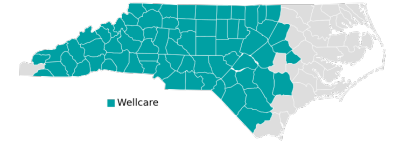


Market Highlights

- NEW! All Dual plan available. Dual plans available to meet the needs of full and partial duals
- \$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 benefits at participating retailers, online and for home delivery



Market Service Area

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

Key Selling Features

Legend	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 No Premium (HMO)

H4073001000 - \$0 Premium MAPD

\$0 Premium, OTC Allowance, Dental with dentures and crowns, Vision, Hearing

Wellcare No Premium Open (PPO)

H7175001000 - \$0 Premium MAPD

\$0 Premium, OTC Allowance, Dental with dentures and crowns, Vision, Hearing

Wellcare Assist Open (PPO)

H7175003000 - LIS

OTC (\$100+/quarter), Dental with dentures and crowns, Vision, Hearing, Transportation, Non-emergency

Wellcare Dual Access (HMO D-SNP)

H4073002000 - DSNP-Full

Multi-wallet benefit including dental, vision, hearing, OTC, groceries, utilities, and rent assistance , Dental with dentures and crowns, Vision, Hearing, Transportation, Non-emergency

Wellcare All Dual Assure (HMO D-SNP)

H4073003000 - DSNP-Partial

Multi-wallet benefit including dental, vision, hearing, OTC, groceries, utilities, and rent assistance , Dental with dentures and crowns, Vision, Hearing, Transportation, Non-emergency

Wellcare Dual Liberty Open (PPO D-SNP)

H7175002000 - DSNP-Partial

Multi-wallet benefit including dental, vision, hearing, OTC, groceries, utilities, and rent assistance , Dental with dentures and crowns, Vision, Hearing, Transportation, Non-emergency

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

Legend	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Plan Name	Wellcare No Premium (HMO)	Wellcare No Premium Open (PPO) - INN	Wellcare No Premium Open (PPO) - OON
Contract Number	H4073001000	H7175001000	H7175001000
IN/OON/Tier	In Network	In Network	Out of Network
Qualifying Chronic Conditions	N/A	N/A	N/A
Premium Part B Giveback	\$0.00	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00	\$0.00
Inpatient Acute	\$350 co-pay per day for days 1-5 and a \$0 co-pay per day for days 6-90 No additional hospital days	\$350 co-pay per day for days 1-5 and a \$0 co-pay per day for days 6-90 No additional hospital days	40% of the total cost for days 1-90
Plan Deductible	No	No	No
Maximum Out of Pocket (MOOP) INN	\$4,500	\$3,900	N/A
Maximum Out of Pocket (MOOP) Combined	N/A	\$8,950	\$8,950
Maximum Out of Pocket (MOOP) OON	N/A	N/A	N/A
PCP Office Visits	\$0	\$0	\$10
Specialist Office Visits	\$25	\$25	\$35
Medically Necessary Transportation Trips	N/A	N/A	N/A
Wellcare Spendables	OTC allowance of \$70 per quarter (non-rolling) for covered items	OTC allowance of \$60 per quarter (non-rolling) for covered items	OTC allowance of \$60 per quarter (non-rolling) for covered items
In Home Support Frequency	N/A	N/A	N/A
In Home Support Benefit type	N/A	N/A	N/A
Meals	N/A	N/A	N/A
Fitness	\$0	\$0	\$0
Dental Benefits	No annual prev max plus \$3,000 in comp dental services, Incl. exams, fillings, major restorative services and dentures (\$0 copay for prev and 20% cost share for comp services.)	No annual prev max plus \$2,000 in comp dental services, Incl. exams, fillings, minor restorative services and dentures (\$0 copay.)	No annual prev max plus \$2,000 in comp dental services, Incl. exams, fillings, minor restorative services and dentures (50% cost share).
Vision Benefits	\$200 eyewear allowance	\$200 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$750 both ears every year	\$500 both ears every year	\$500 both ears every year
RX Deductible	\$450	\$250	\$250
RX Deductible Tiers	Tiers 3-5	Tiers 3-5	Tiers 3-5
Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6	\$0/ \$5/ \$42/ 50% /26% /\$0	\$0/ \$0/ \$42/ 50% /29% /\$0	\$0/ \$0/ \$42/ 50% /29% /\$0
Lab Services	\$0-\$50	\$0-\$50	45%
X-Ray Services	\$25	\$0	45%

