



wellcare.

2022

# Agent First Look

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## TEXAS

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.



Ascension  
**Complete**

# 2022 Key Features

TEXAS

PLAN	Product Space	Key Selling Features
<b>WELLCARE TEXANPLUS NO PREMIUM (HMO) H0174002000</b>	\$0 Premium	OTC; \$2,000 dental allowance; Transportation; \$500 Flex Card for D/V/H; SSBCI - Utilities Flex Card
<b>WELLCARE NO PREMIUM (HMO) H0174010000</b>	\$0 Premium	OTC; \$3,000 dental allowance; Transportation; SSBCI - Utilities Flex Card; \$500 Flex Card for D/V/H
<b>WELLCARE TEXANPLUS NO PREMIUM (HMO) H0174014000</b>	\$0 Premium	OTC; \$4,000 dental allowance; Transportation; \$500 Flex Card for D/V/H; SSBCI - Utilities Flex Card
<b>WELLCARE TEXANPLUS NO PREMIUM (HMO) H0174011001</b>	\$0 Premium	\$3,000 dental allowance; OTC; Transportation; Hearing aids; Tier 1 gap coverage
<b>WELLCARE TEXANPLUS NO PREMIUM (HMO) H0174011002</b>	\$0 Premium	OTC; \$3,000 dental allowance; Transportation; \$300 Flex Card for D/V/H; SSBCI - Utilities Flex Card
<b>WELLCARE TEXANPLUS NO PREMIUM (HMO) H0174011004</b>	\$0 Premium	OTC; \$3,000 dental allowance; Hearing aids; Transportation; Tier 1 gap coverage
<b>WELLCARE TEXANPLUS CLASSIC NO PREMIUM (HMO) H4506003000</b>	\$0 Premium	Low inpatient and medical cost shares; OTC; \$1,500 dental allowance; Transportation; Tier 1 and 2 gap coverage
<b>WELLCARE NO PREMIUM (HMO) H5294011000</b>	\$0 Premium	OTC; \$3,000 dental allowance; \$750 Flex Card for D/V/H; SSBCI - Utilities Flex Card; Tier 1 and 6 gap coverage
<b>WELLCARE NO PREMIUM (HMO) H5294017000</b>	\$0 Premium	OTC; \$2,000 dental allowance; Transportation; SSBCI - Utilities Flex Card; Tier 1 and 6 gap coverage
<b>WELLCARE NO PREMIUM (HMO) H5294018000</b>	\$0 Premium	OTC; \$2,000 dental allowance; \$300 Flex Card for D/V/H; SSBCI - Utilities Flex Card; Tier 1 and 6 gap coverage
<b>WELLCARE NO PREMIUM (HMO-POS) H0174012001</b>	\$0 Premium	OTC; \$3,000 dental allowance; \$750 Flex Card for D/V/H; SSBCI - Utilities Flex Card; OON POS

# 2022 Key Features

TEXAS

PLAN	Product Space	Key Selling Features
<b>WELLCARE NO PREMIUM (HMO-POS) H0174012002</b>	\$0 Premium	OTC; \$3,000 dental allowance; \$750 Flex Card for D/V/H; SSBCI - Utilities Flex Card; OON POS
<b>WELLCARE NO PREMIUM (HMO-POS) H0174012003</b>	\$0 Premium	OTC; \$3,000 dental allowance; \$750 Flex Card for D/V/H; SSBCI - Utilities Flex Card; OON POS
<b>WELLCARE NO PREMIUM (HMO-POS) H0174012004</b>	\$0 Premium	OTC; \$3,000 dental allowance; \$750 Flex Card for D/V/H; SSBCI - Utilities Flex Card; OON POS
<b>WELLCARE NO PREMIUM (HMO-POS) H0174012005</b>	\$0 Premium	OTC; \$3,000 dental allowance; \$750 Flex Card for D/V/H; SSBCI - Utilities Flex Card; OON POS
<b>WELLCARE ASSIST (HMO) H0174009000</b>	LIS Non-SNP	OTC; \$3,000 dental allowance; Transportation; \$1,000 Flex Card for D/V/H; SSBCI - Helper Bee's Care Concierge
<b>WELLCARE COMPLEMENT ASSIST (HMO) H5294016000</b>	LIS Non-SNP	OTC; \$3,000 dental allowance; Transportation; \$500 Flex Card for D/V/H; SSBCI - Helper Bee's Care Concierge
<b>WELLCARE COMPLEMENT ASSIST (HMO) H5294013000</b>	LIS Non-SNP	OTC; \$3,000 dental allowance; Vision; \$750 Flex Card for D/V/H; SSBCI - Helper Bee's Care Concierge
<b>WELLCARE GIVEBACK (HMO) H5294019000</b>	Giveback	Up to \$720 Part B Giveback annually; OTC; \$750 preventive dental allowance; Vision coverage; Hearing aids
<b>WELLCARE GIVEBACK (HMO) H0174013002</b>	Giveback	Up to \$1,200 Part B Giveback annually; OTC; \$2,000 dental allowance; Hearing coverage; Vision Coverage
<b>WELLCARE GIVEBACK (HMO) H0174013003</b>	Giveback	Up to \$1,140 Part B Giveback annually; OTC; \$1,000 dental allowance; Hearing coverage; Vision Coverage
<b>WELLCARE GIVEBACK (HMO) H0174013004</b>	Giveback	Up to \$1,140 Part B Giveback annually; OTC; \$1,000 dental allowance; Hearing coverage; Vision Coverage

