

2022

Agent **First Look**

NEW JERSEY

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

NEW JERSEY

| PLAN | Product Space | Key Selling Features |
|--|------------------------|---|
| WELLCARE NO PREMIUM (HMO-POS) H0913002000 | \$0 Premium | \$5 PCP; Fitness; \$1,000 Hearing; Counseling Services Covered; \$45/ Qtr OTC |
| WELLCARE ASSIST (HMO) H0913015000 | LIS Non-SNP | \$0 PCP; \$0 Part D Tier 1 co-pay; \$1,000 dental; \$2,000 hearing; \$100 OTC |
| WELLCARE NO PREMIUM FOCUS (HMO) H0913017000 | \$0 Premium | OTC - \$75/QTR; \$0 Part D Tier 1 co-pay; \$200 Flex Card for D/V/H; \$1,500 dental allowance; \$1,500 Hearing/ear |
| WELLCARE PATRIOT NO PREMIUM (HMO) H0913020000 | \$0 Premium | \$0 PCP; OTC - \$150/QTR; \$2,000 dental; 6 in home support visits; \$500 Flex Card for D/V/H |
| WELLCARE DUAL LIBERTY (HMO D-SNP) H0913013000 | DSNP (Zero Cost Share) | OTC - \$410/QTR; \$100/Qtr Assistive devices allowance; SSBCI - Robotic companion; SSBCI -\$100/ mo. Utilities Flex Card; SSBCI - \$100 Grocery Card by Shipt |
| WELLCARE NO PREMIUM OPEN (PPO) H8711001000 | \$0 Premium | \$0 PCP; \$0 Part D Tier 1 co-pay; \$1,000 dental; \$200 Flex Card for D/V/H; \$44 OTC |
| WELLCARE GIVEBACK OPEN (PPO) H8711002000 | Giveback | \$0 Part D Tier 1 co-pay; OTC - \$25/QTR; Up to \$720 Part B Giveback annually; \$700 Hearing Benefit; Fitness Benefit |

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

NEW JERSEY

| Plan Benefits | Wellcare No Premium (HMO-POS) H0913002000 In-Network | Wellcare Assist (HMO) H0913015000 In-Network |
|--|--|--|
| Counties | Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren | Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren |
| Premium Part B Giveback | \$0.00 | \$0.00 |
| Total Premium (Part C Part D) | \$0.00 | \$17.10 |
| In-Network Plan Deductible | No | No |
| Maximum Out of Pocket (MOOP) | \$7,550 (Combined) | \$7,550 |
| Inpatient Hospital - Acute | \$385 copay per day for days 1-5; \$0 copay per day for days 6-90 | \$330 copay per day for days 1-4; \$0 copay per day for days 5-90 |
| PCP Office Visits | \$5 | \$0 |
| Specialist Office Visits | \$40 | \$30 |
| Over-the-Counter Items | \$45 every quarter | \$100 every quarter |
| Medically Necessary Transportation | N/A | 24 one-way trips every year |
| Health Club Membership | \$0 | \$0 |
| Dental Benefits | \$1,000 for comprehensive services | \$1,000 for comprehensive services including dentures |
| Vision Benefits | \$100 eyewear limit | \$100 eyewear limit |
| Hearing Benefits | \$1,000 / year for 2 hearing aids | \$2,000 / 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 | \$480 |
| Deductible Tiers | Tiers 3 to 5 | Tiers 2 to 5 |
| Tier 1: Preferred Generic* | \$0 | \$0 |
| Tier 2: Generic* | \$0 | \$15 |
| Tier 6: Select Care Drugs* | \$0 | \$0 |
| Laboratory Services | \$0 | \$0 |
| X-Ray Services | \$0 | \$0 |
| SSBCI Package | N/A | N/A |
| Optional Supplemental Packages | N/A | N/A |

*Preferred Network Cost Sharing Displayed Where Available

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| Plan Benefits | Wellcare No Premium Focus (HMO) H0913017000 | |
|-------------------------------------|--|--|
| Counties | Bergen, Hudson, Middlesex | |
| Network / Tiers | IN-Tier 1 | IN-Tier 2 |
| 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) | \$5,900 | \$5,900 |
| Inpatient Hospital - Acute | \$275 copay per day for days 1-5; \$0 copay per day for days 6-90 | \$275 copay per day for days 1-5; \$0 copay per day for days 6-90 |
| PCP Office Visits | \$0 | \$35 |
| Specialist Office Visits | \$25 | \$25 |
| Over-the-Counter Items | \$75 every quarter | \$75 every quarter |
| Medically Necessary Transportation | N/A | N/A |
| Health Club Membership | \$0 | \$0 |
| Dental Benefits | \$1,500 for comprehensive services for dentures | \$1,500 for comprehensive services for dentures |
| Vision Benefits | \$200 eyewear limit | \$200 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) | \$200 | \$200 |
| In-Home Support Services | N/A | N/A |
| Rx Deductible | \$75 | \$75 |
| Deductible Tiers | Tiers 3 to 5 | Tiers 3 to 5 |
| Tier 1: Preferred Generic* | \$0 | \$0 |
| Tier 2: Generic* | \$5 | \$5 |
| Tier 6: Select Care Drugs* | \$0 | \$0 |
| Laboratory Services | \$0 | \$0 |
| X-Ray Services | \$0 | \$0 |
| SSBCI Package | Helper Bee's Care Concierge | Helper Bee's Care Concierge |
| Optional Supplemental Packages | N/A | N/A |

