



wellcare.™

2023

# Agent First Look

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## NEW YORK

Wellcare is pleased to highlight the following plans, which will be a great addition to your portfolio. These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2023 selling season.



By

**FIDELIS CARE®**

# 2023 Key Features

NEW YORK

PLAN	Product Space	Key Selling Features
<b>Wellcare No Premium (HMO) H4868019000</b>	\$0 Premium MAPD	\$0 Premium; PCP \$0; OTC Quarterly allowance; Dental; Vision
<b>Wellcare Fidelis No Premium (HMO) H5599004000</b>	\$0 Premium MAPD	\$0 Premium; PCP \$0; OTC Quarterly allowance; Dental; Vision
<b>Wellcare Dual Access (HMO D-SNP) H4868014000</b>	DSNP-Full	Dental with dentures; OTC \$100+/month (\$160/month); Flex card (D/V/H); Vision; Grocery Card
<b>Wellcare Fidelis Dual Plus (HMO D-SNP) H5599003000</b>	DSNP-Full	OTC \$100+/Month; Grocery Card
<b>Wellcare Fidelis Dual Plus (HMO D-SNP) H5599008000</b>	DSNP-Full	OTC (\$200+/quarter); Grocery Card
<b>Wellcare Dual Access Open (PPO D-SNP) H2775112000</b>	DSNP-Full	Dental with dentures; OTC (\$200+/quarter); Flex card (D/V/H); Vision; Grocery Card
<b>Wellcare Giveback Open (PPO) H0088002000</b>	Giveback MAPD	Giveback; PCP \$0; Dental; OTC Quarterly allowance; Hearing
<b>Wellcare No Premium Open (PPO) H0088003000</b>	\$0 Premium MAPD	\$0 Premium; PCP \$0; Dental with dentures; PERS; OTC Quarterly allowance
<b>Wellcare No Premium Open (PPO) H2775106000</b>	\$0 Premium MAPD	\$0 Premium; PCP \$0; Dental with dentures; OTC Quarterly allowance; PERS
<b>Wellcare Giveback Open (PPO) H2775111000</b>	Giveback MAPD	Giveback; PCP \$0; OTC Quarterly allowance; Dental; Vision

# 2023 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.



# 2023 Agents' First Look

## New York

Plan Benefits	Wellcare Patriot No Premium (HMO) H4868003000 In-Network	Wellcare Assist (HMO) H4868016000 In-Network
<b>Counties</b>	Albany, Broome, Dutchess, Erie, Monroe, Niagara, Oneida, Onondaga, Orange, Rockland, Saratoga, Schenectady, Ulster, Wayne, Westchester	Bronx, Kings, New York, Queens, Richmond
<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>\$18.80</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>\$300 copay per day for days 1-5; \$0 copay per day for days 6-90</b>	<b>\$600 copay per day for days 1-3; \$0 copay per day for days 4-90</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>\$25 every quarter</b>	<b>\$100 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>36 one-way trips every year</b>
<b>Fitness Benefits</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$1,500 comp dental services incl. dentures (\$0 copay)</b>	<b>No annual preventive max + \$2,000 comp dental services (\$0 copay)</b>
<b>Vision Benefits</b>	<b>\$200 eyewear allowance</b>	<b>\$200 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$750 per ear</b>	<b>\$1,000 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></b>	<b>N/A</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>	<b>Chores</b>
<b>Rx Deductible</b>	<b>N/A</b>	<b>\$505</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>Tiers 2-5</b>
<b>Tier 1 Drugs*</b>	<b>N/A</b>	<b>\$0</b>
<b>Tier 2 Drugs*</b>	<b>N/A</b>	<b>\$20</b>
<b>Tier 6 Drugs*</b>	<b>N/A</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>Meals</b>	<b>N/A</b>	<b>Post-Acute and Chronic</b>

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

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Plan Benefits	Wellcare No Premium (HMO) H4868019000 In-Network
<b>Counties</b>	Albany, Bronx, Broome, Cayuga, Chenango, Cortland, Dutchess, Erie, Jefferson, Kings, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Ulster, Wayne, Westchester
<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>\$8,300</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>\$45</b>
<b>Over-the-Counter Items</b>	<b>\$60 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>
<b>Fitness Benefits</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$2,000 comp dental services (\$0 copay)</b>
<b>Vision Benefits</b>	<b>\$300 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$750 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></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 Drugs*</b>	<b>\$0</b>
<b>Tier 2 Drugs*</b>	<b>\$7</b>
<b>Tier 6 Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>Meals</b>	<b>N/A</b>