# 2022 Key Features

TEXAS

PLAN	Product Space	Key Selling Features
<b>WELLCARE GIVEBACK (HMO) H0174013005</b>	Giveback	Up to \$1,140 Part B Giveback annually; OTC; \$1,000 dental allowance; Hearing coverage; Vision Coverage
<b>WELLCARE GIVEBACK (HMO) H5294012000</b>	Giveback	Up to \$1,140 Part B Giveback annually; OTC; \$1,000 dental allowance; Vision coverage; PERS
<b>WELLCARE GIVEBACK (HMO) H0174013001</b>	Giveback	Up to \$1,140 Part B Giveback annually; OTC; \$1,000 dental allowance; Hearing coverage; Vision Coverage
<b>WELLCARE SPECIALTY NO PREMIUM (HMO C-SNP) H0174008000</b>	CSNP	SSBCI - Utilities Flex Card; SSBCI - Helper Bee's Care Concierge; OTC; \$1,500 dental allowance; Vision Coverage
<b>WELLCARE DUAL ACCESS (HMO D-SNP) H0174004000</b>	DSNP (Zero Cost Share)	OTC; Eyewear; Platinum dental; \$1,000 Flex Card for D/V/H; Helper Bee's Care Concierge
<b>WELLCARE DUAL LIBERTY (HMO D-SNP) H0174006000</b>	DSNP (Zero Cost Share)	OTC; Vision; Platinum dental; \$1,500 Flex Card for D/V/H; SSBCI - Helper Bee's Care Concierge
<b>WELLCARE DUAL LIBERTY NURTURE (HMO D-SNP) H5294010000</b>	DSNP (Zero Cost Share)	OTC; Platinum dental; \$1,000 Flex Card for D/V/H; SSBCI - Helper Bee's Care Concierge; SSBCI - Utilities Flex Card
<b>WELLCARE DUAL ACCESS HARMONY (HMO D-SNP) H5294015000</b>	DSNP (Zero Cost Share)	OTC; Platinum dental; SSBCI - Helper Bee's Care Concierge; \$750 Flex Card for D/V/H; SSBCI - Utilities Flex Card
<b>WELLCARE DUAL ACCESS OPEN (PPO D-SNP) H7323005000</b>	DSNP (Zero Cost Share)	OTC; \$2,000 dental allowance; \$500 Flex Card for D/V/H; Transportation; SSBCI - Utilities Flex Card
<b>WELLCARE NO PREMIUM OPEN (PPO) H7323004000</b>	\$0 Premium	OTC; \$1,000 dental allowance; Vision; Hearing; Transportation
<b>WELLCARE NO PREMIUM OPEN (PPO) H7323007000</b>	\$0 Premium	OTC; \$1,000 dental allowance; Transportation; \$300 Flex Card for D/V/H; Tier 1 gap coverage

# 2022 Key Features

TEXAS

PLAN	Product Space	Key Selling Features
<b>WELLCARE LOW PREMIUM OPEN (PPO) H7323001000</b>	\$1-\$49 Premium	OTC; \$1,000 dental allowance; Vision; Hearing; Transportation
<b>ASCENSION COMPLETE PROVIDENCE SECURE (HMO) H6678004000</b>	\$0 Premium	\$0 Premium; \$0 PCP; Extra Dental, Vision, Hearing; \$1,000 Flex Card for D/V/H; SSBCI-Utilities Flex Card, Grocery Card by Shipt, Helper Bee's Care Concierge
<b>ASCENSION COMPLETE PROVIDENCE REWARD (HMO) H6678003000</b>	Giveback HMO	Part B Giveback; \$0 Premium; \$0 PCP; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt
<b>ASCENSION COMPLETE PROVIDENCE ACCESS PLUS (PPO) H9357003000</b>	\$0 Premium	Passive Network; \$0 Premium; \$0 PCP; Low MOOP; Extra Dental, Vision, Hearing
<b>ASCENSION COMPLETE PROVIDENCE ACCESS (PPO) H9357004000</b>	\$0 Premium	Passive Network; \$0 Premium; \$1,000 Flex Card for D/V/H; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt
<b>ASCENSION COMPLETE SETON SECURE (HMO) H6678002000</b>	\$0 Premium	\$0 Premium; \$0 PCP; Extra Dental, Vision, Hearing; \$1,000 Flex Card for D/V/H; SSBCI-Utilities Flex Card, Grocery Card by Shipt, Helper Bee's Care Concierge
<b>ASCENSION COMPLETE SETON REWARD (HMO) H6678001000</b>	Giveback HMO	Part B Giveback; \$0 Premium; \$0 PCP; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt
<b>ASCENSION COMPLETE SETON ACCESS PLUS (PPO) H9357001000</b>	\$0 Premium	Passive Network; \$0 Premium; \$0 PCP; Low MOOP; Extra Dental, Vision, Hearing
<b>ASCENSION COMPLETE SETON ACCESS (PPO) H9357002000</b>	\$0 Premium	Passive Network; \$0 Premium; \$1,000 Flex Card for D/V/H; Low MOOP; SSBCI-Utilities Flex Card, Grocery Card by Shipt

# 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

# TEXAS

Plan Benefits	Ascension Complete Providence Secure (HMO) H6678004000 In-Network	Ascension Complete Providence Reward (HMO) H6678003000 In-Network
Counties	Bell, Mc Lennan	Bell, Mc Lennan
Premium Part B Giveback	\$0.00	\$100.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$2,900	\$2,900
Inpatient Hospital - Acute	\$250 copay per day for days 1-6; \$0 copay per day for days 7-90	\$500 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$30	\$50
Over-the-Counter Items	\$80 every quarter	\$70 every quarter
Medically Necessary Transportation	Unlimited one-way trips every year	12 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	No Max allowance for comprehensive services including dentures and implants	\$500 for preventive and diagnostic services
Vision Benefits	\$300 eyewear limit	Medicare Only
Hearing Benefits	\$1,500 / year for 2 hearing aids	Medicare Only
Flex Card D/V/H Services (per year)	\$1,000	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$0	\$480
Deductible Tiers	N/A	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$1	\$5
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	\$0-\$35
X-Ray Services	\$0	\$40
SSBCI Package	Helper Bee's Care Concierge, Grocery Delivery, Social Needs Benefit, Utilities Flex Card	Grocery Delivery, Social Needs Benefit, Utilities Flex Card
Optional Supplemental Packages	N/A	Dental, Vision

