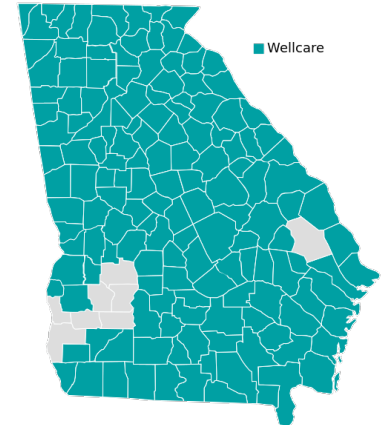


## Market Highlights

- All Dual plan available. Dual plans available to meet the needs of full and partial duals
- Wide variety of products offered to appeal to beneficiaries including \$0 Premium, Giveback, MA Only, and LIS plans
- Wellcare Mutual of Omaha co-branded \$0 Premium PPO plans available
- \$0 for covered prescription drugs on D-SNP plans, all year long in all benefit phases.
- NEW! Wellcare Spendables Card (varies by plan)
- D-SNP Spendables Card includes Gas-pay-at-the-pump; Utilities Assistance; Rent Assistance; Additional Dental, Vision, and Hearing Services; OTC; and Healthy Food in one monthly allowance
- Non D-SNP Spendables Card can include OTC; Additional Dental, Vision, and Hearing; and / or SSBCI Utility Assistance




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### Market Service Area

Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, DeKalb, Decatur, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, Worth

# Key Selling Features

<b>Legend</b>	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Key Selling Features represent the key selling features for our spotlight plans only. Other competitive plans in our portfolio can be found in the plans below.

**Wellcare Mutual of Omaha No Premium Open (PPO)**

H0111001000 - \$0 Premium MAPD  
OTC Allowance, Dental with dentures and crowns, \$0 Premium, PCP \$0,

**Wellcare No Premium (HMO)**

H1112038000 - \$0 Premium MAPD  
Routine Chiropractic, Routine Acupuncture, Transportation, Non-emergency, Hearing, Vision

**Wellcare No Premium (HMO)**

H1112039000 - \$0 Premium MAPD  
Routine Chiropractic, Routine Acupuncture, Transportation, Non-emergency, Hearing, Vision

**Wellcare No Premium (HMO)**

H1112044000 - \$0 Premium MAPD  
OTC Allowance, Transportation, Non-emergency, Dental with dentures and crowns, Routine Chiropractic, Vision

**Wellcare Patriot No Premium (HMO-POS)**

H1112034000 - \$0 Premium MA Only  
Multi-wallet benefit including dental, vision, hearing, and OTC , Dental with dentures and crowns, Transportation, Non-emergency, Hearing, Vision

**Wellcare Dual Liberty (HMO D-SNP)**

H1112033000 - DSNP-Full  
Multi-wallet benefit including dental, vision, hearing, OTC, groceries, utilities, and rent assistance , Dental with dentures, crowns, and an implant, Transportation, Non-emergency, Hearing

**Wellcare Dual Access Open (PPO D-SNP)**

H0111004000 - DSNP-Partial  
Multi-wallet benefit including dental, vision, hearing, OTC, groceries, utilities, and rent assistance , Dental with dentures and crowns, Transportation, Non-emergency, In-Home Support Services, Hearing

**Wellcare All Dual (HMO D-SNP)**

H1112006000 - DSNP-Partial  
Multi-wallet benefit including dental, vision, hearing, OTC, groceries, utilities, and rent assistance , Dental with dentures, crowns, and an implant, Transportation, Non-emergency, In-Home Support Services, Hearing

**Wellcare Classic (PDP)**

Designed for Duals (LIS), \$0 Tier 1 (after deductible if applicable) at preferred pharmacies, New \$0 drug tier added with medications commonly used to treat diabetes

**Wellcare Value Script (PDP)**

Low Premium, No deductible on Tier 1 and 2 medications (preferred generic and generic), \$0 copay for Tier 1 drugs at preferred pharmacies

**Wellcare Medicare Rx Value Plus (PDP)**

No deductible for all tiers, \$0 copay for Tier 1 drugs at preferred pharmacies, low cost drug tier designed for medications commonly used to treat diabetes

