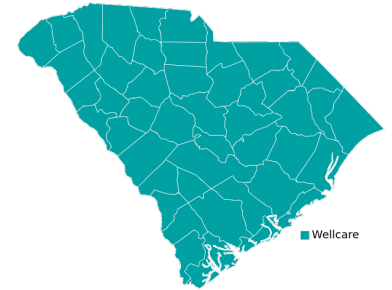


Market Highlights

- Wide range of products to appeal to a large number of beneficiaries
- Plans offered statewide
- 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



Market Service Area

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

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)

H4847001000 - \$0 Premium MAPD

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

Wellcare Mutual of Omaha No Premium Open (PPO)

H7326001000 - \$0 Premium MAPD

Multi-wallet benefit including dental, vision, hearing, and OTC , \$0 Premium, Dental with dentures and crowns, Hearing, Vision

Wellcare Assist Open (PPO)

H7326007000 - LIS

Dental with dentures and crowns, Transportation, Non-emergency, Hearing, Vision,

Wellcare Dual Liberty (HMO D-SNP)

H4847004000 - DSNP-Full

Multi-wallet benefit including dental, vision, hearing, OTC, groceries, utilities, and rent assistance , Dental with dentures and crowns, In-Home Support Services, Hearing, Vision

Wellcare Dual Liberty Open (PPO D-SNP)

H7326006000 - DSNP-Partial

Multi-wallet benefit including dental, vision, hearing, OTC, groceries, utilities, and rent assistance , In-Home Support Services, Transportation, Non-emergency, Hearing, Vision

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 Assist (HMO)	Wellcare Mutual of Omaha No Premium Open (PPO) - INN
Contract Number	H4847001000	H4847005000	H7326001000
IN/OON/Tier	In Network	In Network	In 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	\$32.60	\$0.00
Inpatient Acute	\$400 co-pay per day for days 1-5 and a \$0 co-pay per day for days 6-90 No additional hospital days	\$325 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 1-5 and a \$0 co-pay per day for days 6-90 No additional hospital days
Plan Deductible	No	No	No
Maximum Out of Pocket (MOOP) INN	\$5,200	\$6,500	\$6,700
Maximum Out of Pocket (MOOP) Combined	N/A	N/A	\$10,000
Maximum Out of Pocket (MOOP) OON	N/A	N/A	N/A
PCP Office Visits	\$0	\$0	\$0
Specialist Office Visits	\$45	\$25	\$35
Medically Necessary Transportation Trips	N/A	36 one-way trips every year	N/A
Wellcare Spendables	N/A	Single allowance for OTC and/or additional Dental, Vision, and Hearing services of \$30 every month	Single allowance for OTC and/or additional Dental, Vision, and Hearing services of \$20 every month
In Home Support Frequency	N/A	N/A	N/A
In Home Support Benefit type	N/A	N/A	N/A
Meals	Post-acute and Chronic Meals	Post-acute and Chronic Meals	Post-acute and Chronic Meals
Fitness	\$0	\$0	\$0
Dental Benefits	No annual prev max plus \$2,000 in comp dental services, Incl. exams, fillings, minor restorative services and dentures (\$0 copay for prev and 20% cost- share for comp services).	No annual prev max plus \$4,000 in comp dental services, Incl. exams, fillings and dentures (40% cost share).	No annual prev max plus \$2,000 in comp dental services, Incl. exams, fillings, minor restorative services and dentures (\$0 copay.)
Vision Benefits	\$200 eyewear allowance	\$300 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$350 both ears every year	\$750 both ears every year	\$750 both ears every year
RX Deductible	\$125	\$395	\$150
RX Deductible Tiers	Tiers 3-5	Tiers 2-5	Tiers 3-5
Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6	\$0/ \$5/ \$42/ 49% /31% /\$0	\$0/ \$20/ \$47/ 49% /25% /\$0	\$0/ \$0/ \$42/ 50% /30% /\$0
Lab Services	\$0-\$50	\$0-\$50	\$0-\$50
X-Ray Services	\$0	\$0	\$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 Mutual of Omaha No Premium Open (PPO) - OON	Wellcare Giveback Open (PPO) - INN	Wellcare Giveback Open (PPO) - OON
Contract Number	H7326001000	H7326003000	H7326003000
IN/OON/Tier	Out of Network	In Network	Out of Network
Qualifying Chronic Conditions	N/A	N/A	N/A
Premium Part B Giveback	\$0.00	\$80.00	\$80.00
Total Premium (Part C Part D)	\$0.00	\$0.00	\$0.00
Inpatient Acute	40% of the total cost for days 1-90	\$425 co-pay per day for days 1-4 and a \$0 co-pay per day for days 5-90 No additional hospital days	35% of the total cost for days 1-90
Plan Deductible	No	Medicare Defined Part B Deductible amount	Medicare Defined Part B Deductible amount
Maximum Out of Pocket (MOOP) INN	N/A	\$6,700	N/A
Maximum Out of Pocket (MOOP) Combined	\$10,000	\$10,000	\$10,000
Maximum Out of Pocket (MOOP) OON	N/A	N/A	N/A
PCP Office Visits	\$35	\$0	50%
Specialist Office Visits	40%	\$50	50%
Medically Necessary Transportation Trips	N/A	N/A	N/A
Wellcare Spendables	Single allowance for OTC and/or additional Dental, Vision, and Hearing services of \$20 every month	N/A	N/A
In Home Support Frequency	N/A	N/A	N/A
In Home Support Benefit type	N/A	N/A	N/A
Meals	Post-acute and Chronic Meals	Post-acute meals	Post-acute meals
Fitness	\$0	\$0	\$0
Dental Benefits	No annual prev max plus \$2,000 in comp dental services, Incl. exams, fillings, minor restorative services and dentures (50% cost share).	Dental services with no annual max, Incl. exams and x-rays (\$0 copay)	Dental services with no annual max, Incl. exams and x-rays (50% cost share)
Vision Benefits	\$200 eyewear allowance	Not covered	Not covered
Hearing Benefits	\$750 both ears every year	\$350 both ears every year	\$350 both ears every year
RX Deductible	\$150	\$545	\$545
RX Deductible Tiers	Tiers 3-5	Tiers 3-5	Tiers 3-5
Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6	\$0/ \$0/ \$42/ 50%/ 30%/ \$0	\$0/ \$10/ \$42/ 50%/ 25%/ \$0	\$0/ \$10/ \$42/ 50%/ 25%/ \$0
Lab Services	50%	\$0-\$50	50%
X-Ray Services	50%	\$0	50%