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Plan Benefits	Wellcare Fidelis No Premium (HMO) H5599004000 In-Network
<b>Counties</b>	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Cortland, Delaware, Dutchess, Erie, Essex, Fulton, Hamilton, Herkimer, Lewis, Montgomery, New York, Niagara, Oneida, Onondaga, Orleans, Oswego, Otsego, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Ulster, Warren, Washington, Westchester, Wyoming, Yates
<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>\$7,550</b>
<b>Inpatient Hospital - Acute</b>	<b>\$403 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>\$45</b>
<b>Over-the-Counter Items</b>	<b>\$50 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>
<b>Fitness Benefits</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max (\$0 copay)</b>
<b>Vision Benefits</b>	<b>\$50 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$350 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></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 Drugs*</b>	<b>\$0</b>
<b>Tier 2 Drugs*</b>	<b>\$15</b>
<b>Tier 6 Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>Meals</b>	<b>N/A</b>

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Plan Benefits	Wellcare Fidelis Assist (HMO-POS) H5599002000 In-Network
<b>Counties</b>	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Cortland, Delaware, Dutchess, Erie, Essex, Fulton, Hamilton, Herkimer, Lewis, Montgomery, New York, Niagara, Oneida, Onondaga, Orleans, Oswego, Otsego, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Ulster, Warren, Washington, Westchester, Wyoming, Yates
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$19.20</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>\$390 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>\$25 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>Unlimited trips every year</b>
<b>Fitness Benefits</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$2,000 comp dental services (\$0 copay)</b>
<b>Vision Benefits</b>	<b>\$200 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$350 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$505</b>
<b>Deductible Tiers</b>	<b>Tiers 3-5</b>
<b>Tier 1 Drugs*</b>	<b>\$0</b>
<b>Tier 2 Drugs*</b>	<b>\$20</b>
<b>Tier 6 Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>Meals</b>	<b>N/A</b>

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## 2023 Agents' First Look

New York

Plan Benefits	Wellcare Dual Access (HMO D-SNP) H4868004000 In-Network	Wellcare Dual Access (HMO D-SNP) H4868014000 In-Network
<b>Counties</b>	Albany, Broome, Dutchess, Erie, Monroe, Niagara, Oneida, Onondaga, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Suffolk, Ulster, Wayne, Westchester	Bronx, Kings, Nassau, New York, Queens, Richmond
<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>\$0</b>	<b>\$0</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$8,300</b>	<b>\$8,300</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 per stay</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>\$450 every quarter</b>	<b>\$160 every month</b>
<b>Medically Necessary Transportation</b>	<b>12 one-way trips every year</b>	<b>24 one-way trips every year</b>
<b>Fitness Benefits</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay)</b>	<b>No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay)</b>
<b>Vision Benefits</b>	<b>\$200 eyewear allowance</b>	<b>\$100 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$1,000 per ear</b>	<b>\$750 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></b>	<b>\$1,000</b>	<b>\$1,000</b>
<b>In-Home Support Services</b>	<b>Chores</b>	<b>Chores</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Prescription Drugs<sup>2</sup></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>Meals</b>	<b>Post-Acute and Chronic</b>	<b>Post-Acute and Chronic</b>
<b>Healthy Food Card<sup>2</sup></b>	<b>\$25 every month</b>	<b>\$50 every month</b>

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Plan Benefits	Wellcare Fidelis Dual Access (HMO D-SNP) H5599001000 In-Network
<b>Counties</b>	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Kings, Lewis, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Orleans, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuylar, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Ulster, Warren, Washington, Westchester, Wyoming, Yates
<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>\$8,300</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>\$115 every month</b>
<b>Medically Necessary Transportation</b>	<b>10 one-way trips every year</b>
<b>Fitness Benefits</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$2,000 comp dental services incl. dentures (\$0 copay)</b>
<b>Vision Benefits</b>	<b>Routine exam + 1 pair of contacts, glasses, lenses, and/or frames</b>
<b>Hearing Benefits</b>	<b>\$350 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></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>Prescription Drugs<sup>2</sup></b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>Meals</b>	<b>N/A</b>
<b>Healthy Food Card<sup>2</sup></b>	<b>\$25 every month</b>