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MAPD

<b>Legend</b>	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Plan Name	Wellcare Mutual of Omaha No Premium Open (PPO) - INN	Wellcare Mutual of Omaha No Premium Open (PPO) - OON	Wellcare Giveback (HMO)
<b>Contract Number</b>	H0111001000	H0111001000	H1112042000
<b>IN/OON/Tier</b>	In Network	Out of Network	In Network
<b>Qualifying Chronic Conditions</b>	N/A	N/A	N/A
<b>Premium Part B Giveback</b>	\$0.00	\$0.00	\$80.00
<b>Total Premium (Part C Part D)</b>	\$0.00	\$0.00	\$0.00
<b>Inpatient Acute</b>	\$350 co-pay per day for days 1-5 and a \$0 co-pay per day for days 6-90 No additional hospital days	50% of the total cost for days 1-90	\$1,665 co-pay per stay
<b>Plan Deductible</b>	No	No	\$225
<b>Maximum Out of Pocket (MOOP) INN</b>	\$7,500	N/A	\$8,850
<b>Maximum Out of Pocket (MOOP) Combined</b>	\$13,300	\$13,300	N/A
<b>Maximum Out of Pocket (MOOP) OON</b>	N/A	N/A	N/A
<b>PCP Office Visits</b>	\$0	\$35	\$15
<b>Specialist Office Visits</b>	\$35	50%	\$50
<b>Medically Necessary Transportation Trips</b>	N/A	N/A	N/A
<b>Wellcare Spendables</b>	OTC allowance of <b>\$40</b> per quarter (non-rolling) for covered items	OTC allowance of <b>\$40</b> per quarter (non-rolling) for covered items	N/A
<b>In Home Support Frequency</b>	N/A	N/A	N/A
<b>In Home Support Benefit type</b>	N/A	N/A	N/A
<b>Meals</b>	N/A	N/A	N/A
<b>Fitness</b>	\$0	\$0	\$0
<b>Dental Benefits</b>	No annual prev max plus \$1,500 in comp dental services, Incl. exams, fillings, minor restorative services and dentures (\$0 copay).	No annual prev max plus \$1,500 in comp dental services, Incl. exams, fillings, minor restorative services and dentures (50% cost share).	Not covered
<b>Vision Benefits</b>	\$100 eyewear allowance	\$100 eyewear allowance	\$100 eyewear allowance
<b>Hearing Benefits</b>	\$500 both ears every year	\$500 both ears every year	\$350 both ears every year
<b>RX Deductible</b>	\$200	\$200	\$545
<b>RX Deductible Tiers</b>	Tiers 3-5	Tiers 3-5	Tiers 3-5
<b>Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6</b>	\$0/ \$5/ \$42/ 50% /30% /\$0	\$0/ \$5/ \$42/ 50% /30% /\$0	\$0/ \$5/ \$42/ 50% /25% /\$0
<b>Lab Services</b>	\$0-\$50	50%	\$0-\$50
<b>X-Ray Services</b>	\$0	50%	\$50

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## MAPD, *continued*

<b>Legend</b>	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Plan Name	Wellcare Assist (HMO)
<b>Contract Number</b>	H1112043000
<b>IN/OON/Tier</b>	In Network
<b>Qualifying Chronic Conditions</b>	N/A
<b>Premium Part B Giveback</b>	\$0.00
<b>Total Premium (Part C Part D)</b>	\$41.10
<b>Inpatient Acute</b>	\$350 co-pay per day for days 1-7 and a \$0 co-pay per day for days 8-90 No additional hospital days
<b>Plan Deductible</b>	No
<b>Maximum Out of Pocket (MOOP) INN</b>	\$3,650
<b>Maximum Out of Pocket (MOOP) Combined</b>	N/A
<b>Maximum Out of Pocket (MOOP) OON</b>	N/A
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$10
<b>Medically Necessary Transportation Trips</b>	24 one-way trips every year
<b>Wellcare Spendables</b>	Allowance for OTC and/or Dental, Vision, and Hearing of <b>\$25</b> per month . 2nd allowance of \$50 per month available for Utility Assistance for qualified members*
<b>In Home Support Frequency</b>	N/A
<b>In Home Support Benefit type</b>	N/A
<b>Meals</b>	Post-acute meals
<b>Fitness</b>	\$0
<b>Dental Benefits</b>	No annual prev max plus \$3,000 in comp dental services, Incl. exams, fillings, major restorative services and dentures (\$0 copay).
<b>Vision Benefits</b>	\$100 eyewear allowance
<b>Hearing Benefits</b>	\$1,000 both ears every year
<b>RX Deductible</b>	\$410
<b>RX Deductible Tiers</b>	Tiers 2-5
<b>Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6</b>	\$0/ \$20/ \$47/ 45% /25% /\$0
<b>Lab Services</b>	\$0-\$50
<b>X-Ray Services</b>	\$0

