

## Market Highlights

- Wide range of products to appeal to a large number of beneficiaries
- Plans offered statewide
- \$0 Prescription Drugs through 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



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### Market Service Area

Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, DeKalb, Decatur, 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

# 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 No Premium (HMO-POS)**

H1416077000 - \$0 Premium MAPD

Multi-wallet benefit including dental, vision, hearing, and OTC , Dental, Vision, PCP \$0, Hearing

**Wellcare Assist (HMO)**

H1416042000 - LIS

Multi-wallet benefit including dental, vision, hearing, and OTC , Dental with dentures and crowns, Specialist ≤ \$20, Vision, Hearing

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

H1416035000 - DSNP-Full

Multi-wallet benefit including dental, vision, hearing, OTC, groceries, utilities, and rent assistance , Dental with dentures and crowns, Vision, VBID RX, 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

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Plan Name	Wellcare Assist (HMO)	Wellcare No Premium (HMO-POS)	Wellcare Giveback (HMO)
<b>Contract Number</b>	H1416042000	H1416077000	H1416079000
<b>IN/OON/Tier</b>	In Network	In 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>	\$27.80	\$0.00	\$0.00
<b>Inpatient Acute</b>	\$275 co-pay per day for days 1-6 and a \$0 co-pay per day for days 7-90 No additional hospital days	\$300 co-pay per day for days 1-6 and a \$0 co-pay per day for days 7-90 No additional hospital days	\$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	No	Medicare Defined Part B Deductible amount
<b>Maximum Out of Pocket (MOOP) INN</b>	\$4,900	\$5,500	\$6,700
<b>Maximum Out of Pocket (MOOP) Combined</b>	N/A	\$5,500	N/A
<b>Maximum Out of Pocket (MOOP) OON</b>	N/A	\$5,500	N/A
<b>PCP Office Visits</b>	\$0	\$0	\$0
<b>Specialist Office Visits</b>	\$15	\$25	\$50
<b>Medically Necessary Transportation Trips</b>	24 one-way trips every year	N/A	N/A
<b>Wellcare Spendables</b>	Single allowance for OTC and/or additional Dental, Vision, and Hearing services of <b>\$50</b> every month	Single allowance for OTC and/or additional Dental, Vision, and Hearing services of <b>\$50</b> every month	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>	Post-acute and Chronic Meals	Post-acute meals	N/A
<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 \$1,500 in comp dental services, Incl. exams, fillings, minor restorative services and dentures (\$0 copay.)	Dental services with no annual max, Incl. exams and x-rays (\$0 copay)
<b>Vision Benefits</b>	\$200 eyewear allowance	\$200 eyewear allowance	\$100 eyewear allowance
<b>Hearing Benefits</b>	\$1,500 both ears every year	\$1,000 both ears every year	\$500 both ears every year
<b>RX Deductible</b>	\$365	\$150	\$545
<b>RX Deductible Tiers</b>	Tiers 2-5	Tiers 3-5	Tiers 3-5
<b>Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6</b>	\$0/ \$20/ \$47/ 48% /25% /\$0	\$0/ \$7/ \$42/ 50% /30% /\$0	\$0/ \$10/ \$42/ 50% /25% /\$0
<b>Lab Services</b>	\$0-\$50	\$0-\$50	\$0-\$50
<b>X-Ray Services</b>	\$0	\$0	\$0

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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 No Premium Open (PPO) - INN	Wellcare No Premium Open (PPO) - OON	Wellcare Giveback Open (PPO) - INN
<b>Contract Number</b>	H9428001000	H9428001000	H9428002000
<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	\$55.00
<b>Total Premium (Part C Part D)</b>	\$0.00	\$0.00	\$0.00
<b>Inpatient Acute</b>	\$300 co-pay per day for days 1-6 and a \$0 co-pay per day for days 7-90 No additional hospital days	35% of the total cost for days 1-90	\$335 co-pay per day for days 1-6 and a \$0 co-pay per day for days 7-90 No additional hospital days
<b>Plan Deductible</b>	No	No	\$100
<b>Maximum Out of Pocket (MOOP) INN</b>	\$5,500	N/A	\$6,700
<b>Maximum Out of Pocket (MOOP) Combined</b>	\$8,950	\$8,950	\$10,000
<b>Maximum Out of Pocket (MOOP) OON</b>	N/A	N/A	N/A
<b>PCP Office Visits</b>	\$0	35%	\$0
<b>Specialist Office Visits</b>	\$25	35%	\$40
<b>Medically Necessary Transportation Trips</b>	N/A	N/A	N/A
<b>Wellcare Spendables</b>	Single allowance for OTC and/or additional Dental, Vision, and Hearing services of <b>\$35</b> every month	Single allowance for OTC and/or additional Dental, Vision, and Hearing services of <b>\$35</b> every month	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>	Post-acute meals	Post-acute meals	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 and minor restorative services (\$0 copay on prev and 20% cost share on comp services).	No annual prev max plus \$1,500 in comp dental services, Incl. exams, fillings and minor restorative services (50% cost share).	Dental services with no annual max, Incl. exams and x-rays (\$0 copay)
<b>Vision Benefits</b>	\$200 eyewear allowance	\$200 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>	\$300	\$300	\$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/ \$10/ \$42/ 50% /28% /\$0	\$0/ \$10/ \$42/ 50% /28% /\$0	\$0/ \$10/ \$42/ 50% /25% /\$0
<b>Lab Services</b>	\$0-\$50	35%	\$0-\$50
<b>X-Ray Services</b>	\$0	35%	\$0

