



wellcare.TM

2023

Agent **First Look**

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 2023 selling season.

Ascension
Complete

2023 Key Features

TENNESSEE

| PLAN | Product Space | Key Selling Features |
|---|------------------|--|
| Wellcare Assist (HMO) H1416042000 | LIS | Flex card (D/V/H); OTC (\$200+/quarter); Dental with dentures; Vision; Low MOOP |
| Wellcare No Premium (HMO-POS) H1416075000 | \$0 Premium MAPD | Flex card (D/V/H); Dental with dentures; Vision; Hearing; OTC (\$100+/quarter) |
| Wellcare No Premium (HMO-POS) H1416076000 | \$0 Premium MAPD | Flex card (D/V/H); Dental with dentures; Vision; Hearing; OTC (\$100+/quarter) |
| Wellcare No Premium (HMO-POS) H1416077000 | \$0 Premium MAPD | Flex card (D/V/H); Dental with dentures; Vision; Hearing; OTC (\$200+/quarter) |
| Wellcare Dual Access (HMO D-SNP) H1416035000 | DSNP-Full | Flex card (D/V/H); OTC (\$200+/quarter); Dental with implants; Vision; Transportation, Non-emergency |
| Wellcare No Premium Open (PPO) H9428001000 | \$0 Premium MAPD | Flex card (D/V/H); Dental; Vision; Hearing; PCP \$0 |

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 Assist (HMO) H1416042000 In-Network |
|--|--|
| Counties | 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 |
| Premium Part B Giveback | \$0.00 |
| Total Premium (Part C Part D) | \$19.10 |
| In-Network Plan Deductible | No |
| Maximum Out of Pocket (MOOP) | \$4,900 |
| Inpatient Hospital - Acute | \$275 copay per day for days 1-6; \$0 copay per day for days 7-90 |
| PCP Office Visits | \$0 |
| Specialist Office Visits | \$20 |
| Over-the-Counter Items | \$200 every quarter |
| Medically Necessary Transportation | 24 one-way trips every year |
| Fitness Benefits | \$0 |
| Dental Benefits | No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay) |
| Vision Benefits | \$200 eyewear allowance |
| Hearing Benefits | \$1,000 per ear |
| Flex Card D/V/H Services (per year)¹ | \$1,000 |
| In-Home Support Services | N/A |
| Rx Deductible | \$485 |
| 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 |

*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 2023 plan and benefit information may be discussed with beneficiaries on or after October 1. ¹Flex card benefits with an allowance of \$750 or greater will have separate purses, Vision only and Dental and Hearing combined. The Vision purse will be capped at \$250.

2023 Agents' First Look

Tennessee

| Plan Benefits | Wellcare Giveback (HMO) H1416078000 In-Network | Wellcare Giveback (HMO) H1416079000 In-Network |
|--|--|--|
| Counties | Davidson, 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 | \$45 every quarter | \$45 every quarter |
| Medically Necessary Transportation | N/A | N/A |
| Fitness Benefits | \$0 | \$0 |
| Dental Benefits | No annual preventive max + \$1,000 comp dental services incl. dentures (\$0 copay) | No annual preventive max + \$1,000 comp dental services incl. dentures (\$0 copay) |
| 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 | N/A | N/A |
| In-Home Support Services | N/A | N/A |
| Rx Deductible | \$0 | \$0 |
| Deductible Tiers | N/A | N/A |
| Tier 1 Drugs* | \$0 | \$0 |
| Tier 2 Drugs* | \$7 | \$7 |
| Tier 6 Drugs* | \$0 | \$0 |
| Laboratory Services | \$0 | \$0 |
| X-Ray Services | \$0 | \$0 |
| Meals | Post-Acute and Chronic | Post-Acute and Chronic |

