

Benefit Overview⁽¹⁾

	WellCare Choice Plan 025	WellCare Value Plan 079	WellCare Access Plan 125	WellCare Select Plan 126
WellCare Monthly Plan Premium	\$29	\$0	\$0	\$0 - \$17.30
Plan Type	HMO with a POS Option	HMO with a POS Option	HMO	HMO with a POS Option
POS Option ⁽²⁾	30%	30%	Not Covered	30%
Maximum Out-of-Pocket	\$2,500	\$3,250	Not Covered	\$1,500
Doctor Office Visits (Primary Care Physician/Specialist)	\$10 / \$25	\$10 / \$30	\$0 / \$0	\$0 / \$20
Inpatient Hospitalization	\$150 / day (1 - 5) \$0 / day (6 - 90) Unlimited days	\$200 / day (1 - 5) \$0 / day (6 - 90) Unlimited days	\$0 / day (1 - 90)	\$75 / day (1 - 5) \$0 / day (6 - 90) Unlimited days
Outpatient Hospital (Surgical/Non-Surgical)	\$100 / \$100	\$150 / \$150	\$0 / \$0	\$50 / \$50
Part D Prescription Drug Coverage (31-day supply)	Yes ⁽³⁾	Yes ⁽³⁾	Yes ⁽³⁾	Yes ⁽³⁾
Deductible	\$0	\$0	\$0	\$0 - \$295 ⁽⁵⁾
Tier 1/Generic	\$0	\$0	You pay \$0 to \$6 for Part D prescription drugs	\$0
Tier 2/Preferred Brand	\$39	\$35		\$0 to \$39
Tier 3/Non-Preferred Brand	\$75	\$75		\$0 to \$89
Tier 4/Specialty	33%	33%		0% to 25%
Additional Information	You pay 100% for all drugs in the coverage gap	You pay 100% for all drugs in the coverage gap	After your yearly out-of-pocket reaches \$4,350, you pay \$0 for your drugs	Depending on your income level, you pay either \$0 to \$6 or 100% for all drugs in the coverage gap
Routine Dental Exams	Yes	Yes	Yes	Yes
Routine Hearing Exams	Yes	Yes	Yes	Yes
Routine Vision Exams	Yes	Yes	Yes	Yes
HealthStuff™ Over-the-Counter Items	\$6 ⁽⁴⁾	Not Covered	\$40 ⁽⁴⁾	\$10 ⁽⁴⁾
Transportation	Not Covered	Not Covered	\$0 / 24 one way trips every year	\$0 / 24 one way trips every year
Nutritional Benefit	Not Covered	Not Covered	10 meals	10 meals
Health Club Membership	\$0 / yearly	Not Covered	Not Covered	\$0 / yearly
Comprehensive Dental	Yes	Yes	Yes	Yes

⁽¹⁾ See Summary of Benefits and/or contact plan for details. ⁽²⁾ Applies only to certain services. See Summary of Benefits and/or contact plan for details. ⁽³⁾ This plan uses a formulary. Limitations may apply. ⁽⁴⁾ Any unused portion of your allowance does not carry over to the next month. ⁽⁵⁾ Deductible applies to brand name drugs only.