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## 2023 Agents' First Look

## New York

Plan Benefits	Wellcare Fidelis Dual Plus (HMO D-SNP) H5599003000 In-Network	Wellcare Fidelis Dual Plus (HMO D-SNP) H5599008000 In-Network
<b>Counties</b>	Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester	Albany, Allegany, Broome, Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Lewis, Montgomery, Niagara, Oneida, Onondaga, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Ulster, Warren, Washington, Wyoming, Yates
<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>\$0</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$8,300</b>	<b>\$8,300</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 per stay</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>\$155 every month</b>	<b>\$350 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Benefits</b>	<b>N/A</b>	<b>N/A</b>
<b>Dental Benefits</b>	<b>Medicare Only</b>	<b>Medicare Only</b>
<b>Vision Benefits</b>	<b>Medicare Only</b>	<b>Medicare Only</b>
<b>Hearing Benefits</b>	<b>\$1,000 per ear</b>	<b>\$750 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></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>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Prescription Drugs<sup>2</sup></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>Meals</b>	<b>Post-Acute</b>	<b>Post-Acute</b>
<b>Healthy Food Card<sup>2</sup></b>	<b>\$25 every month</b>	<b>\$25 every month</b>

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Plan Benefits	Wellcare Dual Access Open (PPO D-SNP) H2775112000	
<b>Counties</b>	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates	
<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>\$0</b>	<b>\$0</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$8,300</b>	<b>N/A</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 per stay</b>	<b>\$0 copay per day for days 1-120</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>\$300 every quarter</b>	<b>\$300 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>12 one-way trips every year</b>	<b>12 one-way trips every year</b>
<b>Fitness Benefits</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$4,000 comp dental services incl. dentures (\$0 copay)</b>	<b>No annual preventive max + \$4,000 comp dental services incl. dentures (50% cost-share)</b>
<b>Vision Benefits</b>	<b>\$200 eyewear allowance</b>	<b>\$200 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$1,000 per ear</b>	<b>\$1,000 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></b>	<b>\$1,000</b>	<b>\$1,000</b>
<b>In-Home Support Services</b>	<b>Chores</b>	<b>Chores</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Prescription Drugs<sup>2</sup></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>Meals</b>	<b>N/A</b>	<b>N/A</b>
<b>Healthy Food Card<sup>2</sup></b>	<b>\$25 every month</b>	<b>\$25 every month</b>

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Plan Benefits	Wellcare Giveback Open (PPO) H0088002000	
Counties	New York	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$74.00	\$74.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$7,550	N/A
Inpatient Hospital - Acute	\$375 copay per day for days 1-5; \$0 copay per day for days 6-90	20% coinsurance per day for days 1-100
PCP Office Visits	\$0	\$25
Specialist Office Visits	\$50	40%
Over-the-Counter Items	\$30 every quarter	\$30 every quarter
Medically Necessary Transportation	N/A	N/A
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay)	No annual preventive max (50% cost-share)
Vision Benefits	\$100 eyewear allowance	\$100 eyewear allowance
Hearing Benefits	\$350 per ear	\$350 per ear
Flex Card D/V/H Services (per year) <sup>1</sup>	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$325	\$325
Deductible Tiers	Tiers 3-5	Tiers 3-5
Tier 1 Drugs*	\$1	\$1
Tier 2 Drugs*	\$7	\$7
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	40%
X-Ray Services	\$0	40%
Meals	Post-Acute	Post-Acute

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Plan Benefits	Wellcare Assist Open (PPO) H2775113000	
<b>Counties</b>	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates	
<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>\$10.70</b>	<b>\$10.70</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>N/A</b>
<b>Inpatient Hospital - Acute</b>	<b>\$500 copay per day for days 1-4; \$0 copay per day for days 5-90</b>	<b>\$500 copay per day for days 1-4; \$0 copay per day for days 5-90</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>\$150 every quarter</b>	<b>\$150 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Benefits</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay)</b>	<b>No annual preventive max + \$3,000 comp dental services incl. dentures (50% cost-share)</b>
<b>Vision Benefits</b>	<b>\$100 eyewear allowance</b>	<b>\$100 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$750 per ear</b>	<b>\$750 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></b>	<b>\$1,000</b>	<b>\$1,000</b>
<b>In-Home Support Services</b>	<b>Chores</b>	<b>Chores</b>
<b>Rx Deductible</b>	<b>\$505</b>	<b>\$505</b>
<b>Deductible Tiers</b>	<b>Tiers 2-5</b>	<b>Tiers 2-5</b>
<b>Tier 1 Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2 Drugs*</b>	<b>\$20</b>	<b>\$20</b>
<b>Tier 6 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>Meals</b>	<b>Post-Acute and Chronic</b>	<b>Post-Acute and Chronic</b>

