



wellcare.TM

2023

Agent **First Look**

FLORIDA

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.

Ascension
Complete

2023 Key Features

FLORIDA

PLAN	Product Space	Key Selling Features
Wellcare Giveback (HMO) H1032040000	Giveback MAPD	Giveback; Flex card (D/V/H); Dental with dentures; Unlimited Transportation, Non-emergency; OTC (\$300+/quarter)
Wellcare No Premium (HMO) H1032190000	\$0 Premium MAPD	OTC Quarterly allowance; Dental; Vision; Hearing; Transportation, Non-emergency
Wellcare No Premium (HMO) H1032192000	\$0 Premium MAPD	Low MOOP; OTC Quarterly allowance; Dental; Vision; Hearing
Wellcare No Premium (HMO) H1032194000	\$0 Premium MAPD	Flex card (D/V/H); OTC (\$100+/quarter); Low MOOP; Specialist Low Copay; Dental
Wellcare No Premium (HMO) H1032196000	\$0 Premium MAPD	Flex card (D/V/H); Low MOOP; Dental with dentures; OTC (\$300+/quarter); Specialist \$0
Wellcare No Premium (HMO) H1032199000	\$0 Premium MAPD	Flex card (D/V/H); Low MOOP; OTC (\$200+/quarter); Dental with dentures; Specialist Low Copay
Wellcare No Premium (HMO) H1032201000	\$0 Premium MAPD	Flex card (D/V/H); Low MOOP; OTC (\$200+/quarter); Dental with implants; Unlimited Transportation, Non-emergency
Wellcare No Premium (HMO) H1032205000	\$0 Premium MAPD	Flex card (D/V/H); OTC (\$100+/quarter); Dental with dentures; Low MOOP; Transportation, Non-emergency
Wellcare No Premium (HMO) H1032211000	\$0 Premium MAPD	Flex card (D/V/H); OTC (\$100+/quarter); Dental with dentures; Transportation, Non-emergency; Low MOOP
Wellcare No Premium (HMO) H1032213000	\$0 Premium MAPD	Flex card (D/V/H); Dental with implants; Low MOOP; Specialist Low Copay; OTC (\$200+/quarter)

2023 Key Features

FLORIDA

PLAN	Product Space	Key Selling Features
Wellcare No Premium (HMO) H1032218000	\$0 Premium MAPD	Flex card (D/V/H); OTC (\$200+/quarter); Dental; Vision; Hearing
Wellcare Dual Access (HMO D-SNP) H1032124000	DSNP-Full	Flex card (D/V/H); Dental with dentures; Vision; OTC (\$350+/quarter); \$0 Rx Copays & Grocery Card
Wellcare Dual Access (HMO D-SNP) H1032170000	DSNP-Full	Flex card (D/V/H); Dental with dentures; Vision; OTC (\$350+/quarter); \$0 Rx Copays & Grocery Card
Wellcare Dual Liberty (HMO D-SNP) H1032175000	DSNP-Full	Flex card (D/V/H); Dental with implants; \$0 Rx Copays & Grocery Card; OTC (\$350+/quarter); Unlimited Transportation, Non-emergency
Wellcare Dual Liberty (HMO D-SNP) H1032176000	DSNP-Full	Flex card (D/V/H); Dental with implants; \$0 Rx Copays & Grocery Card; OTC (\$350+/quarter); Unlimited Transportation, Non-emergency
Wellcare Dual Select (HMO D-SNP) H1032182000	DSNP-Partial	OTC (\$100+/quarter); Dental; Vision; Hearing; \$0 Rx Copays & Grocery Card
Wellcare Dual Reserve (HMO D-SNP) H1032202000	DSNP-Partial	Flex card (D/V/H); Dental with dentures; Vision; OTC (\$300+/quarter); \$0 Rx Copays & Grocery Card
Wellcare Dual Reserve (HMO D-SNP) H1032206000	DSNP-Partial	Flex card (D/V/H); Dental with dentures; Vision; OTC (\$300+/quarter); \$0 Rx Copays & Grocery Card
Wellcare Dual Reserve (HMO D-SNP) H1032214000	DSNP-Partial	Flex card (D/V/H); Dental with dentures; Vision; OTC (\$300+/quarter); \$0 Rx Copays & Grocery Card
Wellcare Dual Reserve (HMO D-SNP) H1032217000	DSNP-Partial	Flex card (D/V/H); Dental with dentures; Vision; OTC (\$300+/quarter); \$0 Rx Copays & Grocery Card