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# MA Only

<b>Legend</b>	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Plan Name	Wellcare Patriot No Premium (HMO-POS)
Contract Number	H1112034000
IN/OON/Tier	In Network
Qualifying Chronic Conditions	N/A
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
Inpatient Acute	\$325 co-pay per day for days 1-5 and a \$0 co-pay per day for days 6-90 No additional hospital days
Plan Deductible	No
Maximum Out of Pocket (MOOP) INN	\$3,400
Maximum Out of Pocket (MOOP) Combined	\$3,400
Maximum Out of Pocket (MOOP) OON	\$3,400
PCP Office Visits	\$0
Specialist Office Visits	\$0
Medically Necessary Transportation Trips	12 one-way trips every year
Wellcare Spendables	Single allowance for OTC and/or additional Dental, Vision, and Hearing services of <b>\$28</b> every month
In Home Support Frequency	N/A
In Home Support Benefit type	N/A
Meals	Post-acute and Chronic Meals
Fitness	\$0
Dental Benefits	No annual prev max plus \$3,000 in comp dental services, Incl. exams, fillings, major restorative services and dentures (\$0 copay).
Vision Benefits	\$400 eyewear allowance
Hearing Benefits	\$1,000 both ears every year
RX Deductible	N/A
RX Deductible Tiers	N/A
Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6	N/A
Lab Services	\$0-\$50
X-Ray Services	\$0

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# DSNP

<b>Legend</b>	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Plan Name	Wellcare Dual Access Open (PPO D-SNP) - INN	Wellcare Dual Access Open (PPO D-SNP) - OON	Wellcare All Dual (HMO D-SNP)
<b>Contract Number</b>	H0111004000	H0111004000	H1112006000
<b>IN/OON/Tier</b>	In Network	Out of Network	In Network
<b>MSP levels or Covered Conditions</b>	FBDE, SLMB+, QMB+, QMB	FBDE, SLMB+, QMB+, QMB	FBDE, QDWI, QI, QMB+, QMB, SLMB+, SLMB
<b>Total Premium (Part C Part D)</b>	\$0.00	\$0.00 - \$50.70	\$0.00 - \$50.20
<b>Plan Deductible</b>	\$0	\$0 - Medicare Defined Part B Deductible amount	\$0 - Medicare Defined Part B Deductible amount
<b>Maximum Out of Pocket (MOOP) INN</b>	\$8,850	N/A	\$8,850
<b>Maximum Out of Pocket (MOOP) Combined</b>	\$13,300 (combined)	\$13,300 (combined)	N/A
<b>Medically Necessary Transportation Trips</b>	36 one-way trips every year	36 one-way trips every year	48 one-way trips every year
<b>Wellcare Spendables</b>	Single allowance for Gas Pay-at-the-Pump, Healthy Food, Utilities Assistance, Rent Assistance, OTC and additional Dental, Vision and Hearing Services of <b>\$84</b> every month	Single allowance for Gas Pay-at-the-Pump, Healthy Food, Utilities Assistance, Rent Assistance, OTC and additional Dental, Vision and Hearing Services of <b>\$84</b> every month	Single allowance for Gas Pay-at-the-Pump, Healthy Food, Utilities Assistance, Rent Assistance, OTC and additional Dental, Vision and Hearing Services of <b>\$84</b> every month
<b>Meals</b>	Post-Acute Meals	Post-Acute Meals	Post-Acute Meals
<b>Personal Emergency Response System (PERS)</b>	N/A	N/A	\$0
<b>In-Home Support Services frequency</b>	24 visits every year	24 visits every year	12 visits every year
<b>In-Home Support Services Benefit Type</b>	Chores and Personal Care Services	Chores and Personal Care Services	Chores
<b>Fitness</b>	\$0	\$0	\$0
<b>Dental Benefits</b>	No annual prev max plus \$3,000 in comp dental services, Incl. exams, fillings, major restorative services and dentures (\$0 copay).	No annual prev max plus \$3,000 in comp dental services, Incl. exams, fillings, major restorative services and dentures (50% cost share).	Dental services with no annual max, Incl. exams, fillings, dentures and implants (\$0 copay).
<b>Vision Benefits</b>	\$300 eyewear allowance	\$300 eyewear allowance	\$400 eyewear allowance
<b>Hearing Benefits</b>	\$1,500 both ears every year	\$1,500 both ears every year	\$2,000 both ears every year
<b>RX Deductible</b>	\$0	\$0	\$0
<b>Prescription Drug Co-pays</b>	\$0 All Covered Drugs	\$0 All Covered Drugs	\$0 All Covered Drugs