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| Plan Benefits | Wellcare Patriot No Premium (HMO) H0913020000 In-Network |
|--|--|
| Counties | Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren |
| Premium Part B Giveback | \$0.00 |
| Total Premium (Part C Part D) | \$0.00 |
| In-Network Plan Deductible | No |
| Maximum Out of Pocket (MOOP) | \$7,550 |
| Inpatient Hospital - Acute | \$300 copay per day for days 1-5; \$0 copay per day for days 6-90 |
| PCP Office Visits | \$0 |
| Specialist Office Visits | \$30 |
| Over-the-Counter Items | \$150 every quarter |
| Medically Necessary Transportation | 24 one-way trips every year |
| Health Club Membership | \$0 |
| Dental Benefits | \$1,500 for comprehensive services for dentures |
| Vision Benefits | \$500 eyewear limit |
| Hearing Benefits | \$3,000 / year for 2 hearing aids |
| Flex Card D/V/H Services (per year) | \$500 |
| In-Home Support Services | Chores |
| Rx Deductible | N/A |
| Deductible Tiers | N/A |
| Tier 1: Preferred Generic* | N/A |
| Tier 2: Generic* | N/A |
| Tier 6: Select Care Drugs* | N/A |
| Laboratory Services | \$0 |
| X-Ray Services | \$0 |
| SSBCI Package | N/A |
| Optional Supplemental Packages | N/A |

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| Plan Benefits | Wellcare Dual Liberty (HMO D-SNP) H0913013000 In-Network |
|--|--|
| Counties | Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren |
| Premium Part B Giveback | \$0.00 |
| Total Premium (Part C Part D) | \$0.00 |
| In-Network Plan Deductible | No |
| Maximum Out of Pocket (MOOP) | \$3,450 |
| Inpatient Hospital - Acute | \$0 per stay |
| PCP Office Visits | \$0 |
| Specialist Office Visits | \$0 |
| Over-the-Counter Items | \$410 every quarter |
| Medically Necessary Transportation | N/A |
| Health Club Membership | \$0 |
| Dental Benefits | Medicare Only |
| Vision Benefits | Medicare Only |
| Hearing Benefits | Medicare Only |
| Flex Card D/V/H Services (per year) | N/A |
| In-Home Support Services | N/A |
| Rx Deductible | \$0 |
| Deductible Tiers | N/A |
| Tier 1: Preferred Generic* | N/A |
| Tier 2: Generic* | Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% |
| Tier 6: Select Care Drugs* | \$0 |
| Laboratory Services | \$0 |
| X-Ray Services | \$0 |
| SSBCI Package | Assistive Devices, Grocery Delivery, Robotic Companion Pet, Utilities Flex Card |
| Optional Supplemental Packages | N/A |

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| Plan Benefits | Wellcare No Premium Open (PPO) H8711001000 | |
|--|--|---|
| Counties | Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren | |
| 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) | \$7,550 | \$11,300 (Combined) |
| Inpatient Hospital - Acute | \$375 copay per day for days 1-5; \$0 copay per day for days 6-90 | \$375 copay per day for days 1-5; \$0 copay per day for days 6-120 |
| PCP Office Visits | \$0 | \$0 |
| Specialist Office Visits | \$30 | \$30 |
| Over-the-Counter Items | \$44 every quarter | \$44 every quarter |
| Medically Necessary Transportation | N/A | N/A |
| Health Club Membership | \$0 | \$0 |
| Dental Benefits | \$1,000 for comprehensive services including dentures | \$1,000 for comprehensive services for dentures |
| Vision Benefits | \$100 eyewear limit | \$100 eyewear limit |
| Hearing Benefits | \$1,500 / year for 2 hearing aids | \$1,500 / 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 | \$175 | \$175 |
| Deductible Tiers | Tiers 3 to 5 | Tiers 3 to 5 |
| Tier 1: Preferred Generic* | \$0 | \$0 |
| Tier 2: Generic* | \$5 | \$5 |
| Tier 6: Select Care Drugs* | \$0 | \$0 |
| Laboratory Services | \$0 | \$0 |
| X-Ray Services | \$0 | \$0 |
| SSBCI Package | N/A | N/A |
| Optional Supplemental Packages | N/A | N/A |

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| Plan Benefits | Wellcare Giveback Open (PPO) H8711002000 | |
|--|--|---|
| Counties | Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren | |
| 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 | No | No |
| Maximum Out of Pocket (MOOP) | \$7,550 | \$11,300 (Combined) |
| Inpatient Hospital - Acute | \$330 copay per day for days 1-5; \$0 copay per day for days 6-90 | 20% coinsurance per day for days 1-90 |
| PCP Office Visits | \$0 | 40% |
| Specialist Office Visits | \$50 | 50% |
| Over-the-Counter Items | \$25 every quarter | \$25 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 | \$200 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 | \$300 | \$300 |
| Deductible Tiers | Tiers 3 to 5 | Tiers 3 to 5 |
| Tier 1: Preferred Generic* | \$0 | \$0 |
| Tier 2: Generic* | \$12 | \$12 |
| Tier 6: Select Care Drugs* | \$0 | \$0 |
| Laboratory Services | \$0 | 50% |
| X-Ray Services | \$0 | 50% |
| SSBCI Package | N/A | N/A |
| Optional Supplemental Packages | N/A | N/A |

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