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| Plan Benefits | Wellcare Giveback (HMO) H1416080000 In-Network |
|--|---|
| Counties | Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Decatur, DeKalb, Dickson, Dyer, 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, Smith, Stewart, Sullivan, Sumner, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Wilson |
| Premium Part B Giveback | \$45.00 |
| Total Premium (Part C Part D) | \$0.00 |
| In-Network Plan Deductible | No |
| Maximum Out of Pocket (MOOP) | \$6,700 |
| Inpatient Hospital - Acute | \$375 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 | \$35 every quarter |
| Medically Necessary Transportation | N/A |
| Fitness Benefits | \$0 |
| Dental Benefits | No annual preventive max + \$1,000 comp dental services incl. dentures (\$0 copay) |
| Vision Benefits | \$100 eyewear allowance |
| Hearing Benefits | \$500 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* | \$7 |
| 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) H1416061000 In-Network |
|--|--|
| Counties | Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Coker, 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 |
| Premium Part B Giveback | \$40.00 |
| 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 | \$175 every quarter |
| Medically Necessary Transportation | 24 one-way trips every year |
| Fitness Benefits | \$0 |
| Dental Benefits | No annual preventive max + \$2,000 comp dental services incl. dentures (\$0 copay) |
| Vision Benefits | \$300 eyewear allowance |
| Hearing Benefits | \$500 per ear |
| Flex Card D/V/H Services (per year)¹ | N/A |
| In-Home Support Services | N/A |
| 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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2023 Agents' First Look

Tennessee

| Plan Benefits | Wellcare No Premium (HMO-POS) H1416075000 In-Network | Wellcare No Premium (HMO-POS) H1416076000 In-Network |
|--|--|--|
| Counties | Davidson, Williamson | Fayette, Shelby, Tipton |
| 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 | \$4,900 |
| Inpatient Hospital - Acute | \$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 |
| PCP Office Visits | \$0 | \$0 |
| Specialist Office Visits | \$25 | \$30 |
| Over-the-Counter Items | \$160 every quarter | \$160 every quarter |
| Medically Necessary Transportation | N/A | N/A |
| Fitness Benefits | \$0 | \$0 |
| Dental Benefits | No annual preventive max + \$2,000 comp dental services incl. dentures (\$0 copay) | No annual preventive max + \$1,500 comp dental services incl. dentures (\$0 copay) |
| Vision Benefits | \$200 eyewear allowance | \$200 eyewear allowance |
| Hearing Benefits | \$1,000 per ear | \$1,500 per ear |
| Flex Card D/V/H Services (per year)¹ | \$750 | \$750 |
| In-Home Support Services | N/A | N/A |
| Rx Deductible | \$0 | \$0 |
| Deductible Tiers | N/A | N/A |
| Tier 1 Drugs* | \$0 | \$0 |
| Tier 2 Drugs* | \$5 | \$5 |
| Tier 6 Drugs* | \$0 | \$0 |
| Laboratory Services | \$0 | \$0 |
| X-Ray Services | \$0 | \$0 |
| Meals | Post-Acute and Chronic | Post-Acute and Chronic |

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| Plan Benefits | Wellcare No Premium (HMO-POS) H1416077000 In-Network |
|--|---|
| Counties | Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Decatur, DeKalb, Dickson, Dyer, 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, Smith, Stewart, Sullivan, Sumner, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Wilson |
| Premium Part B Giveback | \$0.00 |
| Total Premium (Part C Part D) | \$0.00 |
| In-Network Plan Deductible | No |
| Maximum Out of Pocket (MOOP) | \$5,500 |
| Inpatient Hospital - Acute | \$300 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 | \$205 every quarter |
| Medically Necessary Transportation | N/A |
| Fitness Benefits | \$0 |
| Dental Benefits | No annual preventive max + \$1,500 comp dental services incl. dentures (\$0 copay) |
| Vision Benefits | \$200 eyewear allowance |
| Hearing Benefits | \$1,000 per ear |
| Flex Card D/V/H Services (per year)¹ | \$1,000 |
| 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 |