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## DSNP, *continued*

<b>Legend</b>	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Plan Name	Wellcare Dual Liberty (HMO D-SNP)
<b>Contract Number</b>	H1112033000
<b>IN/OON/Tier</b>	In Network
<b>MSP levels or Covered Conditions</b>	FBDE, SLMB+, QMB+
<b>Total Premium (Part C Part D)</b>	\$0.00
<b>Plan Deductible</b>	\$0
<b>Maximum Out of Pocket (MOOP) INN</b>	\$8,850
<b>Maximum Out of Pocket (MOOP) Combined</b>	N/A
<b>Medically Necessary Transportation Trips</b>	unlimited trips every year
<b>Wellcare Spendables</b>	Single allowance for Gas Pay-at-the-Pump, Healthy Food, Utilities Assistance, Rent Assistance, OTC and additional Dental, Vision and Hearing Services of <b>\$140</b> every month
<b>Meals</b>	Post-Acute Meals
<b>Personal Emergency Response System (PERS)</b>	\$0
<b>In-Home Support Services frequency</b>	N/A
<b>In-Home Support Services Benefit Type</b>	N/A
<b>Fitness</b>	\$0
<b>Dental Benefits</b>	Dental services with no annual max, Incl. exams, fillings, dentures and implants (\$0 copay).
<b>Vision Benefits</b>	\$600 eyewear allowance
<b>Hearing Benefits</b>	\$2,500 both ears every year
<b>RX Deductible</b>	\$0
<b>Prescription Drug Co-pays</b>	\$0 All Covered Drugs

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# PDP

<b>Legend</b>	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Plan Name	Wellcare Classic (PDP)	Wellcare Value Script (PDP)	Wellcare Medicare Rx Value Plus (PDP)
<b>Product Space</b>	Duals	Low Premium	Richest Coverage
<b>Plan Number</b>	S4802082000	S4802145000	S4802213000
<b>Premium</b>	TBD	TBD	TBD
<b>RX Deductible</b>	\$545 (Applies to all tiers)	\$545 (Applies to Tiers 3, 4, 5 and 6)	\$0
<b>Standard Retail</b>			
<b>Tier 1</b>	\$3	\$5	\$5
<b>Tier 2</b>	\$9	\$10	\$10
<b>Tier 3</b>	22%	25%	\$47
<b>Tier 4</b>	41%	50%	50%
<b>Tier 5</b>	25%	25%	33%
<b>Tier 6</b>	\$0	\$11	\$11
<b>Preferred Retail</b>			
<b>Tier 1</b>	\$0	\$0	\$0
<b>Tier 2</b>	\$5	\$5	\$4
<b>Tier 3</b>	22%	25%	\$47
<b>Tier 4</b>	41%	50%	50%
<b>Tier 5</b>	25%	25%	33%
<b>Tier 6</b>	\$0	\$11	\$11
<b>Initial Coverage Limit</b>	Up to \$5,030 in RX Costs	Up to \$5,030 in RX Costs	Up to \$5,030 in RX Costs
<b>Network (Preferred Retail Pharmacies)</b>	CVS, Walgreens, and select grocers	CVS, Walgreens, and select grocers	CVS, Walgreens, and select grocers
<b>Service Area</b>	Plans available Statewide	Plans available Statewide	Plans available Statewide

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## Local Support

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