\*Preferred Network Cost Sharing Displayed Where Available

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Plan Benefits	Ascension Complete Providence Access Plus (PPO) H9357003000	
Counties	Bell, Mc Lennan	
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)	\$3,450	\$5,150 (Combined)
Inpatient Hospital - Acute	\$300 copay per day for days 1-6; \$0 copay per day for days 7-90	\$300 copay per day for days 1-6; \$0 copay per day for days 7-999
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$40	\$40
Over-the-Counter Items	\$90 every quarter	\$90 every quarter
Medically Necessary Transportation	12 one-way trips every year	12 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	\$200 eyewear limit
Hearing Benefits	\$1,000 / year for 2 hearing aids	\$1,000 / 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	\$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	\$0
X-Ray Services	\$0	\$0
SSBCI Package	Social Needs Benefit	N/A
Optional Supplemental Packages	N/A	N/A

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# TEXAS

Plan Benefits	Ascension Complete Providence Access (PPO) H9357004000	
Counties	Bell, Mc Lennan	
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)	\$2,900	\$2,900 (Combined)
Inpatient Hospital - Acute	\$575 copay per day for days 1-4; \$0 copay per day for days 5-90	\$575 copay per day for days 1-4; \$0 copay per day for days 5-999
PCP Office Visits	\$0	\$0
Specialist Office Visits	20%	20%
Over-the-Counter Items	\$65 every quarter	\$65 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$5,000 for comprehensive services including dentures	\$5,000 for comprehensive services including dentures
Vision Benefits	\$200 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)	\$1,000	\$1,000
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	20%
X-Ray Services	20%	20%
SSBCI Package	Grocery Delivery, Social Needs Benefit, Utilities Flex Card	N/A
Optional Supplemental Packages	N/A	N/A

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## 2022 Agents' First Look

## TEXAS

Plan Benefits	Ascension Complete Seton Secure (HMO) H6678002000 In-Network	Ascension Complete Seton Reward (HMO) H6678001000 In-Network
Counties	Bastrop, Burnet, Hays, Travis, Williamson	Bastrop, Burnet, Hays, Travis, Williamson
Premium Part B Giveback	\$0.00	\$100.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$2,900	\$2,900
Inpatient Hospital - Acute	\$250 copay per day for days 1-6; \$0 copay per day for days 7-90	\$500 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$30	\$50
Over-the-Counter Items	\$80 every quarter	\$70 every quarter
Medically Necessary Transportation	Unlimited one-way trips every year	12 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	No Max allowance for comprehensive services including dentures and implants	\$500 for preventive and diagnostic services
Vision Benefits	\$300 eyewear limit	Medicare Only
Hearing Benefits	\$1,500 / year for 2 hearing aids	Medicare Only
Flex Card D/V/H Services (per year)	\$1,000	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$0	\$480
Deductible Tiers	N/A	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$1	\$5
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	\$0-\$35
X-Ray Services	\$0	\$40
SSBCI Package	Helper Bee's Care Concierge, Grocery Delivery, Social Needs Benefit, Utilities Flex Card	Grocery Delivery, Social Needs Benefit, Utilities Flex Card
Optional Supplemental Packages	N/A	Dental, Vision

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Plan Benefits	Ascension Complete Seton Access Plus (PPO) H9357001000	
<b>Counties</b>	Bastrop, Burnet, Hays, Travis, Williamson	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<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>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,450	\$5,150 (Combined)
<b>Inpatient Hospital - Acute</b>	\$325 copay per day for days 1-6; \$0 copay per day for days 7-90	\$325 copay per day for days 1-6; \$0 copay per day for days 7-999
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$40	\$40
<b>Over-the-Counter Items</b>	\$75 every quarter	\$75 every quarter
<b>Medically Necessary Transportation</b>	12 one-way trips every year	12 one-way trips every year
<b>Health Club Membership</b>	\$0	\$0
<b>Dental Benefits</b>	\$3,000 for comprehensive services including dentures	\$3,000 for comprehensive services including dentures
<b>Vision Benefits</b>	\$200 eyewear limit	\$200 eyewear limit
<b>Hearing Benefits</b>	\$1,000 / year for 2 hearing aids	\$1,000 / year for 2 hearing aids
<b>Flex Card D/V/H Services (per year)</b>	N/A	N/A
<b>In-Home Support Services</b>	N/A	N/A
<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>	\$5	\$5
<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>	Social Needs Benefit	N/A
<b>Optional Supplemental Packages</b>	N/A	N/A

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# 2022 Agents' First Look

# TEXAS

Plan Benefits	Ascension Complete Seton Access (PPO) H9357002000	
Counties	Bastrop, Burnet, Hays, Travis, Williamson	
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)	\$2,900	\$2,900 (Combined)
Inpatient Hospital - Acute	\$575 copay per day for days 1-4; \$0 copay per day for days 5-90	\$575 copay per day for days 1-4; \$0 copay per day for days 5-999
PCP Office Visits	\$0	\$0
Specialist Office Visits	20%	20%
Over-the-Counter Items	\$65 every quarter	\$65 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$5,000 for comprehensive services including dentures	\$5,000 for comprehensive services including dentures
Vision Benefits	\$200 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)	\$1,000	\$1,000
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	20%
X-Ray Services	20%	20%
SSBCI Package	Grocery Delivery, Social Needs Benefit, Utilities Flex Card	N/A
Optional Supplemental Packages	N/A	N/A