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| Plan Benefits | Wellcare Dual Access (HMO D-SNP) H1416035000 In-Network |
|--|--|
| Counties | 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 |
| 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 | \$520 every quarter |
| Medically Necessary Transportation | Unlimited trips every year |
| Fitness Benefits | \$0 |
| Dental Benefits | Dental services with no annual max, incl. dentures and implants (\$0 copay) |
| Vision Benefits | \$400 eyewear allowance |
| Hearing Benefits | \$2,000 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 No Premium Open (PPO) H9428001000 | |
|--|---|---|
| Counties | Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Claiborne, Clay, Cocke, Coffee, Cumberland, Davidson, Decatur, DeKalb, 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 | |
| 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 | \$275 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 | 35% |
| Specialist Office Visits | \$25 | 35% |
| Over-the-Counter Items | \$15 every quarter | \$15 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 (20% cost-share) | No annual preventive max + \$2,000 comp dental services (50% 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 | \$75 | \$75 |
| 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 | 35% |
| X-Ray Services | \$0 | 35% |
| Meals | Post-Acute | Post-Acute |

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| Plan Benefits | Wellcare Giveback Open (PPO) H9428002000 | |
|--|---|--|
| Counties | Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Claiborne, Clay, Cocke, Coffee, Cumberland, Davidson, Decatur, DeKalb, 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 | |
| Network / Tiers | In-Network | Out-of-Network |
| Premium Part B Giveback | \$40.00 | \$40.00 |
| 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 | \$335 copay per day for days 1-6; \$0 copay per day for days 7-90 | 40% coinsurance per day for days 1-90 |
| PCP Office Visits | \$0 | 40% |
| Specialist Office Visits | \$40 | 40% |
| Over-the-Counter Items | N/A | N/A |
| 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 | \$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 | \$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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Ascension **Complete**

Agent First Look

Tennessee | 2023

Ascension Complete 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

TENNESSEE

| PLAN | Product Space | Key Selling Features |
|---|------------------|---|
| Ascension Complete Saint Thomas Reward (HMO) H2853001000 | Giveback MAPD | Hearing; Low MOOP; Dental; \$100 Giveback; Vision |
| Ascension Complete Saint Thomas Secure (HMO) H2853002000 | \$0 Premium MAPD | Low MOOP; Dental; Flex card (D/V/H); Hearing; Vision |
| Ascension Complete Saint Thomas Access Plus (PPO) H8121001000 | \$0 Premium MAPD | Low MOOP; Dental; Hearing; Vision; INN/OON - most match |
| Ascension Complete Saint Thomas Access (PPO) H8121002000 | \$0 Premium MAPD | Flex card (D/V/H); Low MOOP; Dental; Vision and Hearing; INN/OON - most match |

2023

Ascension Complete Plan Offerings

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

Ascension **Complete**

2023 Agents' First Look

Tennessee

| Plan Benefits | Ascension Complete Saint Thomas Reward (HMO) H2853001000 In-Network | Ascension Complete Saint Thomas Secure (HMO) H2853002000 In-Network |
|--|---|---|
| Counties | Cannon, Cheatham, Davidson, DeKalb, Hickman, Humphreys, Robertson, Rutherford, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, Wilson | Cannon, Cheatham, Davidson, DeKalb, Hickman, Humphreys, Robertson, Rutherford, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, Wilson |
| Premium Part B Giveback | \$100.00 | \$0.00 |
| Total Premium (Part C Part D) | \$0.00 | \$0.00 |
| In-Network Plan Deductible | No | No |
| Maximum Out of Pocket (MOOP) | \$3,450 | \$2,900 |
| Inpatient Hospital - Acute | \$390 copay per day for days 1-5; \$0 copay per day for days 6-90 | \$250 copay per day for days 1-5; \$0 copay per day for days 6-90 |
| PCP Office Visits | \$0 | \$0 |
| Specialist Office Visits | \$50 | \$25 |
| Over-the-Counter Items | \$80 every quarter | \$90 every quarter |
| Medically Necessary Transportation | 12 one-way trips every year | Unlimited trips every year |
| Fitness Benefits | \$0 | \$0 |
| Dental Benefits | No annual preventive max (\$0 copay) | Dental services with no annual max, incl. dentures and implants (30% cost-share) |
| Vision Benefits | \$100 eyewear allowance | \$300 eyewear allowance |
| Hearing Benefits | \$350 per ear | \$750 per ear |
| Flex Card D/V/H Services (per year) ¹ | N/A | \$1,000 |
| Rx Deductible | \$480 | \$0 |
| Deductible Tiers | Tiers 3-5 | N/A |
| Tier 1 Drugs* | \$0 | \$0 |
| Tier 2 Drugs* | \$5 | \$1 |
| Tier 6 Drugs* | \$0 | \$0 |
| Laboratory Services | \$0-\$35 | \$0 |
| X-Ray Services | \$40 | \$0 |
| Meals | Post-Acute | Post-Acute |
| Spiritual Care | Unlimited visits every year | Unlimited visits every year |

