clay, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Franklin, Gaston, Graham, Granville, Greene, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, Orange, Person, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Wilson, 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)	\$8,300
Inpatient Hospital - Acute	\$0 per stay
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$450 every quarter
Medically Necessary Transportation	Unlimited trips every year
Fitness Benefits	\$0
Dental Benefits	No annual preventive max + \$4,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$500 eyewear allowance
Hearing Benefits	\$2,500 per ear
Flex Card D/V/H Services (per year)¹	\$500
In-Home Support Services	Chores and Personal Care Services
Rx Deductible	\$0
Deductible Tiers	N/A
Prescription Drugs²	\$0
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic
Healthy Food Card²	\$25 every month

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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, Clay, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Franklin, Gaston, Graham, Granville, Greene, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, Orange, Person, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Wilson, 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	\$0	\$0
Maximum Out of Pocket (MOOP)	\$8,300	N/A
Inpatient Hospital - Acute	\$0 per stay	\$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
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay)	No annual preventive max + \$3,000 comp dental services incl. dentures (50% cost-share)
Vision Benefits	\$400 eyewear allowance	\$400 eyewear allowance
Hearing Benefits	\$1,500 per ear	\$1,500 per ear
Flex Card D/V/H Services (per year)¹	\$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
Prescription Drugs²	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	Post-Acute and Chronic	Post-Acute and Chronic
Healthy Food Card²	\$25 every month	\$25 every month

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Plan Benefits	Wellcare No Premium Open (PPO) H7175001000	
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Clay, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Franklin, Gaston, Graham, Granville, Greene, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, Orange, Person, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Wilson, 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)	\$5,900	N/A
Inpatient Hospital - Acute	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90	40% coinsurance per day for days 1-90
PCP Office Visits	\$0	45%
Specialist Office Visits	\$35	45%
Over-the-Counter Items	\$50 every quarter	\$50 every quarter
Medically Necessary Transportation	N/A	N/A
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay) + \$1,000 comp dental services incl. dentures (20% cost-share)	No annual preventive max + \$1,000 comp dental services incl. dentures (50% cost-share)
Vision Benefits	\$100 eyewear allowance	\$100 eyewear allowance
Hearing Benefits	\$350 per ear	\$350 per ear
Flex Card D/V/H Services (per year)¹	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$150	\$150
Deductible Tiers	Tiers 3-5	Tiers 3-5
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	45%
X-Ray Services	\$0	45%
Meals	N/A	N/A

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Plan Benefits	Wellcare Assist Open (PPO) H7175003000	
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Clay, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Franklin, Gaston, Graham, Granville, Greene, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, Orange, Person, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Wilson, Yadkin, Yancey	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$16.00	\$16.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$8,300	N/A
Inpatient Hospital - Acute	\$375 copay per day for days 1-5; \$0 copay per day for days 6-90	25% coinsurance per day for days 1-90
PCP Office Visits	\$0	45%
Specialist Office Visits	\$40	45%
Over-the-Counter Items	\$75 every quarter	\$75 every quarter
Medically Necessary Transportation	24 one-way trips every year	24 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay) + \$3,000 comp dental services incl. dentures (40% cost-share)	No annual preventive max + \$3,000 comp dental services incl. dentures (70% cost-share)
Vision Benefits	\$200 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$1,000 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	\$200	\$200
In-Home Support Services	Chores and Personal Care Services	Chores and Personal Care Services
Rx Deductible	\$505	\$505
Deductible Tiers	Tiers 2-5	Tiers 2-5
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$20	\$20
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	45%
X-Ray Services	\$0	45%
Meals	Post-Acute and Chronic	Post-Acute and Chronic

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Plan Benefits	Wellcare Giveback Open (PPO) H7175004000	
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Clay, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Franklin, Gaston, Graham, Granville, Greene, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, Orange, Person, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Wilson, Yadkin, Yancey	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$65.00	\$65.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	Medicare-Defined Part B Deductible amount	Medicare-Defined Part B Deductible amount
Maximum Out of Pocket (MOOP)	\$8,300	N/A
Inpatient Hospital - Acute	\$450 copay per day for days 1-4; \$0 copay per day for days 5-90	25% coinsurance per day for days 1-90
PCP Office Visits	\$5	\$5
Specialist Office Visits	\$50	50%
Over-the-Counter Items	\$55 every quarter	\$55 every quarter
Medically Necessary Transportation	N/A	N/A
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay)	No annual preventive max (50% cost-share)
Vision Benefits	N/A	N/A
Hearing Benefits	Medicare Only	Medicare Only
Flex Card D/V/H Services (per year)¹	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$250	\$250
Deductible Tiers	Tiers 3-5	Tiers 3-5
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	50%
X-Ray Services	\$0	50%
Meals	N/A	N/A

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Plan Benefits	Wellcare Patriot No Premium Open (PPO) H7175005000	
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Clay, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Franklin, Gaston, Graham, Granville, Greene, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, Orange, Person, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Wilson, 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)	\$6,500	N/A
Inpatient Hospital - Acute	\$325 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	\$0
Specialist Office Visits	\$40	\$40
Over-the-Counter Items	\$50 every quarter	\$50 every quarter
Medically Necessary Transportation	N/A	N/A
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay) + \$3,000 comp dental services incl. dentures (40% cost-share)	No annual preventive max + \$3,000 comp dental services incl. dentures (70% cost-share)
Vision Benefits	\$200 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$500 per ear	\$500 per ear
Flex Card D/V/H Services (per year)¹	\$500	\$500
In-Home Support Services	N/A	N/A
Rx Deductible	N/A	N/A
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	N/A	N/A
Tier 2 Drugs*	N/A	N/A
Tier 6 Drugs*	N/A	N/A
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	N/A	N/A

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Plan Benefits	Wellcare Premium Enhanced Open (PPO) H7175006000	
Counties	Alamance, Alexander, Alleghany, Anson, Ashe, Avery, Bladen, Buncombe, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Clay, Cleveland, Columbus, Cumberland, Davidson, Davie, Duplin, Durham, Forsyth, Franklin, Gaston, Graham, Granville, Greene, Guilford, Harnett, Haywood, Henderson, Hoke, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, Orange, Person, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Union, Vance, Wake, Warren, Watauga, Wilkes, Wilson, 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)	\$6,500	N/A
Inpatient Hospital - Acute	\$400 copay per day for days 1-5; \$0 days 6-90	30% coinsurance per day for days 1-90
PCP Office Visits	\$0	40%
Specialist Office Visits	\$25	40%
Over-the-Counter Items	\$50 every quarter	\$50 every quarter
Medically Necessary Transportation	N/A	N/A
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay) + \$3,000 comp dental services incl. dentures (40% cost-share)	No annual preventive max + \$3,000 comp dental services incl. dentures (70% cost-share)
Vision Benefits	\$100 eyewear allowance	\$100 eyewear allowance
Hearing Benefits	\$500 per ear	\$500 per ear
Flex Card D/V/H Services (per year)¹	\$200	\$200
In-Home Support Services	N/A	N/A
Rx Deductible	\$100	\$100
Deductible Tiers	Tiers 3-5	Tiers 3-5
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	40%
X-Ray Services	\$0	40%
Meals	N/A	N/A

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