

The Wellcare logo consists of the word "wellcare." in a white, lowercase, sans-serif font, centered within a teal circle. A small "TM" trademark symbol is located at the bottom right of the circle.

2022

Agent First Look

NEW YORK

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 YORK

PLAN	Product Space	Key Selling Features
WELLCARE NO PREMIUM (HMO) H4868019000	\$0 Premium	OTC - \$75/QTR; Dental, \$2,000, Preventive & Comprehensive; \$300 Vision hardware allowance; 12 annual visits for Routine Acupuncture
WELLCARE DUAL ACCESS (HMO D-SNP) H4868004000	DSNP (Zero Cost Share)	OTC - \$450/QTR; Dental, \$3,000, Preventive & Comprehensive, plus dentures; \$1,500 Flex Card for D/V/H; SSBCI - \$50 Grocery Card/Month by Shipt
WELLCARE DUAL ACCESS (HMO D-SNP) H4868014000	DSNP (Zero Cost Share)	OTC - \$155/Mo. Card; Dental, \$3,000, Preventive & Comprehensive, plus dentures; \$1,500 Flex Card for D/V/H; SSBCI - \$50/Month Grocery Card by Shipt; 24 visits Routine Acupuncture
WELLCARE DUAL ACCESS OPEN (PPO D-SNP) H2775112000	DSNP (Zero Cost Share)	OTC - \$300/QTR; Dental, \$4,000 allowance Preventive & Comprehensive, plus dentures; \$1,500 Flex Card for D/V/H; SSBCI - \$50/mo. Utilities Flex Card
WELLCARE GIVEBACK OPEN (PPO) H2775111000	Giveback	Up to \$900 Part B Giveback annually; OTC- \$30/QTR; Vision, \$100 hardware allowance; Dental, \$500 Allowance
WELLCARE PATRIOT NO PREMIUM OPEN (PPO) H2775108000	\$0 Premium	OTC - \$50/QTR; Dental, \$1,000 allowance; Fitness, Silver Sneakers; Hearing, \$1,000 Allowance per ear
WELLCARE ASSIST OPEN (PPO) H2775113000	LIS Non-SNP	OTC - \$150/QTR; Dental, \$3,000, Preventive & Comprehensive, plus dentures; \$1,000 Flex Card for D/V/H
WELLCARE NO PREMIUM OPEN (PPO) H2775106000	\$0 Premium	Non-Emergency Transportation - 12 trips; Routine Acupuncture - 24 visits/year; \$1,000 dental allowance; Vision, \$200 yearly hardware allowance; OTC, \$100 QTR
WELLCARE GIVEBACK OPEN (PPO) H0088002000	Giveback	Up to \$900 Part B Giveback annually; OTC- \$30/QTR; Vision, \$100 hardware allowance; Dental, \$500 Allowance

2022 Key Features

NEW YORK

PLAN	Product Space	Key Selling Features
WELLCARE PREMIUM ULTRA OPEN (PPO) H2775105000	\$100+ Premium	OTC - \$150/QTR; Dental, \$1,000 allowance + dentures; Vision, \$200 hardware allowance; Hearing, \$750 allowance

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 YORK

Plan Benefits	Wellcare No Premium (HMO) H4868019000 In-Network	Wellcare Fidelis Patriot No Premium (HMO-POS) H5599005000 In-Network
Counties	Albany, Bronx, Broome, Cayuga, Chenango, Cortland, Dutchess, Erie, Jefferson, Kings, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Ulster, Wayne, Westchester	Allegany, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Cortland, Delaware, Erie, Herkimer, Lewis, Niagara, Oneida, Onondaga, Orleans, Oswego, Otsego, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Wyoming, Yates
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	\$225	No
Maximum Out of Pocket (MOOP)	\$6,700	\$7,550 (Combined)
Inpatient Hospital - Acute	\$400 copay per day for days 1-5; \$0 copay per day for days 6-90	\$390 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$45	\$30
Over-the-Counter Items	\$75 every quarter	N/A
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$2,000 for comprehensive services	\$500 for preventive and diagnostic services
Vision Benefits	\$300 eyewear limit	\$50 eyewear limit
Hearing Benefits	\$1,500 / 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	\$0	N/A
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	N/A
Tier 2: Generic*	\$7	N/A
Tier 6: Select Care Drugs*	\$0	N/A
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 Fidelis Assist (HMO-POS) H5599002000 In-Network
Counties	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Cortland, Delaware, Dutchess, Erie, Essex, Fulton, Hamilton, Herkimer, Lewis, Montgomery, New York, Niagara, Oneida, Onondaga, Orleans, Oswego, Otsego, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuylar, Seneca, St. Lawrence, Steuben, Tioga, Ulster, Warren, Washington, Westchester, Wyoming, Yates
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$15.90
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$7,550 (Combined)
Inpatient Hospital - Acute	\$390 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	\$25 every quarter
Medically Necessary Transportation	Unlimited one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$2,000 for comprehensive services
Vision Benefits	\$200 eyewear limit
Hearing Benefits	\$700 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A
In-Home Support Services	N/A
Rx Deductible	\$480
Deductible Tiers	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$10
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	N/A
Optional Supplemental Packages	N/A