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# TEXAS

Plan Benefits	Wellcare TexanPlus No Premium (HMO) H0174002000 In-Network	Wellcare No Premium (HMO) H0174010000 In-Network
<b>Counties</b>	Bastrop, Blanco, Burnet, Caldwell, Hays, Lee, Milam, Travis, Williamson	Austin, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, San Jacinto, Walker, Waller, Wharton
<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>\$4,000</b>	<b>\$3,300</b>
<b>Inpatient Hospital - Acute</b>	<b>\$250 copay per day for days 1-6; \$0 copay per day for days 7-90</b>	<b>\$200 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>\$0</b>
<b>Specialist Office Visits</b>	<b>\$30</b>	<b>\$20</b>
<b>Over-the-Counter Items</b>	<b>\$100 every quarter</b>	<b>\$140 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>24 one-way trips every year</b>	<b>48 one-way trips every year</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>\$3,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>	<b>\$200 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / 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>Chores and personal care services</b>
<b>Rx Deductible</b>	<b>\$200</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$0</b>	<b>\$0</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>Utilities Flex Card</b>	<b>Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>	<b>N/A</b>

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<b>Counties</b>	Collin, Dallas, Denton, Johnson, Rockwall, Tarrant	Bexar, Comal, Guadalupe
<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>\$4,900</b>	<b>\$3,400</b>
<b>Inpatient Hospital - Acute</b>	<b>\$200 copay per day for days 1-6; \$0 copay per day for days 7-90</b>	<b>\$150 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>\$0</b>
<b>Specialist Office Visits</b>	<b>\$30</b>	<b>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$100 every quarter</b>	<b>\$70 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>60 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>\$4,000 for comprehensive services including dentures</b>	<b>\$3,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>	<b>\$100 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / 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>N/A</b>
<b>In-Home Support Services</b>	<b>Chores and personal care services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$0</b>	<b>\$3</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>Utilities Flex Card</b>	<b>N/A</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>	<b>N/A</b>

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# 2022 Agents' First Look

## TEXAS

Plan Benefits	Wellcare TexanPlus No Premium (HMO) H0174011002 In-Network	Wellcare TexanPlus No Premium (HMO) H0174011004 In-Network
Counties	El Paso	Cooke
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)	\$3,400	\$3,400
Inpatient Hospital - Acute	\$150 copay per day for days 1-5; \$0 copay per day for days 6-90	\$200 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$30	\$30
Over-the-Counter Items	\$85 every quarter	\$70 every quarter
Medically Necessary Transportation	48 one-way trips every year	48 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	\$100 eyewear limit	\$100 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)	\$300	N/A
In-Home Support Services	Chores and personal care services	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	\$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 TexanPlus Classic No Premium (HMO) H4506003000 In-Network
<b>Counties</b>	Austin, Brazoria, Chambers, Fort Bend, Galveston (partial County), Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Walker, Waller
<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>\$3,400</b>
<b>Inpatient Hospital - Acute</b>	<b>\$275 per stay</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$25</b>
<b>Over-the-Counter Items</b>	<b>\$45 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>48 one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>\$1,500 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$100 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>\$0</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 No Premium (HMO) H5294011000 In-Network
<b>Counties</b>	Aransas, Bee, Brooks, Cameron, Duval, Goliad, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, La Salle, McMullen, Nueces, Refugio, San Patricio, Starr, Victoria, Webb, Willacy, Zapata
<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>\$3,450</b>
<b>Inpatient Hospital - Acute</b>	<b>\$100 copay per day for days 1-8; \$0 copay per day for days 9-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$25</b>
<b>Over-the-Counter Items</b>	<b>\$100 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>60 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>\$2,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$750</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>\$12</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>Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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# 2022 Agents' First Look

TEXAS

Plan Benefits	Wellcare No Premium (HMO) H5294017000 In-Network
<b>Counties</b>	Atascosa, Bandera, Bexar, Comal, DeWitt, Dimmit, Gonzales, Guadalupe, Karnes, Kendall, Maverick, Medina, Real, Uvalde, Wilson, Zavala
<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>\$4,300</b>
<b>Inpatient Hospital - Acute</b>	<b>\$125 copay per day for days 1-8; \$0 copay per day for days 9-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$100 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>\$2,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$300 eyewear limit</b>
<b>Hearing Benefits</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>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>\$12</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>Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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## 2022 Agents' First Look

TEXAS

Plan Benefits	Wellcare No Premium (HMO) H5294018000 In-Network
<b>Counties</b>	Armstrong, Bailey, Borden, Briscoe, Castro, Cochran, Coke, Crosby, Dickens, Donley, Fisher, Floyd, Garza, Glasscock, Hale, Hockley, Irion, Kent, Lamb, Lubbock, Lynn, Martin, Mitchell, Nolan, Shackelford, Sterling, Swisher, Terry, Throckmorton
<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>\$4,100</b>
<b>Inpatient Hospital - Acute</b>	<b>\$275 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>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$80 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>24 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>\$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>\$300</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>\$14</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>Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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## 2022 Agents' First Look

TEXAS

Plan Benefits	Wellcare No Premium (HMO-POS) H0174012001 In-Network
<b>Counties</b>	Bastrop, Blanco, Burnet, Caldwell, Hays, Lee, Milam, Travis, Williamson
<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>\$4,500 (Combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$250 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>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$70 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>\$100 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>\$750</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>\$0</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>Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Patriot No Premium (HMO) H5294014000 In-Network
<b>Counties</b>	Aransas, Armstrong, Atascosa, Bailey, Bandera, Bastrop, Bee, Bexar, Blanco, Borden, Bosque, Briscoe, Brooks, Burnet, Caldwell, Calhoun, Cameron, Castro, Cochran, Coke, Collin, Colorado, Comal, Crosby, Dallas, DeWitt, Denton, Dickens, Dimmit, Donley, Duval, El Paso, Erath, Fayette, Fisher, Floyd, Garza, Gillespie, Glasscock, Goliad, Gonzales, Grayson, Grimes, Guadalupe, Hale, Hamilton, Hays, Hidalgo, Hill, Hockley, Hunt, Irion, Jack, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kent, Kimble, Kleberg, La Salle, Lamb, Lee, Leon, Limestone, Lubbock, Lynn, Martin, Mason, Maverick, McCulloch, McMullen, Medina, Milam, Mills, Mitchell, Navarro, Nolan, Nueces, Palo Pinto, Real, Refugio, Rockwall, San Patricio, San Saba, Shackelford, Somervell, Starr, Sterling, Swisher, Tarrant, Terry, Throckmorton, Uvalde, Van Zandt, Victoria, Webb, Willacy, Williamson, Wilson, Zapata, Zavala
<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>\$3,450</b>
<b>Inpatient Hospital - Acute</b>	<b>\$225 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>\$25</b>
<b>Over-the-Counter Items</b>	<b>\$120 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>\$2,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$200 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>\$500</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