2023 Key Features

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PLAN	Product Space	Key Selling Features
Wellcare Dual Reserve (HMO D-SNP) H1032236000	DSNP-Partial	Flex card (D/V/H); OTC (\$200+/quarter); Dental; Vision; \$0 Rx Copays & Grocery Card
Wellcare Dual Access Open (PPO D-SNP) H5199016000	DSNP-Full	Flex card (D/V/H); Dental with dentures; Transportation, Non-emergency; OTC (\$300+/quarter); \$0 Rx Copays & Grocery Card
Wellcare No Premium Open (PPO) H5199008000	\$0 Premium MAPD	Flex card (D/V/H); Dental; Vision; Hearing; INN/OON - most match
Wellcare Premium Enhanced Open (PPO) H5199010000	\$50-\$99 Premium MAPD	Flex card (D/V/H); OTC (\$100+/quarter); Dental with dentures; Low MOOP; Specialist Low Copay
Wellcare No Premium Open (PPO) H5199012000	\$0 Premium MAPD	Flex card (D/V/H); OTC (\$100+/quarter); Dental; Vision; INN/OON - most match
Wellcare No Premium Open (PPO) H5199014000	\$0 Premium MAPD	OTC Quarterly allowance; INN/OON - most match; Dental; Vision; Hearing
Wellcare No Premium Open (PPO) H5199015000	\$0 Premium MAPD	OTC Quarterly allowance; Dental; Vision; Hearing; INN/OON - most match

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.



Plan Benefits	Wellcare Giveback (HMO) H1032040000 In-Network
Counties	Miami-Dade
Premium Part B Giveback	\$131.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$500
Inpatient Hospital - Acute	\$0 copay per day for days 1-90
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$350 every quarter
Medically Necessary Transportation	Unlimited trips every year
Fitness Benefits	\$0
Dental Benefits	No annual preventive max + \$5,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$400 eyewear allowance
Hearing Benefits	\$1,500 per ear
Flex Card D/V/H Services (per year) ¹	\$1,000
In-Home Support Services	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1 Drugs*	\$0
Tier 2 Drugs*	\$0
Tier 6 Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic

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2023 Agents' First Look

Florida

Plan Benefits	Wellcare Giveback (HMO) H1032189000 In-Network	Wellcare No Premium (HMO) H1032190000 In-Network
Counties	Alachua, Bradford, Levy, Putnam, Union	Alachua, Bradford, Levy, Putnam, Union
Premium Part B Giveback	\$60.00	\$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	\$4,900
Inpatient Hospital - Acute	\$325 copay per day for days 1-6; \$0 copay per day for days 7-90	\$300 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$35	\$15
Over-the-Counter Items	\$40 every quarter	\$100 every quarter
Medically Necessary Transportation	N/A	12 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay)	No annual preventive max + \$1,500 comp dental services (\$0 copay)
Vision Benefits	\$100 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	Hearing 750 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	N/A	N/A
In-Home Support Services	N/A	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$5	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	N/A	Post-Acute and Chronic

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2023 Agents' First Look

Florida

Plan Benefits	Wellcare Giveback (HMO) H1032191000 In-Network	Wellcare No Premium (HMO) H1032192000 In-Network
Counties	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Liberty, Okaloosa, Santa Rosa, Walton, Washington	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Liberty, Okaloosa, Santa Rosa, Walton, Washington
Premium Part B Giveback	\$60.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$4,800	\$3,400
Inpatient Hospital - Acute	\$400 copay per day for days 1-4; \$0 copay per day for days 5-90	\$250 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$35	\$25
Over-the-Counter Items	\$85 every quarter	\$135 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 (\$0 copay)	No annual preventive max + \$2,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$100 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$750 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	N/A	N/A
In-Home Support Services	N/A	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$5	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	N/A	Post-Acute and Chronic

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2023 Agents' First Look

Florida

Plan Benefits	Wellcare Giveback (HMO) H1032193000 In-Network	Wellcare No Premium (HMO) H1032194000 In-Network
Counties	Brevard, Indian River, Lake, Marion, Sumter, Volusia	Brevard, Indian River, Lake, Marion, Sumter, Volusia
Premium Part B Giveback	\$95.00	\$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	\$2,900
Inpatient Hospital - Acute	\$250 copay per day for days 1-6; \$0 copay per day for days 7-90	\$95 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$25	\$15
Over-the-Counter Items	\$205 every quarter	\$185 every quarter
Medically Necessary Transportation	12 one-way trips every year	48 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$1,000 comp dental services (\$0 copay)	No annual preventive max + \$2,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$100 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$1,000 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	N/A	\$750
In-Home Support Services	N/A	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	N/A	Post-Acute and Chronic