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2022 Agents' First Look

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Plan Benefits	Wellcare Patriot No Premium (HMO) H4868003000 In-Network	Wellcare Assist (HMO) H4868016000 In-Network
Counties	Albany, Broome, Dutchess, Erie, Monroe, Niagara, Oneida, Onondaga, Orange, Rockland, Saratoga, Schenectady, Ulster, Wayne, Westchester	Bronx, Kings, New York, Queens, Richmond
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$18.20
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$6,700	\$6,700
Inpatient Hospital - Acute	\$300 copay per day for days 1-5; \$0 copay per day for days 6-90	\$600 copay per day for days 1-3; \$0 copay per day for days 4-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$35	\$35
Over-the-Counter Items	\$25 every quarter	\$100 every quarter
Medically Necessary Transportation	N/A	36 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$1,500 for comprehensive services including dentures	\$1,000 for comprehensive services
Vision Benefits	\$200 eyewear limit	\$200 eyewear limit
Hearing Benefits	\$1,500 / 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	Chores
Rx Deductible	N/A	\$480
Deductible Tiers	N/A	Tiers 2 to 5
Tier 1: Preferred Generic*	N/A	\$0
Tier 2: Generic*	N/A	\$20
Tier 6: Select Care Drugs*	N/A	\$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 Fidelis No Premium (HMO) H5599004000 In-Network
Counties	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Cortland, Delaware, Dutchess, Erie, Essex, Fulton, Hamilton, Herkimer, Lewis, Montgomery, New York, Niagara, Oneida, Onondaga, Orleans, Oswego, Otsego, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Ulster, Warren, Washington, Westchester, Wyoming, Yates
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	\$403 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$10
Specialist Office Visits	\$45
Over-the-Counter Items	\$45 every quarter
Medically Necessary Transportation	N/A
Health Club Membership	\$0
Dental Benefits	\$500 for preventive and diagnostic services
Vision Benefits	\$50 eyewear limit
Hearing Benefits	\$700 / year for 2 hearing aids
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*	\$0
Tier 2: Generic*	\$15
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	N/A
Optional Supplemental Packages	N/A

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2022 Agents' First Look

NEW YORK

Plan Benefits	Wellcare Dual Access (HMO D-SNP) H4868004000 In-Network	Wellcare Dual Access (HMO D-SNP) H4868014000 In-Network
Counties	Albany, Broome, Dutchess, Erie, Monroe, Niagara, Oneida, Onondaga, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Suffolk, Ulster, Wayne, Westchester	Bronx, Kings, Nassau, New York, Queens, Richmond
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	\$0	\$0
Maximum Out of Pocket (MOOP)	\$3,450	\$3,450
Inpatient Hospital - Acute	\$0 per stay	\$0 per stay
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$450 every quarter	\$155 every month
Medically Necessary Transportation	12 one-way trips every year	24 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$3,000 for comprehensive services including dentures	\$3,000 for comprehensive services including dentures
Vision Benefits	\$200 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)	\$1,500	\$1,500
In-Home Support Services	Chores	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	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%
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
SSBCI Package	Grocery Delivery	Grocery Delivery
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Fidelis Dual Access (HMO D-SNP) H5599001000 In-Network
Counties	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Kings, Lewis, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Orleans, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Ulster, Warren, Washington, Westchester, Wyoming, Yates
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	\$0
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	\$115 every month
Medically Necessary Transportation	10 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$1,000 for comprehensive services including dentures
Vision Benefits	N/A
Hearing Benefits	\$700 / year for 2 hearing aids
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*	\$0
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	N/A
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Fidelis Dual Plus (HMO D-SNP) H5599003000 In-Network
Counties	Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	\$0
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	\$150 every month
Medically Necessary Transportation	N/A
Health Club Membership	N/A
Dental Benefits	\$750 for preventive and diagnostic services
Vision Benefits	Medicare Only
Hearing Benefits	\$2,000 / year for 2 hearing aids
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*	\$0
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	Robotic Companion Pet, Utilities Flex Card
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Fidelis Dual Plus (HMO D-SNP) H5599008000 In-Network
Counties	Albany, Allegany, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Lewis, Montgomery, Niagara, Oneida, Onondaga, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Ulster, Warren, Washington, Wyoming, Yates
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	\$0
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	\$350 every quarter
Medically Necessary Transportation	N/A
Health Club Membership	N/A
Dental Benefits	\$750 for preventive and diagnostic services
Vision Benefits	Medicare Only
Hearing Benefits	\$1,500 / year for 2 hearing aids
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*	\$0
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	Robotic Companion Pet, Utilities Flex Card
Optional Supplemental Packages	N/A

