



wellcare.™

2023

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 2023 selling season.

2023 Key Features

SOUTH CAROLINA

PLAN	Product Space	Key Selling Features
Wellcare No Premium (HMO) H4847001000	\$0 Premium MAPD	Dental with dentures; Flex card (D/V/H); OTC Quarterly allowance; Hearing; Vision
Wellcare Assist (HMO) H4847005000	LIS	Dental with dentures; Flex card (D/V/H); Transportation, Non-emergency; OTC Quarterly allowance; Vision
Wellcare Patriot Giveback (HMO-POS) H4847006000	Giveback MA Only	Giveback; Dental with dentures; Transportation, Non-emergency; Hearing; Vision
Wellcare Dual Liberty (HMO D-SNP) H4847004000	DSNP-Full	OTC (\$200+/quarter); Flex card (D/V/H); Dental with dentures; Hearing; Vision
Wellcare Dual Liberty Open (PPO D-SNP) H7326006000	DSNP-Full	Dental with implants; Flex card (D/V/H); OTC (\$200+/quarter); Transportation, Non-emergency; Hearing
Wellcare No Premium Open (PPO) H7326001000	\$0 Premium MAPD	Dental with dentures; Flex card (D/V/H); OTC Quarterly allowance; Hearing; Vision
Wellcare Giveback Open (PPO) H7326003000	Giveback MAPD	Dental with dentures; Hearing; Vision
Wellcare Assist Open (PPO) H7326007000	LIS	Dental with dentures; Flex card (D/V/H); OTC Quarterly allowance; Transportation, Non-emergency; 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) H4847001000 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)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$5,200
Inpatient Hospital - Acute	\$400 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0
Specialist Office Visits	\$45
Over-the-Counter Items	\$60 every quarter
Medically Necessary Transportation	N/A
Fitness Benefits	\$0
Dental Benefits	No annual preventive max (\$0 copay) + \$2,000 comp dental services incl. dentures (40% cost-share)
Vision Benefits	\$200 eyewear allowance
Hearing Benefits	\$350 per ear
Flex Card D/V/H Services (per year)¹	N/A
In-Home Support Services	N/A
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1 Drugs*	\$0
Tier 2 Drugs*	\$5
Tier 6 Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic

*Preferred Network Cost Sharing Displayed Where Available

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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)	\$16.80
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$6,500
Inpatient Hospital - Acute	\$325 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0
Specialist Office Visits	\$25
Over-the-Counter Items	\$125 every quarter
Medically Necessary Transportation	36 one-way trips every year
Fitness Benefits	\$0
Dental Benefits	No annual preventive max + \$4,000 comp dental services, incl. dentures (40% cost share).
Vision Benefits	\$300 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	\$505
Deductible Tiers	Tiers 2-5
Tier 1 Drugs*	\$0
Tier 2 Drugs*	\$20
Tier 6 Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic

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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	\$60.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$7,550
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	\$50 every quarter
Medically Necessary Transportation	12 one-way trips every year
Fitness Benefits	\$0
Dental Benefits	No annual preventive max + \$4,000 comp dental services, incl. dentures (40% cost share).
Vision Benefits	\$200 eyewear allowance
Hearing Benefits	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	N/A
In-Home Support Services	Chores
Rx Deductible	N/A
Deductible Tiers	N/A
Tier 1 Drugs*	N/A
Tier 2 Drugs*	N/A
Tier 6 Drugs*	N/A
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic

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Plan Benefits	Wellcare Dual Liberty (HMO D-SNP) H4847004000 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)	\$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	\$510 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	\$1,500 per ear
Flex Card D/V/H Services (per year)¹	\$1,500
In-Home Support Services	Chores
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	\$50 every month

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Plan Benefits	Wellcare Dual Liberty Open (PPO D-SNP) H7326006000	
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	\$0	\$0
Maximum Out of Pocket (MOOP)	\$8,300	N/A
Inpatient Hospital - Acute	\$0 per stay	\$0 copay per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$450 every quarter	\$450 every quarter
Medically Necessary Transportation	Unlimited trips every year	Unlimited trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	Dental services with no annual max, incl. dentures and implants (\$0 copay).	Dental services with no annual max, incl. dentures and implants (50% cost-share)
Vision Benefits	\$500 eyewear allowance	\$500 eyewear allowance
Hearing Benefits	\$1,500 per ear	\$1,500 per ear
Flex Card D/V/H Services (per year)¹	\$1,000	\$1,000
In-Home Support Services	Chores	Chores
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) 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	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	40%
Specialist Office Visits	\$40	40%
Over-the-Counter Items	\$75 every quarter	\$75 every quarter
Medically Necessary Transportation	N/A	N/A
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay) + \$2,000 comp dental services incl. dentures (20% cost-share)	No annual preventive max (\$0 copay) + \$2,000 comp dental services incl. dentures (50% cost-share)
Vision Benefits	\$200 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$750 per ear	\$750 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	Post-Acute and Chronic	Post-Acute and Chronic

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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	N/A
Inpatient Hospital - Acute	\$450 copay per day for days 1-4; \$0 copay per day for days 5-90	40% coinsurance per day for days 1-90
PCP Office Visits	\$0	40%
Specialist Office Visits	\$40	40%
Over-the-Counter Items	\$45 every quarter	\$45 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 (40% cost-share)	No annual preventive max + \$1,000 comp dental services incl. dentures (70% cost-share)
Vision Benefits	Routine Exam Only	Routine Exam Only
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	\$90	\$90
Deductible Tiers	Tiers 3-5	Tiers 3-5
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$10	\$10
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	40%
X-Ray Services	\$0	40%
Meals	Post-Acute	Post-Acute

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Plan Benefits	Wellcare Assist Open (PPO) H7326007000	
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)	\$17.60	\$17.60
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$6,000	N/A
Inpatient Hospital - Acute	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90	30% coinsurance per day for days 1-120
PCP Office Visits	\$0	30%
Specialist Office Visits	\$35	30%
Over-the-Counter Items	\$125 every quarter	\$125 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 + \$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	\$300 eyewear allowance	\$300 eyewear allowance
Hearing Benefits	\$750 per ear	\$750 per ear
Flex Card D/V/H Services (per year)¹	\$1,000	\$1,000
In-Home Support Services	N/A	N/A
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	30%
X-Ray Services	\$0	30%
Meals	Post-Acute and Chronic	Post-Acute and Chronic

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