# TEXAS

Plan Benefits	Wellcare No Premium (HMO-POS) H0174012002 In-Network	Wellcare No Premium (HMO-POS) H0174012003 In-Network
<b>Counties</b>	Collin, Cooke, Dallas, Denton, Johnson, Rockwall, Tarrant	Austin, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Walker, Waller, Wharton
<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>\$4,500 (Combined)</b>	<b>\$4,500 (Combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$225 copay per day for days 1-8; \$0 copay per day for days 9-90</b>	<b>\$225 copay per day for days 1-8; \$0 copay per day for days 9-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$30</b>	<b>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$70 every quarter</b>	<b>\$140 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>\$3,000 for comprehensive services including dentures</b>	<b>\$3,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>	<b>\$400 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$1,500 / year for 2 hearing aids</b>	<b>\$4,000 / 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>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$0</b>	<b>\$0</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>Utilities Flex Card</b>	<b>Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>	<b>N/A</b>

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# 2022 Agents' First Look

# TEXAS

Plan Benefits	Wellcare No Premium (HMO-POS) H0174012004 In-Network	Wellcare No Premium (HMO-POS) H0174012005 In-Network
<b>Counties</b>	Bexar, Comal, Guadalupe	El Paso
<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>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$4,500 (Combined)	\$4,500 (Combined)
<b>Inpatient Hospital - Acute</b>	\$225 copay per day for days 1-8; \$0 copay per day for days 9-90	\$225 copay per day for days 1-8; \$0 copay per day for days 9-90
<b>PCP Office Visits</b>	\$0	\$0
<b>Specialist Office Visits</b>	\$30	\$30
<b>Over-the-Counter Items</b>	\$70 every quarter	\$70 every quarter
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Health Club Membership</b>	\$0	\$0
<b>Dental Benefits</b>	\$3,000 for comprehensive services including dentures	\$3,000 for comprehensive services including dentures
<b>Vision Benefits</b>	\$100 eyewear limit	\$100 eyewear limit
<b>Hearing Benefits</b>	\$1,500 / year for 2 hearing aids	\$1,500 / year for 2 hearing aids
<b>Flex Card D/V/H Services (per year)</b>	\$750	\$750
<b>In-Home Support Services</b>	N/A	N/A
<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>	\$0	\$0
<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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# 2022 Agents' First Look

## TEXAS

Plan Benefits	Wellcare TexanPlus No Premium (HMO) H0174011003 In-Network	Wellcare TexanPlus No Premium (HMO-POS) H4506029000 In-Network
Counties	Chambers, Galveston, Walker	Austin, Brazoria, Chambers, Fort Bend, Galveston (partial county), Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller, Walker
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)	\$3,400	\$3,400 (combined)
Inpatient Hospital - Acute	\$200 copay per day for days 1-5; \$0 copay per day for days 6-90	\$300 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$20	\$40
Over-the-Counter Items	\$70 every quarter	\$45 every quarter
Medically Necessary Transportation	48 one-way trips every year	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$3,000 for comprehensive services including dentures	\$1,000 for comprehensive services
Vision Benefits	\$100 eyewear limit	\$100 eyewear limit
Hearing Benefits	\$1,500 / year for 2 hearing aids	Medicare Only
Flex Card D/V/H Services (per year)	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$0	\$250
Deductible Tiers	N/A	Tiers 3 to 5
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$3	\$0
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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## 2022 Agents' First Look

TEXAS

Plan Benefits	Wellcare Assist (HMO) H0174009000 In-Network
<b>Counties</b>	Austin, Bastrop, Bexar, Blanco, Burnet, Caldwell, Chambers, Collin, Comal, Cooke, Dallas, Denton, El Paso, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Jefferson, Johnson, Lee, Liberty, Matagorda, Milam, Montgomery, Newton, Orange, Polk, Rockwall, San Jacinto, Tarrant, Travis, Walker, Waller, Wharton, Williamson
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$19.40</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,450</b>
<b>Inpatient Hospital - Acute</b>	<b>\$200 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>\$25</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>\$3,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$200 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>\$1,000</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>Helper Bee's Care Concierge, Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Complement Assist (HMO) H5294016000 In-Network
<b>Counties</b>	Armstrong, Atascosa, Bailey, Bandera, Bastrop, Bexar, Blanco, Borden, Bosque, Briscoe, Burnet, Caldwell, Calhoun, Castro, Cochran, Coke, Collin, Colorado, Comal, Crosby, Dallas, DeWitt, Denton, Dickens, Dimmit, Donley, El Paso, Erath, Fayette, Fisher, Floyd, Garza, Gillespie, Glasscock, Gonzales, Grayson, Grimes, Guadalupe, Hale, Hamilton, Hays, Hill, Hockley, Hunt, Irion, Jack, Karnes, Kendall, Kent, Kimble, Lamb, Lee, Leon, Limestone, Lubbock, Lynn, Martin, Mason, Maverick, McCulloch, Medina, Milam, Mills, Mitchell, Navarro, Nolan, Palo Pinto, Real, Rockwall, San Saba, Shackelford, Somervell, Sterling, Swisher, Tarrant, Terry, Throckmorton, Uvalde, Van Zandt, Williamson, Wilson, Zavala
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$13.70</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,450</b>
<b>Inpatient Hospital - Acute</b>	<b>\$175 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>\$30</b>
<b>Over-the-Counter Items</b>	<b>\$150 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>48 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>\$1,000 / 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>\$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>Helper Bee's Care Concierge, Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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# 2022 Agents' First Look