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Plan Benefits	Wellcare Dual Access Open (PPO D-SNP) H2775112000	
Counties	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates	
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	\$0	\$0
Maximum Out of Pocket (MOOP)	\$3,450	\$5,150 (Combined)
Inpatient Hospital - Acute	\$0 copay per day for days 1-90	\$0 copay per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$300 every quarter	\$300 every quarter
Medically Necessary Transportation	12 one-way trips every year	12 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$4,000 for comprehensive services including dentures	\$4,000 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)	\$1,500	\$1,500
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*	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%
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
SSBCI Package	Utilities Flex Card	N/A
Optional Supplemental Packages	N/A	N/A

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Plan Benefits	Wellcare Giveback Open (PPO) H2775111000	
Counties	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$75.00	\$75.00
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	\$370 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	\$25
Specialist Office Visits	\$50	40%
Over-the-Counter Items	\$30 every quarter	\$30 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$500 for preventive and diagnostic services	\$500 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	\$325	\$325
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic*	\$1	\$1
Tier 2: Generic*	\$7	\$7
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 Patriot No Premium Open (PPO) H2775108000	
Counties	Cattaraugus, Chautauqua, Clinton, Columbia, Delaware, Essex, Franklin, Greene, Hamilton, Jefferson, Lewis, Monroe, Niagara, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates	
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)	\$6,700	\$6,700 (Combined)
Inpatient Hospital - Acute	\$300 copay per day for days 1-6; \$0 copay per day for days 7-90	\$325 copay per day for days 1-7; \$0 copay per day for days 8-999
PCP Office Visits	\$0	\$15
Specialist Office Visits	\$30	\$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	\$1,000 for comprehensive services	\$1,000 for comprehensive services
Vision Benefits	\$100 eyewear limit	\$100 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)	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	N/A	N/A
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	N/A	N/A
Tier 2: Generic*	N/A	N/A
Tier 6: Select Care Drugs*	N/A	N/A
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 Assist Open (PPO) H2775113000	
Counties	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Oswego, Otsego, Queens, Rensselaer, Richmond, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, Yates	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$29.50	\$29.50
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$6,700	\$10,000 (Combined)
Inpatient Hospital - Acute	\$500 copay per day for days 1-4; \$0 copay per day for days 5-90	\$500 copay per day for days 1-4; \$0 copay per day for days 5-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$35	\$35
Over-the-Counter Items	\$150 every quarter	\$150 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$3,000 for comprehensive services including dentures	\$3,000 for comprehensive services including 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)	\$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	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 No Premium Open (PPO) H2775106000	
Counties	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates	
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)	\$6,700	\$7,600
Inpatient Hospital - Acute	\$325 copay per day for days 1-6; \$0 copay per day for days 7-90	30% coinsurance per day for days 1-999
PCP Office Visits	\$0	\$25
Specialist Office Visits	\$40	\$60
Over-the-Counter Items	\$100 every quarter	\$100 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	\$1,500 / year for 2 hearing aids	\$1,500 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	Chores	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$7	\$7
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 No Premium Open (PPO) H0088003000	
Counties	New York	
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)	\$6,700	\$7,600 (Combined)
Inpatient Hospital - Acute	\$325 copay per day for days 1-6; \$0 copay per day for days 7-90	30% coinsurance per day for days 1-999
PCP Office Visits	\$0	\$25
Specialist Office Visits	\$40	\$60
Over-the-Counter Items	\$100 every quarter	\$100 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	\$1,500 / year for 2 hearing aids	\$1,500 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	Chores	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$7	\$7
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) H0088002000	
Counties	New York	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$75.00	\$75.00