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2023 Agents' First Look

Florida

Plan Benefits	Wellcare Giveback (HMO) H1032195000 In-Network	Wellcare No Premium (HMO) H1032196000 In-Network
Counties	Broward, Palm Beach	Broward, Palm Beach
Premium Part B Giveback	\$120.00	\$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	\$1,700
Inpatient Hospital - Acute	\$200 copay per day for days 1-6; \$0 copay per day for days 7-90	\$0 copay per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$20	\$0
Over-the-Counter Items	\$300 every quarter	\$350 every quarter
Medically Necessary Transportation	48 one-way trips every year	60 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$2,000 comp dental services incl. dentures (\$0 copay)	No annual preventive max + \$4,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$200 eyewear allowance	\$300 eyewear allowance
Hearing Benefits	\$750 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year) ¹	N/A	\$1,000
In-Home Support Services	N/A	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	N/A	Post-Acute and Chronic

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2023 Agents' First Look

Florida

Plan Benefits	Wellcare Giveback (HMO) H1032198000 In-Network	Wellcare No Premium (HMO) H1032199000 In-Network
Counties	Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Lee, Manatee, Okeechobee, Sarasota	Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Lee, Manatee, Okeechobee, Sarasota
Premium Part B Giveback	\$75.00	\$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	\$2,900
Inpatient Hospital - Acute	\$200 copay per day for days 1-5; \$0 copay per day for days 6-90	\$150 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$25	\$10
Over-the-Counter Items	\$150 every quarter	\$235 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 + \$2,000 comp dental services (\$0 copay)	No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$100 eyewear allowance	\$300 eyewear allowance
Hearing Benefits	\$1,000 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	N/A	\$750
In-Home Support Services	N/A	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	N/A	Post-Acute and Chronic

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2023 Agents' First Look

Florida

Plan Benefits	Wellcare Giveback (HMO) H1032200000 In-Network	Wellcare No Premium (HMO) H1032201000 In-Network
Counties	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
Premium Part B Giveback	\$144.60	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$2,500	\$1,200
Inpatient Hospital - Acute	\$100 copay per day for days 1-5; \$0 copay per day for days 6-90	\$50 copay per day for days 1-10; \$0 copay per day for days 11-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$20	\$0
Over-the-Counter Items	\$135 every quarter	\$225 every quarter
Medically Necessary Transportation	48 one-way trips every year	Unlimited trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$1,000 comp dental services (\$0 copay)	Dental services with no annual max, incl. dentures and implants (\$0 copay).
Vision Benefits	\$200 eyewear allowance	\$400 eyewear allowance
Hearing Benefits	\$500 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	N/A	\$1,000
In-Home Support Services	N/A	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	N/A	Post-Acute and Chronic

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2023 Agents' First Look

Florida

Plan Benefits	Wellcare Giveback (HMO) H1032204000 In-Network	Wellcare No Premium (HMO) H1032205000 In-Network
Counties	Clay, Duval, Flagler, Nassau, St. Johns	Clay, Duval, Flagler, Nassau, St. Johns
Premium Part B Giveback	\$90.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$3,200	\$2,500
Inpatient Hospital - Acute	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90	\$150 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$40	\$15
Over-the-Counter Items	\$135 every quarter	\$195 every quarter
Medically Necessary Transportation	N/A	60 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay)	No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$200 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$500 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	N/A	\$750
In-Home Support Services	N/A	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	N/A	Post-Acute and Chronic

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Florida

Plan Benefits	Wellcare Giveback (HMO) H1032209000 In-Network	Wellcare Giveback (HMO) H1032210000 In-Network
Counties	Baker, Columbia, Dixie, Gilchrist, Hamilton, Jefferson, Lafayette, Leon, Madison, Suwannee, Taylor, Wakulla	Martin, St. Lucie
Premium Part B Giveback	\$30.00	\$90.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$5,000	\$3,400
Inpatient Hospital - Acute	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90	\$275 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$50	\$35
Over-the-Counter Items	\$205 every quarter	\$185 every quarter
Medically Necessary Transportation	N/A	12 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$1,000 comp dental services (\$0 copay)	No annual preventive max + \$1,000 comp dental services (\$0 copay)
Vision Benefits	\$200 eyewear allowance	\$100 eyewear allowance
Hearing Benefits	\$1,000 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	N/A	N/A