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Plan Benefits	Wellcare Complement Assist (HMO) H5294013000 In-Network
<b>Counties</b>	Aransas, Bee, Brooks, Cameron, Duval, Goliad, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, La Salle, McMullen, Nueces, Refugio, San Patricio, Starr, Victoria, Webb, Willacy, Zapata
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$13.40</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,450</b>
<b>Inpatient Hospital - Acute</b>	<b>\$100 copay per day for days 1-8; \$0 copay per day for days 9-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$20</b>
<b>Over-the-Counter Items</b>	<b>\$150 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>\$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>\$750</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>Helper Bee's Care Concierge, Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Giveback (HMO) H5294019000 In-Network
<b>Counties</b>	Armstrong, Bailey, Borden, Briscoe, Castro, Cochran, Coke, Crosby, Dickens, Donley, Fisher, Floyd, Garza, Glasscock, Hale, Hockley, Irion, Kent, Lamb, Lubbock, Lynn, Martin, Mitchell, Nolan, Shackelford, Sterling, Swisher, Terry, Throckmorton
<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>\$7,550</b>
<b>Inpatient Hospital - Acute</b>	<b>\$375 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>\$50</b>
<b>Over-the-Counter Items</b>	<b>\$20 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>\$750 for preventive and diagnostic services</b>
<b>Vision Benefits</b>	<b>\$100 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>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$200</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$2</b>
<b>Tier 2: Generic*</b>	<b>\$12</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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# 2022 Agents' First Look

# TEXAS

Plan Benefits	Wellcare Giveback (HMO) H0174013002 In-Network	Wellcare Giveback (HMO) H0174013003 In-Network
<b>Counties</b>	Collin, Cooke, Dallas, Denton, Johnson, Rockwall, Tarrant	Austin, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Walker, Waller, Wharton
<b>Premium Part B Giveback</b>	<b>\$100.00</b>	<b>\$95.00</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>\$6,700</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>\$325 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>\$0</b>
<b>Specialist Office Visits</b>	<b>\$50</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>\$2,000 for comprehensive services including dentures</b>	<b>\$1,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>	<b>\$100 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>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>\$300</b>	<b>\$300</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>\$2</b>	<b>\$2</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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## 2022 Agents' First Look

## TEXAS

Plan Benefits	Wellcare Giveback (HMO) H0174013004 In-Network	Wellcare Giveback (HMO) H0174013005 In-Network
<b>Counties</b>	Bexar, Comal, Guadalupe	El Paso
<b>Premium Part B Giveback</b>	<b>\$95.00</b>	<b>\$95.00</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>\$6,700</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>\$325 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>\$0</b>
<b>Specialist Office Visits</b>	<b>\$50</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>\$1,000 for comprehensive services including dentures</b>	<b>\$1,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>	<b>\$100 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>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>\$300</b>	<b>\$300</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>\$2</b>	<b>\$2</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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Plan Benefits	Wellcare Giveback (HMO) H5294012000 In-Network
<b>Counties</b>	Aransas, Bee, Brooks, Cameron, Duval, Goliad, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, La Salle, McMullen, Nueces, Refugio, San Patricio, Starr, Victoria, Webb, Willacy, Zapata
<b>Premium Part B Giveback</b>	<b>\$99.00</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>\$375 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>\$50</b>
<b>Over-the-Counter Items</b>	<b>\$20 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>\$100 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>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$250</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>
<b>Tier 2: Generic*</b>	<b>\$12</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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## 2022 Agents' First Look

