

2022

Agent **First Look**

MASSACHUSETTS

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

MASSACHUSETTS

PLAN	Product Space	Key Selling Features
WELLCARE NO PREMIUM (HMO) H6193001000	\$0 Premium	\$0 PCP; \$1,500 dental allowance; OTC - \$75/QTR; \$750 Flex Card for D/V/H; PERS, Post-Acute/Chronic Meals & Fitness
WELLCARE NO PREMIUM OPEN (PPO) H9761001000	\$0 Premium	\$0 PCP INN and OON; \$1000 dental allowance; OTC - \$60/QTR; \$750 Flex Card for D/V/H; PERS, Post-Acute/Chronic Meals & Fitness
WELLCARE GIVEBACK OPEN (PPO) H9761002000	Giveback	Up to \$840 Part B Giveback annually; \$0 PCP; OTC - \$30/QTR; \$750 dental allowance; PERS, Post-Acute Meals & Fitness
WELLCARE ASSIST OPEN (PPO) H9761003000	LIS Non-SNP	Designed for low income subsidy beneficiaries; \$1,500 dental allowance; \$1,000 Flex Card for D/V/H; SSBCI -\$50/mo. Utilities Flex Card; SSBCI non-medical transportation benefit, 12 times per year
WELLCARE PREMIUM ENHANCED OPEN (PPO) H9761004000	\$50-\$99 Premium	\$0 PCP; \$4,700 MOOP; \$2000 dental allowance; OTC - \$120/QTR; \$1,500 Flex Card for D/V/H

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.



Plan Benefits	Wellcare No Premium (HMO) H6193001000 In-Network
Counties	Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$6,500
Inpatient Hospital - Acute	\$400 copay per day for days 1-4; \$0 copay per day for days 5-90
PCP Office Visits	\$0
Specialist Office Visits	\$30
Over-the-Counter Items	\$75 every quarter
Medically Necessary Transportation	12 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$1,500 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit
Hearing Benefits	\$3,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$750
In-Home Support Services	N/A
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$0
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	N/A
Optional Supplemental Packages	N/A

***Preferred Network Cost Sharing Displayed Where Available**

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Plan Benefits	Wellcare No Premium Open (PPO) H9761001000	
Counties	Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	
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)	\$6,500	\$10,000 (Combined)
Inpatient Hospital - Acute	\$475 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	\$0
Specialist Office Visits	\$30	\$30
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 including dentures	\$1,000 for comprehensive services including dentures
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)	\$750	\$750
In-Home Support Services	N/A	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$3	\$3
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	35%
X-Ray Services	\$0	35%
SSBCI Package	N/A	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Giveback Open (PPO) H9761002000	
Counties	Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$70.00	\$70.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$7,550	\$11,300 (Combined)
Inpatient Hospital - Acute	\$430 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	\$50
Specialist Office Visits	\$45	\$50
Over-the-Counter Items	\$30 every quarter	\$30 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	\$350	\$350
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) H9761003000	
Counties	Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$21.00	\$21.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$5,500	\$10,000 (Combined)
Inpatient Hospital - Acute	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90	\$500 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$30	\$30
Over-the-Counter Items	\$175 every quarter	\$175 every quarter
Medically Necessary Transportation	24 one-way trips every year	24 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$1,500 for comprehensive services including dentures	\$1,500 for comprehensive services including dentures
Vision Benefits	\$300 eyewear limit	\$300 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)	\$1,000	\$1,000
In-Home Support Services	Chores	Chores
Rx Deductible	\$480	\$480
Deductible Tiers	Tiers 2 to 5	Tiers 2 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$15	\$15
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
SSBCI Package	Non-Medical Transportation, Utilities Flex Card	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Premium Enhanced Open (PPO) H9761004000	
Counties	Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$60.00	\$60.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$4,700	\$9,000 (Combined)
Inpatient Hospital - Acute	\$275 copay per day for days 1-6; \$0 copay per day for days 7-90	\$385 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$25	\$30
Over-the-Counter Items	\$120 every quarter	\$120 every quarter
Medically Necessary Transportation	12 one-way trips every year	12 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$2,000 for comprehensive services including dentures	\$2,000 for comprehensive services including dentures
Vision Benefits	\$300 eyewear limit	\$300 eyewear limit
Hearing Benefits	\$3,000 / year for 2 hearing aids	\$3,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$1,500	\$1,500
In-Home Support Services	Chores and personal care services	Chores and personal care services
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$1	\$1
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	35%
X-Ray Services	\$0	35%
SSBCI Package	N/A	N/A
Optional Supplemental Packages	N/A	N/A

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