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MAPD, *continued*

Legend	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Plan Name	Wellcare Assist Open (PPO) - INN	Wellcare Assist Open (PPO) - OON	Wellcare Giveback Open (PPO) - INN
Contract Number	H7175003000	H7175003000	H7175004000
IN/OON/Tier	In Network	Out of Network	In Network
Qualifying Chronic Conditions	N/A	N/A	N/A
Premium Part B Giveback	\$0.00	\$0.00	\$85.00
Total Premium (Part C Part D)	\$42.50	\$42.50	\$0.00
Inpatient Acute	\$350 co-pay per day for days 1-5 and a \$0 co-pay per day for days 6-90 No additional hospital days	25% of the total cost for days 1-90	\$450 co-pay per day for days 1-4 and a \$0 co-pay per day for days 5-90 No additional hospital days
Plan Deductible	No	No	Medicare Defined Part B Deductible amount
Maximum Out of Pocket (MOOP) INN	\$6,000	N/A	\$8,300
Maximum Out of Pocket (MOOP) Combined	\$9,550	\$9,550	\$12,450
Maximum Out of Pocket (MOOP) OON	N/A	N/A	N/A
PCP Office Visits	\$0	\$10	\$0
Specialist Office Visits	\$25	\$35	\$50
Medically Necessary Transportation Trips	24 one-way trips every year	24 one-way trips every year	N/A
Wellcare Spendables	OTC allowance of \$125 per quarter (non-rolling) for covered items	OTC allowance of \$125 per quarter (non-rolling) for covered items	N/A
In Home Support Frequency	12 visits every year	12 visits every year	N/A
In Home Support Benefit type	Chores and Personal Care Services	Chores and Personal Care Services	N/A
Meals	Post-acute and Chronic Meals	Post-acute and Chronic Meals	N/A
Fitness	\$0	\$0	\$0
Dental Benefits	No annual prev max plus \$3,000 in comp dental services, fillings and minor restorative services (\$0 copay for prev and 20% cost share for comp services.)	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 and x-rays (\$0 copay)
Vision Benefits	\$200 eyewear allowance	\$200 eyewear allowance	\$100 eyewear allowance
Hearing Benefits	\$1,000 both ears every year	\$1,000 both ears every year	\$750 both ears every year
RX Deductible	\$430	\$430	\$545
RX Deductible Tiers	Tiers 2-5	Tiers 2-5	Tiers 3-5
Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6	\$0/ \$20/ \$47/ 46%/ 25% /\$0	\$0/ \$20/ \$47/ 46%/ 25% /\$0	\$0/ \$0/ \$42/ 50%/ 25% /\$0
Lab Services	\$0-\$50	45%	\$0-\$50
X-Ray Services	\$0	45%	\$0

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MAPD, *continued*

Legend	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Plan Name	Wellcare Giveback Open (PPO) - OON
Contract Number	H7175004000
IN/OON/Tier	Out of Network
Qualifying Chronic Conditions	N/A
Premium Part B Giveback	\$85.00
Total Premium (Part C Part D)	\$0.00
Inpatient Acute	25% of the total cost for days 1-90
Plan Deductible	Medicare Defined Part B Deductible amount
Maximum Out of Pocket (MOOP) INN	N/A
Maximum Out of Pocket (MOOP) Combined	\$12,450
Maximum Out of Pocket (MOOP) OON	N/A
PCP Office Visits	\$0
Specialist Office Visits	\$50
Medically Necessary Transportation Trips	N/A
Wellcare Spendables	N/A
In Home Support Frequency	N/A
In Home Support Benefit type	N/A
Meals	N/A
Fitness	\$0
Dental Benefits	Dental services with no annual max, Incl. exams and x-rays (50% cost share)
Vision Benefits	\$100 eyewear allowance
Hearing Benefits	\$750 both ears every year
RX Deductible	\$545
RX Deductible Tiers	Tiers 3-5
Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6	\$0/ \$0/ \$42/ 50% /25% /\$0
Lab Services	40%
X-Ray Services	40%

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MA Only


Legend	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Plan Name	Wellcare Patriot Giveback Open (PPO) - INN	Wellcare Patriot Giveback Open (PPO) - OON
Contract Number	H7175005000	H7175005000
IN/OON/Tier	In Network	Out of Network
Qualifying Chronic Conditions	N/A	N/A
Premium Part B Giveback	\$95.00	\$95.00
Total Premium (Part C Part D)	\$0.00	\$0.00
Inpatient Acute	\$350 co-pay per day for days 1-5 and a \$0 co-pay per day for days 6-90 No additional hospital days	35% of the total cost for days 1-90
Plan Deductible	No	No
Maximum Out of Pocket (MOOP) INN	\$8,850	N/A
Maximum Out of Pocket (MOOP) Combined	\$13,300	\$13,300
Maximum Out of Pocket (MOOP) OON	N/A	N/A
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$40	\$40
Medically Necessary Transportation Trips	N/A	N/A
Wellcare Spendables	N/A	N/A
In Home Support Frequency	N/A	N/A
In Home Support Benefit type	N/A	N/A
Meals	N/A	N/A
Fitness	\$0	\$0
Dental Benefits	Not covered	Not covered
Vision Benefits	Not covered	Not covered
Hearing Benefits	Not covered	Not covered
RX Deductible	N/A	N/A
RX Deductible Tiers	N/A	N/A
Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6	N/A	N/A
Lab Services	\$0-\$50	\$0-\$50
X-Ray Services	\$0	\$0

