

Benefit Overview⁽¹⁾

	WellCare Value (HMO) Plan 079	WellCare Choice (HMOPOS) Plan 025	WellCare Select (HMOPOS) Plan 101	WellCare Access (HMO) Plan 085
WellCare Monthly Plan Premium ⁽²⁾	\$000	\$3400	\$0 to \$20.40	\$0 to \$15.20
POS Option	Not Covered ⁽⁴⁾	20% ⁽³⁾	20% ⁽³⁾	Not Covered ⁽⁴⁾
MEDICAL COVERAGE	Yes	Yes	Yes	Yes
Maximum Out-of-Pocket	\$3,400	\$2,500	\$3,400	Not Covered
Primary Care Physician/Specialist Office Visit	\$15 / \$35	\$10 / \$35	\$0 / \$0-\$25	\$0 / \$0
Inpatient Hospitalization	\$200 / day (1 - 8) \$0 / day (9 - 90) Unlimited days	\$150 / day (1 - 5) \$0 / day (6 - 90) Unlimited days	\$0 or \$100 / day (1 - 5) \$0 / day (6 - 90) Unlimited days	\$0 / day (1 - 90)
Outpatient Hospital Services (Surgery / Non-Surgery)	\$150 / \$150	\$100 / \$100	\$0-\$75	\$0 / \$0
PRESCRIPTION DRUG COVERAGE (31-day supply)	Yes ⁽⁵⁾	Yes ⁽⁵⁾	Yes ⁽⁵⁾ ⁽⁷⁾	Yes ⁽⁵⁾ ⁽⁷⁾
Deductible	\$0	\$0	\$0 - \$310	\$0 - \$310
Tier 1 - Generic	\$3	\$3	\$0 - \$3	\$0 - \$3
Tier 2 - Preferred Brand	\$39	\$39	\$0 - \$35	\$0 - \$38
Tier 3 - Non-Preferred Brand	\$79	\$75	\$0 - \$80	\$0 - \$78
Tier 4 - Specialty	33%	33%	0% - 25%	0% - 25%
Additional Information	You pay 100% for all drugs in the coverage gap	You pay 100% for all drugs in the coverage gap	Depending on your income level, you pay either \$0 to \$6.30 or 100% for all drugs in the coverage gap	Depending on your income level, you pay either \$0 to \$6.30 or 100% for all drugs in the coverage gap
EXTRA BENEFITS (additional services not provided by Medicare)	Yes	Yes	Yes	Yes
Routine Dental Exams	No ⁽⁶⁾	No ⁽⁶⁾	No ⁽⁶⁾	Yes
Comprehensive Dental Exams	No	No	No	Yes
Routine Hearing Exams	Yes	Yes	Yes	Yes
Routine Vision Exams	Yes	Yes	Yes	Yes
Transportation	Not Covered	Not Covered	\$0 / 30 One-way trip every year	\$0 / 30 One-way trip every year
SilverSneakers Fitness Program (gym membership at selected health clubs)	Not Covered	\$0 / yearly	\$0 / yearly	Not Covered

⁽¹⁾ The benefit information provided is not comprehensive. Additional information should be requested before making a decision about your coverage. See Summary of Benefits and/or contact plan for details. ⁽²⁾ If you choose to have your plan premium deducted from your Social Security check or if your plan premium is currently deducted from your Social Security check and you would rather receive a direct bill, it could take up to three months to take effect. You are responsible for ensuring full payment of your plan premium. ⁽³⁾ Applies only to certain services. See Summary of Benefits and/or contact plan for details. ⁽⁴⁾ You must use plan providers except in emergent or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor WellCare will be responsible for the costs. ⁽⁵⁾ This plan uses a formulary. Limitations may apply. ⁽⁶⁾ These services may be covered by Medicaid. Please check with your local state Medicaid office for more information. ⁽⁷⁾ If you lose eligibility for extra help, your Part D prescription drugs costs may be more.