

2022

# Agent **First Look**

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## CONNECTICUT

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 2022 selling season.

# 2022 Key Features

# CONNECTICUT

PLAN	Product Space	Key Selling Features
<b>WELLCARE DUAL ACCESS (HMO D-SNP) H0712005000</b>	DSNP (Zero Cost Share)	\$1,000 Flex Card for D/V/H; \$1,500 dental allowance; OTC - \$200/QTR; SSBCI -\$50/mo. Utilities Flex Card; PERS, Acute/Chronic Meals, Fitness
<b>WELLCARE DUAL LIBERTY (HMO D-SNP) H0712029000</b>	DSNP (Zero Cost Share)	\$1,000 Flex Card for D/V/H; \$2,000 Dental; OTC - \$300/QTR; SSBCI -\$50/mo. Utilities Flex Card; \$1,000 Hearing/ear
<b>WELLCARE NO PREMIUM OPEN (PPO) H1914001000</b>	\$0 Premium	\$1,000 dental allowance; \$0 PCP; OTC - \$60/QTR; \$5,500 MOOP; \$200 Flex Card for D/V/H
<b>WELLCARE GIVEBACK OPEN (PPO) H1914002000</b>	Giveback	Up to \$720 Part B Giveback annually; \$0 PCP; OTC - \$50/QTR; \$750 dental allowance; \$0 Tier 1 Part D co-pay
<b>WELLCARE ASSIST OPEN (PPO) H1914004000</b>	LIS Non-SNP	Marketed to LIS population who need out of network access; \$0 PCP INN and OON; \$300 Flex Card for D/V/H; \$1,500 dental allowance; OTC - \$100/QTR

# 2022 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.



# 2022 Agents' First Look

# CONNECTICUT

Plan Benefits	Wellcare No Premium (HMO) H0712019000 In-Network	Wellcare Assist (HMO) H0712020000 In-Network
<b>Counties</b>	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham
<b>Premium Part B Giveback</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>	<b>\$22.90</b>
<b>In-Network Plan Deductible</b>	<b>\$175</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$7,550</b>	<b>\$5,500</b>
<b>Inpatient Hospital - Acute</b>	<b>\$465 copay per day for days 1-4; \$0 per day for days 5-90</b>	<b>\$375 per day for days 1-5; \$0 copay per day for days 6-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$45</b>	<b>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$45 every quarter</b>	<b>\$100 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>12 one-way trips every year</b>	<b>24 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,000 for comprehensive services</b>	<b>\$1,500 for comprehensive services</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,500 / year for 2 hearing aids</b>	<b>\$2,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>	<b>\$500</b>
<b>In-Home Support Services</b>	<b>N/A</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$480</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$1</b>	<b>\$15</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>N/A</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>	<b>N/A</b>

\*Preferred Network Cost Sharing Displayed Where Available

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Plan Benefits	Wellcare Dual Access (HMO D-SNP) H0712005000 In-Network	Wellcare Dual Liberty (HMO D-SNP) H0712029000 In-Network
<b>Counties</b>	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham
<b>Premium Part B Giveback</b>	\$0.00	\$0.00
<b>Total Premium (Part C Part D)</b>	\$0.00	\$0.00
<b>In-Network Plan Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket (MOOP)</b>	\$3,450	\$3,450
<b>Inpatient Hospital - Acute</b>	\$0 copay per day for days 1-90	\$0 per stay
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$0	\$0
<b>Over-the-Counter Items</b>	\$200 every quarter	\$300 every quarter
<b>Medically Necessary Transportation</b>	24 one-way trips every year	24 one-way trips every year
<b>Health Club Membership</b>	\$0	\$0
<b>Dental Benefits</b>	\$1,500 for comprehensive services including dentures	\$2,000 for comprehensive services including dentures
<b>Vision Benefits</b>	\$200 eyewear limit	\$300 eyewear limit
<b>Hearing Benefits</b>	\$2,000 / year for 2 hearing aids	\$2,000 / year for 2 hearing aids
<b>Flex Card D/V/H Services (per year)</b>	\$1,000	\$1,000
<b>In-Home Support Services</b>	Chores	Chores and personal care services
<b>Rx Deductible</b>	\$0	\$0
<b>Deductible Tiers</b>	N/A	N/A
<b>Tier 1: Preferred Generic*</b>	\$0	\$0
<b>Tier 2: Generic*</b>	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
<b>Tier 6: Select Care Drugs*</b>	\$0	\$0
<b>Laboratory Services</b>	\$0	\$0
<b>X-Ray Services</b>	\$0	\$0
<b>SSBCI Package</b>	Utilities Flex Card	Utilities Flex Card
<b>Optional Supplemental Packages</b>	N/A	N/A

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Plan Benefits	Wellcare No Premium Open (PPO) H1914001000	
Counties	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	
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	\$8,000 (combined)
Inpatient Hospital - Acute	\$450 copay per day for days 1-4; \$0 copay per day for days 5-90	20% coinsurance per day for days 1-90
PCP Office Visits	\$0	\$20
Specialist Office Visits	\$40	\$50
Over-the-Counter Items	\$60 every quarter	\$60 every quarter
Medically Necessary Transportation	12 one-way trips every year	12 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$1,000 for comprehensive services	\$1,000 for comprehensive services
Vision Benefits	\$200 eyewear limit	\$200 eyewear limit
Hearing Benefits	\$2,000 / year for 2 hearing aids	\$2,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$200	\$200
In-Home Support Services	N/A	N/A
Rx Deductible	\$200	\$200
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$1	\$1
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	30%
X-Ray Services	\$0	30%
SSBCI Package	N/A	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Giveback Open (PPO) H1914002000	
Counties	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$60.00	\$60.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	\$225	\$225
Maximum Out of Pocket (MOOP)	\$7,550	\$10,000 (combined)
Inpatient Hospital - Acute	\$465 copay per day for days 1-4; \$0 per day for days 5-90	20% coinsurance per day for days 1-90
PCP Office Visits	\$0	\$50
Specialist Office Visits	\$40	\$50
Over-the-Counter Items	\$50 every quarter	\$50 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$750 for preventive and diagnostic services	\$750 for preventive and diagnostic services
Vision Benefits	\$100 eyewear limit	\$100 eyewear limit
Hearing Benefits	\$700 / year for 2 hearing aids	\$700 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$395	\$395
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$10	\$10
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	40%
X-Ray Services	\$0	40%
SSBCI Package	N/A	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Assist Open (PPO) H1914004000	
<b>Counties</b>	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Premium Part B Giveback</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$26.00</b>	<b>\$26.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>	<b>\$10,000 (combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$525 copay per day for days 1-3; \$0 copay per day for days 4-90</b>	<b>20% coinsurance per day for days 1-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$40</b>	<b>\$40</b>
<b>Over-the-Counter Items</b>	<b>\$100 every quarter</b>	<b>\$100 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>24 one-way trips every year</b>	<b>24 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,500 for comprehensive services</b>	<b>\$1,500 for comprehensive services</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,500 / year for 2 hearing aids</b>	<b>\$1,500 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$300</b>	<b>\$300</b>
<b>In-Home Support Services</b>	<b>N/A</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$480</b>	<b>\$480</b>
<b>Deductible Tiers</b>	<b>Tiers 2 to 5</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$17</b>	<b>\$17</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>N/A</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>	<b>N/A</b>

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