



wellcare.™

2022

# Agent First Look

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## PENNSYLVANIA

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

# PENNSYLVANIA

PLAN	Product Space	Key Selling Features
<b>WELLCARE NO PREMIUM (HMO) H2915003000</b>	\$0 Premium	OTC - \$45/QTR; \$3k dental allowance; \$0 PCP; \$0 Part D Tier 1 co-pay; \$300 Vision Allowance
<b>WELLCARE DUAL ACCESS (HMO D-SNP) H2915002000</b>	DSNP (Zero Cost Share)	\$1,000 Flex Card for D/V/H; OTC - \$360/QTR; \$4,000 dental allowance; 24 SSBCI NEMT trips; \$500 Vision Allowance
<b>WELLCARE DUAL ACCESS (HMO D-SNP) H2915007000</b>	DSNP (Zero Cost Share)	\$500 Flex Card for D/V/H; OTC - \$325/QTR; \$4,000 dental allowance; SSBCI -\$50/mo. Utilities Flex Card; 24 SSBCI NEMT trips
<b>WELLCARE NO PREMIUM OPEN (PPO) H2128002000</b>	\$0 Premium	\$1,500 dental allowance; OTC - \$80/QTR; \$200 Flex Card for D/V/H; \$0 PCP; PCP & Specialist co-pays match IN & OON
<b>WELLCARE GIVEBACK OPEN (PPO) H2128004000</b>	Giveback	Up to \$660 Part B Giveback annually; Bronze \$750 Dental; OTC - \$40/QTR; \$100 Vision Allowance;
<b>WELLCARE ASSIST OPEN (PPO) H2128001000</b>	LIS Non-SNP	\$750 Flex Card for D/V/H; OTC - \$120/QTR; \$1,500 Dental; \$0 PCP; PCP & Specialist co-pays match IN & OON
<b>WELLCARE LOW PREMIUM OPEN (PPO) H2128003000</b>	\$1-\$49 Premium	\$2,000 dental allowance; OTC - \$125/QTR; \$500 Flex Card for D/V/H; \$300 vision; PCP & Specialist co-pays match IN & OON

# 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) H2915003000 In-Network
<b>Counties</b>	Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Carbon, Clarion, Clearfield, Clinton, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, Lehigh, Luzerne, McKean, Mercer, Monroe, Northampton, Potter, Schuylkill, Somerset, Venango, Warren, Washington, Westmoreland
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>
<b>Inpatient Hospital - Acute</b>	<b>\$350 per stay</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$40</b>
<b>Over-the-Counter Items</b>	<b>\$50 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>12 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$3,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$300 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,500 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$5</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

\*Preferred Network Cost Sharing Displayed Where Available

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Plan Benefits	Wellcare Giveback (HMO) H2915012000 In-Network
<b>Counties</b>	Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montgomery, Northampton, Perry, Philadelphia, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming
<b>Premium Part B Giveback</b>	<b>\$40.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$7,550</b>
<b>Inpatient Hospital - Acute</b>	<b>\$325 copay per day for days 1-6; \$0 copay per day for days 7-90</b>
<b>PCP Office Visits</b>	<b>\$10</b>
<b>Specialist Office Visits</b>	<b>\$40</b>
<b>Over-the-Counter Items</b>	<b>\$35 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$500 for preventive and diagnostic services</b>
<b>Vision Benefits</b>	<b>Routine Exam Only</b>
<b>Hearing Benefits</b>	<b>\$700 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$5</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Assist (HMO) H2915011000 In-Network
<b>Counties</b>	Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montgomery, Northampton, Perry, Philadelphia, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$34.80</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$7,550</b>
<b>Inpatient Hospital - Acute</b>	<b>\$300 copay per day for days 1-6; \$0 copay per day for days 7-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$90 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$3,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$700 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$500</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$480</b>
<b>Deductible Tiers</b>	<b>Tiers 2 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$20</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Patriot Giveback (HMO) H2915013000 In-Network
<b>Counties</b>	Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Centre, Chester, Clarion, Clearfield, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Huntingdon, Indiana, Jefferson, Lackawanna, Lancaster, Lawrence, Lebanon, Lycoming, McKean, Mercer, Mifflin, Montgomery, Perry, Philadelphia, Potter, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming
<b>Premium Part B Giveback</b>	<b>\$60.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$4,900</b>
<b>Inpatient Hospital - Acute</b>	<b>\$400 copay per day for days 1-5; \$0 copay per day for days 6-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$65 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,000 for comprehensive services</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>N/A</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>N/A</b>
<b>Tier 2: Generic*</b>	<b>N/A</b>
<b>Tier 6: Select Care Drugs*</b>	<b>N/A</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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## 2022 Agents' First Look