## TEXAS

Plan Benefits	Wellcare Giveback (HMO) H0174013001 In-Network	Wellcare TexanPlus Patriot Giveback (HMO) H4506010000 In-Network
<b>Counties</b>	Bastrop, Blanco, Burnet, Caldwell, Hays, Lee, Milam, Travis, Williamson	Austin, Brazoria, Chambers, Fort Bend, Galveston (partial county), Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Walker, Waller
<b>Premium Part B Giveback</b>	<b>\$95.00</b>	<b>\$80.00</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>\$3,000</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>\$350 per stay</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$50</b>	<b>\$35</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>36 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 including dentures</b>	<b>\$1,500 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$100 eyewear limit</b>	<b>\$100 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>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>\$300</b>	<b>N/A</b>
<b>Deductible Tiers</b>	<b>Tiers 3 to 5</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</b>	<b>N/A</b>
<b>Tier 2: Generic*</b>	<b>\$2</b>	<b>N/A</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>N/A</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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Plan Benefits	Wellcare Specialty No Premium (HMO C-SNP) H0174008000 In-Network
<b>Counties</b>	Austin, Bexar, Chambers, Comal, El Paso, Fort Bend, Galveston, Guadalupe, Harris, Liberty, Matagorda, Montgomery, Polk, San Jacinto, Walker, Waller, Wharton
<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>\$4,500</b>
<b>Inpatient Hospital - Acute</b>	<b>\$275 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>\$20</b>
<b>Over-the-Counter Items</b>	<b>\$60 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>\$1,500 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>\$0</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$10</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>SSBCI Package</b>	<b>Helper Bee's Care Concierge, Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Dual Access (HMO D-SNP) H0174004000 In-Network
<b>Counties</b>	Austin, Bastrop, Bexar, Blanco, Burnet, Caldwell, Chambers, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Jefferson, Johnson, Lee, Liberty, Matagorda, Milam, Montgomery, Newton, Orange, Polk, San Jacinto, San Patricio, Tarrant, Walker, Waller, Wharton
<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>\$3,400</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>\$325 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>No Max allowance for comprehensive services including dentures and implants</b>
<b>Vision Benefits</b>	<b>\$300 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / 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>Helper Bee's Care Concierge, Non-Medical Transportation, Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Dual Liberty (HMO D-SNP) H0174006000 In-Network
<b>Counties</b>	Austin, Bastrop, Bexar, Blanco, Burnet, Caldwell, Chambers, Comal, Cooke, Dallas, Denton, El Paso, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Jefferson, Johnson, Lee, Liberty, Matagorda, Milam, Montgomery, Newton, Orange, Polk, San Jacinto, San Patricio, Tarrant, Walker, Waller, Wharton
<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>\$3,400</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>Unlimited one-way trips every year</b>
<b>Health Club Membership</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No Max allowance for comprehensive services including dentures and implants</b>
<b>Vision Benefits</b>	<b>\$400 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>\$1,500</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>Helper Bee's Care Concierge, Grocery Delivery, Non-Medical Transportation, Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Dual Liberty Nurture (HMO D-SNP) H5294010000 In-Network
<b>Counties</b>	Aransas, Armstrong, Atascosa, Bailey, Bandera, Bee, Bexar, Borden, Bosque, Briscoe, Brooks, Calhoun, Cameron, Castro, Cochran, Coke, Collin, Colorado, Comal, Crosby, Dallas, DeWitt, Denton, Dickens, Dimmit, Donley, Duval, El Paso, Erath, Fayette, Fisher, Floyd, Garza, Gillespie, Glasscock, Goliad, Gonzales, Grayson, Grimes, Guadalupe, Hale, Hamilton, Hidalgo, Hill, Hockley, Hunt, Irion, Jack, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kent, Kimble, Kleberg, La Salle, Lamb, Leon, Limestone, Lubbock, Lynn, Martin, Mason, Maverick, McCulloch, McMullen, Medina, Mills, Mitchell, Navarro, Nolan, Nueces, Palo Pinto, Real, Refugio, Rockwall, San Patricio, San Saba, Shackelford, Somervell, Starr, Sterling, Swisher, Tarrant, Terry, Throckmorton, Uvalde, Van Zandt, Victoria, Webb, Willacy, Wilson, Zapata, Zavala
<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>\$335 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>No Max allowance for comprehensive services including dentures and implants</b>
<b>Vision Benefits</b>	<b>\$600 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>\$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>Helper Bee's Care Concierge, Non-Medical Transportation, Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Dual Access Harmony (HMO D-SNP) H5294015000 In-Network
<b>Counties</b>	Aransas, Armstrong, Atascosa, Bailey, Bandera, Bastrop, Bee, Bexar, Blanco, Borden, Bosque, Briscoe, Brooks, Burnet, Caldwell, Calhoun, Cameron, Castro, Cochran, Coke, Collin, Colorado, Comal, Crosby, Dallas, DeWitt, Denton, Dickens, Dimmit, Donley, Duval, El Paso, Erath, Fayette, Fisher, Floyd, Garza, Gillespie, Glasscock, Goliad, Gonzales, Grayson, Grimes, Guadalupe, Hale, Hamilton, Hays, Hidalgo, Hill, Hockley, Hunt, Irion, Jack, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kent, Kimble, Kleberg, La Salle, Lamb, Lee, Leon, Limestone, Lubbock, Lynn, Martin, Mason, Maverick, McCulloch, McMullen, Medina, Milam, Mills, Mitchell, Navarro, Nolan, Nueces, Palo Pinto, Real, Refugio, Rockwall, San Patricio, San Saba, Shackelford, Somervell, Starr, Sterling, Swisher, Tarrant, Terry, Throckmorton, Uvalde, Van Zandt, Victoria, Webb, Willacy, Williamson, Wilson, Zapata, Zavala
<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>\$325 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>No Max allowance for comprehensive services including dentures and implants</b>
<b>Vision Benefits</b>	<b>\$500 eyewear limit</b>
<b>Hearing Benefits</b>	<b>\$2,000 / year for 2 hearing aids</b>
<b>Flex Card D/V/H Services (per year)</b>	<b>\$750</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>Helper Bee's Care Concierge, Non-Medical Transportation, Utilities Flex Card</b>
<b>Optional Supplemental Packages</b>	<b>N/A</b>

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Plan Benefits	Wellcare Dual Access Open (PPO D-SNP) H7323005000	
<b>Counties</b>	Atascosa, Austin, Bastrop, Bexar, Blanco, Brazoria, Burnet, Caldwell, Chambers, Collin, Comal, Cooke, Dallas, Denton, El Paso, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Hidalgo, Jefferson, Johnson, Lee, Liberty, Medina, Milam, Montgomery, Orange, Polk, Rockwall, San Jacinto, Starr, Tarrant, Travis, Walker, Waller, Williamson	
<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>\$3,450</b>	<b>\$5,100 (Combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 per day for days 1-90</b>	<b>\$0 per stay</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Over-the-Counter Items</b>	<b>\$240 every quarter</b>	<b>\$240 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>48 one-way trips every year</b>	<b>48 one-way trips every year</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>\$2,000 / 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>\$500</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>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1: Preferred Generic*</b>	<b>\$0</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>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>\$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>Utilities Flex Card</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 No Premium Open (PPO) H7323004000	
<b>Counties</b>	Atascosa, Bexar, El Paso, Medina	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<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>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$3,400	\$5,100 (Combined)
<b>Inpatient Hospital - Acute</b>	\$275 copay per day for days 1-5; \$0 copay per day for days 6-90	20% coinsurance per day for days 1-90
<b>PCP Office Visits</b>	\$0	\$35
<b>Specialist Office Visits</b>	\$35	\$50
<b>Over-the-Counter Items</b>	\$70 every quarter	\$70 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>	\$1,000 for comprehensive services including dentures	\$1,000 for comprehensive services including dentures
<b>Vision Benefits</b>	\$100 eyewear limit	\$100 eyewear limit
<b>Hearing Benefits</b>	\$700 / year for 2 hearing aids	\$700 / year for 2 hearing aids
<b>Flex Card D/V/H Services (per year)</b>	N/A	N/A
<b>In-Home Support Services</b>	N/A	N/A
<b>Rx Deductible</b>	\$250	\$250
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic*</b>	\$0	\$0
<b>Tier 2: Generic*</b>	\$10	\$10
<b>Tier 6: Select Care Drugs*</b>	\$0	\$0
<b>Laboratory Services</b>	\$0	40%
<b>X-Ray Services</b>	\$0	40%
<b>SSBCI Package</b>	N/A	N/A
<b>Optional Supplemental Packages</b>	N/A	N/A