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# MAPD, *continued*

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Plan Name	Wellcare Giveback Open (PPO) - OON
<b>Contract Number</b>	H9428002000
<b>IN/OON/Tier</b>	Out of Network
<b>Qualifying Chronic Conditions</b>	N/A
<b>Premium Part B Giveback</b>	\$55.00
<b>Total Premium (Part C Part D)</b>	\$0.00
<b>Inpatient Acute</b>	40% of the total cost for days 1-90
<b>Plan Deductible</b>	\$100
<b>Maximum Out of Pocket (MOOP) INN</b>	N/A
<b>Maximum Out of Pocket (MOOP) Combined</b>	\$10,000
<b>Maximum Out of Pocket (MOOP) OON</b>	N/A
<b>PCP Office Visits</b>	40%
<b>Specialist Office Visits</b>	40%
<b>Medically Necessary Transportation Trips</b>	N/A
<b>Wellcare Spendables</b>	N/A
<b>In Home Support Frequency</b>	N/A
<b>In Home Support Benefit type</b>	N/A
<b>Meals</b>	N/A
<b>Fitness</b>	\$0
<b>Dental Benefits</b>	Dental services with no annual max, Incl. exams and x-rays (50% cost share)
<b>Vision Benefits</b>	\$100 eyewear allowance
<b>Hearing Benefits</b>	\$350 both ears every year
<b>RX Deductible</b>	\$545
<b>RX Deductible Tiers</b>	Tiers 3-5
<b>Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6</b>	\$0/ \$10/ \$42/ 50% /25% /\$0
<b>Lab Services</b>	40%
<b>X-Ray Services</b>	40%

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# MA Only

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Plan Name	Wellcare Patriot Giveback (HMO-POS)
<b>Contract Number</b>	H1416061000
<b>IN/OON/Tier</b>	In Network
<b>Qualifying Chronic Conditions</b>	N/A
<b>Premium Part B Giveback</b>	\$90.00
<b>Total Premium (Part C Part D)</b>	\$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
<b>Plan Deductible</b>	\$225
<b>Maximum Out of Pocket (MOOP) INN</b>	\$5,000
<b>Maximum Out of Pocket (MOOP) Combined</b>	\$5,000
<b>Maximum Out of Pocket (MOOP) OON</b>	\$5,000
<b>PCP Office Visits</b>	\$0
<b>Specialist Office Visits</b>	\$25
<b>Medically Necessary Transportation Trips</b>	N/A
<b>Wellcare Spendables</b>	N/A
<b>In Home Support Frequency</b>	N/A
<b>In Home Support Benefit type</b>	N/A
<b>Meals</b>	N/A
<b>Fitness</b>	\$0
<b>Dental Benefits</b>	No annual prev max plus \$2,000 in comp dental services, Incl. exams, fillings, minor restorative services and dentures (\$0 copay).
<b>Vision Benefits</b>	\$300 eyewear allowance
<b>Hearing Benefits</b>	\$1,500 both ears every year
<b>RX Deductible</b>	N/A
<b>RX Deductible Tiers</b>	N/A
<b>Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6</b>	N/A
<b>Lab Services</b>	\$0-\$50
<b>X-Ray Services</b>	\$0

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# DSNP

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Plan Name	Wellcare Dual Access (HMO D-SNP)
<b>Contract Number</b>	H1416035000
<b>IN/OON/Tier</b>	In Network
<b>MSP levels or Covered Conditions</b>	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>\$141</b> every month
<b>Meals</b>	Post-Acute and Chronic Meals
<b>Personal Emergency Response System (PERS)</b>	\$0
<b>In-Home Support Services frequency</b>	24 visits every year
<b>In-Home Support Services Benefit Type</b>	Chores
<b>Fitness</b>	\$0
<b>Dental Benefits</b>	No annual prev max plus \$5,000 in comp dental services, Incl. exams, fillings, major restorative services and dentures (\$0 copay).
<b>Vision Benefits</b>	\$300 eyewear allowance
<b>Hearing Benefits</b>	\$1,500 both ears every year
<b>RX Deductible</b>	\$0
<b>Prescription Drug Co-pays</b>	\$0 All Covered Drugs

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# PDP

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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>	S4802071000	S4802147000	S4802215000
<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>	\$8	\$10	\$10
<b>Tier 3</b>	21%	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>	21%	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

**Melanie Barton**

Regional Agency Manager

615-653-8234

[melanie.barton@wellcare.com](mailto:melanie.barton@wellcare.com)

Supporting Market: Tennessee

**Stuart Webb**

Regional Sales Manager

901-237-6481

[stuart.a.webb@wellcare.com](mailto:stuart.a.webb@wellcare.com)

Supporting Market: Tennessee