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DSNP

Legend	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Plan Name	Wellcare Dual Access (HMO D-SNP)	Wellcare All Dual Assure (HMO D-SNP) 	Wellcare Dual Liberty Open (PPO D-SNP) - In Network
Contract Number	H4073002000	H4073003000	H7175002000
IN/OON/Tier	In Network	In Network	In Network
MSP levels or Covered Conditions	FBDE, SLMB+, QMB+, QMB	FBDE, QDWI, QI, QMB+, QMB, SLMB+, SLMB	FBDE, SLMB+, QMB+
Total Premium (Part C Part D)	\$0.00	\$0.00 - \$35.30	\$0.00
Plan Deductible	\$0	No	\$0
Maximum Out of Pocket (MOOP) INN	\$8,850	\$3,800	\$8,850
Maximum Out of Pocket (MOOP) Combined	N/A	N/A	\$13,300 (combined)
Medically Necessary Transportation Trips	48 one-way trips every year	24 one-way trips every year	24 one-way trips every year
Wellcare Spendables	Single allowance for Gas Pay-at-the-Pump, Healthy Food, Utilities Assistance, Rent Assistance, OTC and additional Dental, Vision and Hearing Services of \$170 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 \$65 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 \$141 every month
Meals	Post-Acute Meals	Post-Acute Meals	Post-Acute Meals
Personal Emergency Response System (PERS)	\$0	\$0	\$0
In-Home Support Services frequency	6 visits every year	12 visits every year	N/A
In-Home Support Services Benefit Type	Chores and Personal Care Services	Chores and Personal Care Services	N/A
Fitness	\$0	\$0	\$0
Dental Benefits	No annual prev max plus \$4,000 in comp dental services, Incl. exams, fillings, major 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 (\$0 copay for prev services, 20% cost share for comp services.).	No annual prev max plus \$3,000 in comp dental services, Incl. exams, fillings, major restorative services and dentures (\$0 copay).
Vision Benefits	\$500 eyewear allowance	\$400 eyewear allowance	\$400 eyewear allowance
Hearing Benefits	\$2,500 both ears every year	\$1,500 both ears every year	\$1,500 both ears every year
RX Deductible	\$0	\$0	\$0
Prescription Drug Co-pays	\$0 All Covered Drugs	\$0 All Covered Drugs	\$0 All Covered Drugs

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DSNP, *continued*

Legend	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Plan Name	Wellcare Dual Liberty Open (PPO D-SNP) - OON
Contract Number	H7175002000
IN/OON/Tier	Out of Network
MSP levels or Covered Conditions	FBDE, SLMB+, QMB+
Total Premium (Part C Part D)	\$0.00 - \$51.10
Plan Deductible	\$0 - Medicare Defined Part B Deductible amount
Maximum Out of Pocket (MOOP) INN	N/A
Maximum Out of Pocket (MOOP) Combined	\$13,300 (combined)
Medically Necessary Transportation Trips	24 one-way trips every year
Wellcare Spendables	Single allowance for Gas Pay-at-the-Pump, Healthy Food, Utilities Assistance, Rent Assistance, OTC and additional Dental, Vision and Hearing Services of \$141 every month
Meals	Post-Acute Meals
Personal Emergency Response System (PERS)	\$0
In-Home Support Services frequency	N/A
In-Home Support Services Benefit Type	N/A
Fitness	\$0
Dental Benefits	No annual prev max plus \$3,000 in comp dental services, Incl. exams, fillings, major restorative services and dentures (50% cost share).
Vision Benefits	\$400 eyewear allowance
Hearing Benefits	\$1,500 both ears every year
RX Deductible	\$0
Prescription Drug Co-pays	\$0 All Covered Drugs

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PDP

Legend	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)
Product Space	Duals	Low Premium	Richest Coverage
Plan Number	S4802081000	S4802143000	S4802211000
Premium	TBD	TBD	TBD
RX Deductible	\$545 (Applies to all tiers)	\$545 (Applies to Tiers 3, 4, 5 and 6)	\$0
Standard Retail			
Tier 1	\$3	\$5	\$5
Tier 2	\$9	\$10	\$10
Tier 3	22%	25%	\$47
Tier 4	40%	50%	50%
Tier 5	25%	25%	33%
Tier 6	\$0	\$11	\$11
Preferred Retail			
Tier 1	\$0	\$0	\$0
Tier 2	\$5	\$5	\$4
Tier 3	22%	25%	\$47
Tier 4	40%	50%	50%
Tier 5	25%	25%	33%
Tier 6	\$0	\$11	\$11
Initial Coverage Limit	Up to \$5,030 in RX Costs	Up to \$5,030 in RX Costs	Up to \$5,030 in RX Costs
Network (Preferred Retail Pharmacies)	CVS, Walgreens, and select grocers	CVS, Walgreens, and select grocers	CVS, Walgreens, and select grocers
Service Area	Plans available Statewide	Plans available Statewide	Plans available Statewide

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Local Support

Arnold Thompson

Regional Agency Manager

704-337-5654

arnold.e.thompsonjr@wellcare.com

Supporting Market: North Carolina

Lisa Gibons

Regional Agency Manager

919-280-6721

lisa.gibson@wellcare.com

Supporting Market: North Carolina