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Plan Benefits	Wellcare No Premium Open (PPO) H7323007000	
Counties	Hidalgo, Starr	
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	\$10,000 (combined)
Inpatient Hospital - Acute	\$325 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	\$35
Specialist Office Visits	\$35	\$50
Over-the-Counter Items	\$50 every quarter	\$50 every quarter
Medically Necessary Transportation	24 one-way trips every year	24 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$1,000 for comprehensive services including dentures	\$1,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit	\$200 eyewear limit
Hearing Benefits	\$1,000 / year for 2 hearing aids	\$1,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$300	\$300
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*	\$3	\$3
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 Low Premium Open (PPO) H7323001000	
<b>Counties</b>	Bastrop, Blanco, Burnet, Caldwell, Hays, Lee, Milam, Travis, Williamson	
<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>\$20.00</b>	<b>\$20.00</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>\$300 copay per day for days 1-6; \$0 copay per day for days 7-90</b>	<b>30% coinsurance per day for days 1-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$20</b>
<b>Specialist Office Visits</b>	<b>\$30</b>	<b>\$50</b>
<b>Over-the-Counter Items</b>	<b>\$75 every quarter</b>	<b>\$75 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>\$1,000 for comprehensive services including dentures</b>	<b>\$1,000 for comprehensive services including dentures</b>
<b>Vision Benefits</b>	<b>\$400 eyewear limit</b>	<b>\$400 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>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>\$200</b>	<b>\$200</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>\$1</b>	<b>\$1</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 No Premium Open (PPO) H7323002000	
<b>Counties</b>	Collin, Dallas, Denton, Johnson, Rockwall, Tarrant	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<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>	No	No
<b>Maximum Out of Pocket (MOOP)</b>	\$5,900	\$10,000 (combined)
<b>Inpatient Hospital - Acute</b>	\$200 copay per day for days 1-6; \$0 copay per day for days 7-90	20% coinsurance per day for days 1-90
<b>PCP Office Visits</b>	\$0	\$35
<b>Specialist Office Visits</b>	\$35	\$50
<b>Over-the-Counter Items</b>	\$100 every quarter	\$100 every quarter
<b>Medically Necessary Transportation</b>	N/A	N/A
<b>Health Club Membership</b>	\$0	\$0
<b>Dental Benefits</b>	\$1,000 for comprehensive services including dentures	\$1,000 for comprehensive services including dentures
<b>Vision Benefits</b>	\$200 eyewear limit	\$200 eyewear limit
<b>Hearing Benefits</b>	\$1,000 / year for 2 hearing aids	\$1,000 / year for 2 hearing aids
<b>Flex Card D/V/H Services (per year)</b>	N/A	N/A
<b>In-Home Support Services</b>	N/A	N/A
<b>Rx Deductible</b>	\$200	\$200
<b>Deductible Tiers</b>	Tiers 3 to 5	Tiers 3 to 5
<b>Tier 1: Preferred Generic*</b>	\$0	\$0
<b>Tier 2: Generic*</b>	\$5	\$5
<b>Tier 6: Select Care Drugs*</b>	\$0	\$0
<b>Laboratory Services</b>	\$0	30%
<b>X-Ray Services</b>	\$0	30%
<b>SSBCI Package</b>	Utilities Flex Card	N/A
<b>Optional Supplemental Packages</b>	N/A	N/A

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Plan Benefits	Wellcare No Premium Open (PPO) H7323003000	
<b>Counties</b>	Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Polk, San Jacinto, Walker, Waller	
<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>\$230 copay per day for days 1-6; \$0 copay per day for days 7-90</b>	<b>20% coinsurance per day for days 1-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$35</b>
<b>Specialist Office Visits</b>	<b>\$35</b>	<b>\$50</b>
<b>Over-the-Counter Items</b>	<b>\$60 every quarter</b>	<b>\$60 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>\$1,000 for comprehensive services including dentures</b>	<b>\$1,000 for comprehensive services including dentures</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>\$200</b>	<b>\$200</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>\$3</b>	<b>\$3</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>30%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>30%</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 No Premium Rx Plus Open (PPO) H7323006000	
<b>Counties</b>	Atascosa, Austin, Bastrop, Bexar, Blanco, Brazoria, Burnet, Caldwell, Chambers, Collin, Comal, Cooke, Dallas, Denton, El Paso, Fort Bend, Galveston, Guadalupe, Hardin, Harris, Hays, Hidalgo, Jefferson, Johnson, Lee, Liberty, Medina, Milam, Montgomery, Orange, Polk, Rockwall, San Jacinto, Starr, Tarrant, Travis, Walker, Waller, Williamson	
<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>\$6,000</b>	<b>\$10,000 (combined)</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>\$1,450 per stay</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$40</b>	<b>20%</b>
<b>Over-the-Counter Items</b>	<b>\$45 every quarter</b>	<b>\$45 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Health Club Membership</b>	<b>N/A</b>	<b>N/A</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>\$300</b>	<b>\$300</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>\$0</b>	<b>\$0</b>
<b>Tier 6: Select Care Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>20%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>20%</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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