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

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2023 Agents' First Look

Tennessee

| Plan Benefits | Ascension Complete Saint Thomas Access Plus (PPO) H8121001000 | |
|--|---|---|
| Counties | Cannon, Cheatham, Davidson, DeKalb, Hickman, Humphreys, Robertson, Rutherford, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, Wilson | |
| 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) | \$3,450 | N/A |
| Inpatient Hospital - Acute | \$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 |
| PCP Office Visits | \$0 | \$25 |
| Specialist Office Visits | \$30 | \$30 |
| Over-the-Counter Items | \$80 every quarter | \$80 every quarter |
| Medically Necessary Transportation | 12 one-way trips every year | 12 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 | \$500 per ear | \$500 per ear |
| Flex Card D/V/H Services (per year)¹ | N/A | N/A |
| Rx Deductible | \$0 | \$0 |
| Deductible Tiers | N/A | N/A |
| Tier 1 Drugs* | \$0 | \$0 |
| Tier 2 Drugs* | \$5 | \$5 |
| Tier 6 Drugs* | \$0 | \$0 |
| Laboratory Services | \$0 | \$0 |
| X-Ray Services | \$0 | \$0 |
| Meals | Post-Acute | Post-Acute |
| Spiritual Care | Unlimited visits every year | Unlimited visits every year |

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| Plan Benefits | Ascension Complete Saint Thomas Access (PPO) H8121002000 | |
|--|---|---|
| Counties | Cannon, Cheatham, Davidson, DeKalb, Hickman, Humphreys, Robertson, Rutherford, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, Wilson | |
| 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) | \$2,900 | N/A |
| Inpatient Hospital - Acute | \$485 copay per day for days 1-4; \$0 copay per day for days 5-90 | \$485 copay per day for days 1-4; \$0 copay per day for days 5-999 |
| PCP Office Visits | \$0 | \$25 |
| Specialist Office Visits | 20% | 20% |
| Over-the-Counter Items | \$65 every quarter | \$65 every quarter |
| Medically Necessary Transportation | N/A | N/A |
| Fitness Benefits | \$0 | \$0 |
| Dental Benefits | No annual preventive max (\$0 copay) + \$5,000 comp dental services incl. dentures and implants (20% cost-share) | No annual preventive max + \$5,000 comp dental services incl. dentures (70% cost-share) |
| Vision Benefits | \$200 eyewear allowance | \$200 eyewear allowance |
| Hearing Benefits | \$350 per ear | \$350 per ear |
| Flex Card D/V/H Services (per year)¹ | \$1,000 | \$1,000 |
| Rx Deductible | \$0 | \$0 |
| Deductible Tiers | N/A | N/A |
| Tier 1 Drugs* | \$0 | \$0 |
| Tier 2 Drugs* | \$5 | \$5 |
| Tier 6 Drugs* | \$0 | \$0 |
| Laboratory Services | \$0-20% | \$0-20% |
| X-Ray Services | 20% | 20% |
| Meals | Post-Acute | Post-Acute |
| Spiritual Care | Unlimited visits every year | Unlimited visits every year |

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