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Plan Benefits	Wellcare Premium Ultra Open (PPO) H2775105000	
<b>Counties</b>	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates	
<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>\$115.00</b>	<b>\$115.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,400</b>	<b>N/A</b>
<b>Inpatient Hospital - Acute</b>	<b>\$600 per stay</b>	<b>20% coinsurance per day for days 1-999</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$10</b>
<b>Specialist Office Visits</b>	<b>\$25</b>	<b>\$35</b>
<b>Over-the-Counter Items</b>	<b>\$140 every quarter</b>	<b>\$140 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Benefits</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$1,000 comp dental services incl. dentures (\$0 copay)</b>	<b>No annual preventive max + \$1,000 comp dental services incl. dentures (50% cost-share)</b>
<b>Vision Benefits</b>	<b>\$200 eyewear allowance</b>	<b>\$200 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$750 per ear</b>	<b>\$750 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></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>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1 Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2 Drugs*</b>	<b>\$5</b>	<b>\$5</b>
<b>Tier 6 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>Meals</b>	<b>Post-Acute and Chronic</b>	<b>Post-Acute and Chronic</b>

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Plan Benefits	Wellcare No Premium Open (PPO) H2775106000	
<b>Counties</b>	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates	
<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>N/A</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>\$600 copay per day for days 1-12; \$0 copay per day for days 13-999</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$25</b>
<b>Specialist Office Visits</b>	<b>\$40</b>	<b>\$60</b>
<b>Over-the-Counter Items</b>	<b>\$85 every quarter</b>	<b>\$85 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>12 one-way trips every year</b>	<b>12 one-way trips every year</b>
<b>Fitness Benefits</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$1,000 comp dental services incl. dentures (\$0 copay)</b>	<b>No annual preventive max + \$1,000 comp dental services incl. dentures (50% cost-share)</b>
<b>Vision Benefits</b>	<b>\$200 eyewear allowance</b>	<b>\$200 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$750 per ear</b>	<b>\$750 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></b>	<b>N/A</b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>Chores</b>	<b>Chores</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 Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2 Drugs*</b>	<b>\$7</b>	<b>\$7</b>
<b>Tier 6 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>Meals</b>	<b>Post-Acute and Chronic</b>	<b>Post-Acute and Chronic</b>

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Plan Benefits	Wellcare Giveback Open (PPO) H2775111000	
<b>Counties</b>	Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Madison, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Orange, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Premium Part B Giveback</b>	<b>\$74.00</b>	<b>\$74.00</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>N/A</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>20% coinsurance per day for days 1-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$25</b>
<b>Specialist Office Visits</b>	<b>\$50</b>	<b>40%</b>
<b>Over-the-Counter Items</b>	<b>\$30 every quarter</b>	<b>\$30 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Benefits</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max (\$0 copay)</b>	<b>No annual preventive max (50% cost-share)</b>
<b>Vision Benefits</b>	<b>\$100 eyewear allowance</b>	<b>\$100 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$350 per ear</b>	<b>\$350 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></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>\$325</b>	<b>\$325</b>
<b>Deductible Tiers</b>	<b>Tiers 3-5</b>	<b>Tiers 3-5</b>
<b>Tier 1 Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2 Drugs*</b>	<b>\$7</b>	<b>\$7</b>
<b>Tier 6 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>Meals</b>	<b>Post-Acute</b>	<b>Post-Acute</b>

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Plan Benefits	Wellcare No Premium Open (PPO) H0088003000	
Counties	New York	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$6,700	N/A
Inpatient Hospital - Acute	\$325 copay per day for days 1-6; \$0 copay per day for days 7-90	\$600 copay per day for days 1-12; \$0 copay per day for days 13-999
PCP Office Visits	\$0	\$25
Specialist Office Visits	\$40	\$60
Over-the-Counter Items	\$85 every quarter	\$85 every quarter
Medically Necessary Transportation	12 one-way trips every year	12 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$1,000 comp dental services incl. dentures (\$0 copay)	No annual preventive max + \$1,000 comp dental services incl. dentures (50% cost-share)
Vision Benefits	\$200 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$750 per ear	\$750 per ear
Flex Card D/V/H Services (per year) <sup>1</sup>	N/A	N/A
In-Home Support Services	Chores	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$7	\$7
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	30%
X-Ray Services	\$0	30%
Meals	Post-Acute and Chronic	Post-Acute and Chronic

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