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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
Contract Number	H7326007000	H7326007000
IN/OON/Tier	In Network	Out of Network
Qualifying Chronic Conditions	N/A	N/A
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$32.80	\$32.80
Inpatient Acute	\$350 co-pay per day for days 1-5 and a \$0 co-pay per day for days 6-90 and a \$0 co-pay for 30 additional hospital days	50% of the total cost for days 1-90 and 0% of the total cost for days 91-120
Plan Deductible	No	No
Maximum Out of Pocket (MOOP) INN	\$6,000	N/A
Maximum Out of Pocket (MOOP) Combined	\$8,950	\$8,950
Maximum Out of Pocket (MOOP) OON	N/A	N/A
PCP Office Visits	\$0	50%
Specialist Office Visits	\$25	50%
Medically Necessary Transportation Trips	12 one-way trips every year	12 one-way trips every year
Wellcare Spendables	Single allowance for OTC and/or additional Dental, Vision, and Hearing services of \$55 every month	Single allowance for OTC and/or additional Dental, Vision, and Hearing services of \$55 every month
In Home Support Frequency	N/A	N/A
In Home Support Benefit type	N/A	N/A
Meals	Post-acute and Chronic Meals	Post-acute and Chronic Meals
Fitness	\$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).	No annual prev max plus \$3,000 in comp dental services, Incl. exams, fillings, major restorative services and dentures (50% cost share).
Vision Benefits	\$300 eyewear allowance	\$300 eyewear allowance
Hearing Benefits	\$350 both ears every year	\$350 both ears every year
RX Deductible	\$435	\$435
RX Deductible Tiers	Tiers 2-5	Tiers 2-5
Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6	\$0/ \$20/ \$47/ 46% /25% /\$0	\$0/ \$20/ \$47/ 46% /25% /\$0
Lab Services	\$0-\$50	50%
X-Ray Services	\$0	50%

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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 (HMO-POS)
Contract Number	H4847006000
IN/OON/Tier	In Network
Qualifying Chronic Conditions	N/A
Premium Part B Giveback	\$85.00
Total Premium (Part C Part D)	\$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
Plan Deductible	No
Maximum Out of Pocket (MOOP) INN	\$7,550
Maximum Out of Pocket (MOOP) Combined	\$7,550
Maximum Out of Pocket (MOOP) OON	\$7,550
PCP Office Visits	\$0
Specialist Office Visits	\$40
Medically Necessary Transportation Trips	12 one-way trips every year
Wellcare Spendables	N/A
In Home Support Frequency	24 visits every year
In Home Support Benefit type	Chores
Meals	Post-acute and Chronic Meals
Fitness	\$0
Dental Benefits	No annual prev max plus \$4,000 in comp dental services, Incl. exams, fillings and dentures (40% cost share).
Vision Benefits	\$200 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

Legend	D = Dentures	I = Implants	M = Monthly	Q = Quarterly	T = Tier
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Plan Name	Wellcare Dual Liberty (HMO D-SNP)	Wellcare Dual Liberty Open (PPO D-SNP) - In Network	Wellcare Dual Liberty Open (PPO D-SNP) - OON
Contract Number	H4847004000	H7326006000	H7326006000
IN/OON/Tier	In Network	In Network	Out of Network
MSP levels or Covered Conditions	FBDE, SLMB+, QMB+	FBDE, SLMB+, QMB+	FBDE, SLMB+, QMB+
Total Premium (Part C Part D)	\$0.00	\$0.00	\$0.00 - \$31.50
Plan Deductible	\$0	\$0	\$0 - Medicare Defined Part B Deductible amount
Maximum Out of Pocket (MOOP) INN	\$8,850	\$8,850	N/A
Maximum Out of Pocket (MOOP) Combined	N/A	\$13,300 (combined)	\$13,300 (combined)
Medically Necessary Transportation Trips	48 one-way trips every year	36 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 \$150 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 \$150 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 \$150 every month
Meals	Post-Acute Meals	Post-Acute Meals	Post-Acute Meals
Personal Emergency Response System (PERS)	N/A	\$0	\$0
In-Home Support Services frequency	24 visits every year	24 visits every year	24 visits every year
In-Home Support Services Benefit Type	Chores	Chores	Chores
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).	Dental services with no annual max, Incl. exams, fillings, dentures and implants (\$0 copay).	Dental services with no annual max, Incl. exams, fillings, dentures and implants (50% cost share).
Vision Benefits	\$500 eyewear allowance	\$500 eyewear allowance	\$500 eyewear allowance
Hearing Benefits	\$1,500 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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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	S4802070000	S4802144000	S4802212000
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	\$8	\$10	\$10
Tier 3	22%	25%	\$47
Tier 4	43%	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	42%	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

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