## PENNSYLVANIA

Plan Benefits	Wellcare No Premium (HMO) H2915016000 In-Network
<b>Counties</b>	Berks, Bradford, Bucks, Centre, Chester, Cumberland, Dauphin, Delaware, Fulton, Huntingdon, Juniata, Lackawanna, Lancaster, Lebanon, Lycoming, Mifflin, Montgomery, Perry, Philadelphia, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$6,700</b>
<b>Inpatient Hospital - Acute</b>	<b>\$300 copay per day for days 1-7; \$0 copay per day for days 8-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$40</b>
<b>Over-the-Counter Items</b>	<b>\$55 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>12 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$2,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$5</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Dual Access (HMO D-SNP) H2915002000 In-Network
<b>Counties</b>	Allegheny, Armstrong, Beaver, Bedford, Blair, Bucks, Butler, Cambria, Cameron, Chester, Clarion, Clearfield, Crawford, Delaware, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Montgomery, Philadelphia, Potter, Somerset, Venango, Warren, Washington, Westmoreland
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>\$0</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,450</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 per stay</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>
<b>Over-the-Counter Items</b>	<b>\$360 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>Unlimited one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$4,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$500 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$4,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$1,000</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>Non-Medical Transportation</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Dual Access (HMO D-SNP) H2915007000 In-Network
<b>Counties</b>	Adams, Berks, Bradford, Carbon, Centre, Clinton, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Northampton, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>\$0</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,450</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 per stay</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>
<b>Over-the-Counter Items</b>	<b>\$425 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>36 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$4,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$300 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$3,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$500</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>Non-Medical Transportation, Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare No Premium Open (PPO) H2128002000	
<b>Counties</b>	Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montgomery, Northampton, Perry, Philadelphia, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming	
<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>\$0.00</b>	<b>\$0.00</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>\$350 copay per day for days 1-5; \$0 copay per day for days 6-90</b>	<b>\$500 copay per day for days 1-7; \$0 copay per day for days 8-120</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>\$50 every quarter</b>	<b>\$50 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Health Club Membership</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,500 for comprehensive services including dentures</b>	<b>\$1,500 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$200 eyewear limit</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,000 / year for 2 hearing aids</b>	<b>\$1,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$160</b>	<b>\$160</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$7</b>	<b>\$7</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>35%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>35%</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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<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Premium Part B Giveback</b>	<b>\$55.00</b>	<b>\$55.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$7,550</b>	<b>\$10,000 (Combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$400 copay per day for days 1-5; \$0 copay per day for days 6-90</b>	<b>20% coinsurance per day for days 1-90</b>
<b>PCP Office Visits</b>	<b>\$10</b>	<b>\$50</b>
<b>Specialist Office Visits</b>	<b>\$45</b>	<b>\$50</b>
<b>Over-the-Counter Items</b>	<b>\$25 every quarter</b>	<b>\$25 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Health Club Membership</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$500 for preventive and diagnostic services</b>	<b>\$500 for preventive and diagnostic services</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>	<b>\$100 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$700 / year for 2 hearing aids</b>	<b>\$700 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>N/A</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$350</b>	<b>\$350</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$5</b>	<b>\$5</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>40%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>40%</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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Plan Benefits	Wellcare Assist Open (PPO) H2128001000	
<b>Counties</b>	Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montgomery, Northampton, Perry, Philadelphia, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming	
<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>\$23.50</b>	<b>\$23.50</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>\$325 copay per day for days 1-5; \$0 copay per day for days 6-90</b>	<b>\$325 copay per day for days 1-5; \$0 copay per day for days 6-120</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$35</b>	<b>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$120 every quarter</b>	<b>\$120 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 including dentures</b>	<b>\$1,500 for comprehensive services including dentures</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>\$750</b>	<b>\$750</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>\$20</b>	<b>\$20</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>35%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>35%</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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Plan Benefits	Wellcare Low Premium Open (PPO) H2128003000	
<b>Counties</b>	Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mifflin, Monroe, Montgomery, Northampton, Perry, Philadelphia, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming	
<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>\$29.00</b>	<b>\$29.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$5,000</b>	<b>\$10,000 (Combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$300 copay per day for days 1-5; \$0 copay per day for days 6-90</b>	<b>\$500 copay per day for days 1-7; \$0 copay per day for days 8-120</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$25</b>	<b>\$25</b>
<b>Over-the-Counter Items</b>	<b>\$125 every quarter</b>	<b>\$125 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Health Club Membership</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$2,000 for comprehensive services including dentures</b>	<b>\$2,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$300 eyewear limit</b>	<b>\$300 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>\$500</b>	<b>\$500</b>
<b>In-Home Support Services</b>	<b>N/A</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$100</b>	<b>\$100</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$7</b>	<b>\$7</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>35%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>35%</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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