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	\$310 copay per day for days 1-5; \$0 copay per day for days 6-90	20% coinsurance per day for days 1-100
PCP Office Visits	\$0	\$25
Specialist Office Visits	\$50	40%
Over-the-Counter Items	\$30 every quarter	\$30 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$500 for preventive and diagnostic services	\$500 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	\$325	\$325
Deductible Tiers	Tiers 3 to 5	Tiers 3 to 5
Tier 1: Preferred Generic*	\$1	\$1
Tier 2: Generic*	\$7	\$7
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 Advantage No Premium (PFFS) H2816038000	
Counties	Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuylers, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, Yates	
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)	N/A	\$6,700 (Combined)
Inpatient Hospital - Acute	\$260 copay per day for days 1-6; \$0 copay per day for days 7-90	\$300 copay per day for days 1-7; \$0 copay per day for days 8-999
PCP Office Visits	\$5	\$15
Specialist Office Visits	\$30	\$50
Over-the-Counter Items	N/A	N/A
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	Medicare Only	Medicare Only
Vision Benefits	Routine Exam Only	Routine Exam Only
Hearing Benefits	Routine Exam Only	Routine Exam Only
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	N/A	N/A
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	N/A	N/A
Tier 2: Generic*	N/A	N/A
Tier 6: Select Care Drugs*	N/A	N/A
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 Premium Ultra Open (PPO) H2775105000	
Counties	Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Oswego, Otsego, Queens, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, Yates	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$121.00	\$121.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$3,400	\$3,400 (Combined)
Inpatient Hospital - Acute	\$600 per stay	20% coinsurance per day for days 1-999
PCP Office Visits	\$0	\$10
Specialist Office Visits	\$25	\$35
Over-the-Counter Items	\$150 every quarter	\$150 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 including dentures
Vision Benefits	\$200 eyewear limit	\$200 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)	N/A	N/A
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*	\$5	\$5
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 Advantage Premium Enhanced (PFFS) H2816037000	
Counties	Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, Yates	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$62.00	\$62.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	N/A	\$6,700 (Combined)
Inpatient Hospital - Acute	\$650 per stay	\$388 copay per day for days 1-7; \$0 copay per day for days 8-999
PCP Office Visits	\$0	\$10
Specialist Office Visits	\$25	\$35
Over-the-Counter Items	N/A	N/A
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	Medicare Only	Medicare Only
Vision Benefits	Routine Exam Only	Routine Exam Only
Hearing Benefits	Routine Exam Only	Routine Exam Only
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	N/A	N/A
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	N/A	N/A
Tier 2: Generic*	N/A	N/A
Tier 6: Select Care Drugs*	N/A	N/A
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 Premium Enhanced (PFFS) H2816019000	
Counties	Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, Washington	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$55.00	\$55.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	N/A	\$3,400 (Combined)
Inpatient Hospital - Acute	\$295 copay per day for days 1-5; \$0 copay per day for days 6-90	\$300 copay per day for days 1-7; \$0 copay per day for days 8-150
PCP Office Visits	\$10	\$25
Specialist Office Visits	\$35	\$60
Over-the-Counter Items	\$25 every quarter	\$25 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	Medicare Only	Medicare Only
Vision Benefits	Routine Exam Only	Routine Exam Only
Hearing Benefits	Routine Exam Only	Routine Exam Only
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$1	\$1
Tier 2: Generic*	\$7	\$7
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 Premium Ultra (PFFS) H2816013000	
Counties	Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, Washington	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$156.00	\$156.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	N/A	\$3,400 (Combined)
Inpatient Hospital - Acute	\$500 per stay	\$300 copay per day for days 1-7; \$0 copay per day for days 8-120
PCP Office Visits	\$0	\$10
Specialist Office Visits	\$25	\$35
Over-the-Counter Items	\$30 every quarter	\$30 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	Medicare Only	Medicare Only
Vision Benefits	Routine Exam Only	Routine Exam Only
Hearing Benefits	Routine Exam Only	Routine Exam Only
Flex Card D/V/H Services (per year)	N/A	N/A
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*	\$5	\$5
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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