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Plan Benefits	Wellcare No Premium (HMO) H1032211000 In-Network	Wellcare Giveback (HMO) H1032212000 In-Network
Counties	Martin, St. Lucie	Orange, Osceola, Seminole
Premium Part B Giveback	\$0.00	\$125.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$2,500	\$3,400
Inpatient Hospital - Acute	\$95 copay per day for days 1-7; \$0 copay per day for days 8-90	\$225 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$20	\$20
Over-the-Counter Items	\$185 every quarter	\$85 every quarter
Medically Necessary Transportation	36 one-way trips every year	12 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay)	No annual preventive max + \$1,000 comp dental services (\$0 copay)
Vision Benefits	\$200 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$1,000 per ear	\$500 per ear
Flex Card D/V/H Services (per year)¹	\$750	N/A
In-Home Support Services	Chores	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	Post-Acute and Chronic	N/A

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Florida

Plan Benefits	Wellcare No Premium (HMO) H1032213000 In-Network	Wellcare No Premium (HMO) H1032218000 In-Network
Counties	Orange, Osceola, Seminole	Baker, Columbia, Dixie, Gilchrist, Hamilton, Jefferson, Lafayette, Leon, Madison, Suwannee, Taylor, Wakulla
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)	\$1,700	\$3,900
Inpatient Hospital - Acute	\$50 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	\$5	\$35
Over-the-Counter Items	\$300 every quarter	\$205 every quarter
Medically Necessary Transportation	60 one-way trips every year	N/A
Fitness Benefits	\$0	\$0
Dental Benefits	Dental services with no annual max, incl. dentures and implants (\$0 copay).	No annual preventive max + \$1,500 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$400 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$1,500 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	\$1,000	\$500
In-Home Support Services	Chores	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$5
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	Post-Acute and Chronic	Post-Acute and Chronic

*Preferred Network Cost Sharing Displayed Where Available

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2023 Agents' First Look

Florida

Plan Benefits	Wellcare Specialty No Premium (HMO C-SNP) H1032184000 In-Network	Wellcare Specialty Giveback (HMO C-SNP) H1032186000 In-Network
Counties	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Miami-Dade
Premium Part B Giveback	\$0.00	\$131.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$2,500	\$500
Inpatient Hospital - Acute	\$50 copay per day for days 1-10; \$0 copay per day for days 11-90	\$0 copay per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$200 every quarter	\$355 every quarter
Medically Necessary Transportation	12 one-way trips every year	Unlimited trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$1,500 comp dental services incl. dentures (\$0 copay)	No annual preventive max + \$5,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$300 eyewear allowance	\$400 eyewear allowance
Hearing Benefits	\$1,000 per ear	\$1,500 per ear
Flex Card D/V/H Services (per year)¹	\$500	\$1,000
In-Home Support Services	Chores	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	Post-Acute and Chronic	Post-Acute and Chronic

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2023 Agents' First Look

Florida

Plan Benefits	Wellcare Specialty Giveback (HMO C-SNP) H1032203000 In-Network	Wellcare Specialty No Premium (HMO C-SNP) H1032224000 In-Network
Counties	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Broward, Duval, Martin, Orange, Osceola, Palm Beach, Seminole, St. Lucie
Premium Part B Giveback	\$144.60	\$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	\$1,700
Inpatient Hospital - Acute	\$100 copay per day for days 1-5; \$0 copay per day for days 6-90	\$50 copay per day for days 1-10; \$0 copay per day for days 11-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$15-\$30	\$0-\$15
Over-the-Counter Items	\$170 every quarter	\$165 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 (\$0 copay)	No annual preventive max + \$1,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$200 eyewear allowance	\$300 eyewear allowance
Hearing Benefits	\$1,000 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	N/A	\$500
In-Home Support Services	Chores	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$10
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	Post-Acute and Chronic	Post-Acute and Chronic

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2023 Agents' First Look

Florida

Plan Benefits	Wellcare Specialty Giveback (HMO C-SNP) H1032227000 In-Network
Counties	Broward, Martin, Orange, Osceola, Palm Beach, Seminole, St. Lucie
Premium Part B Giveback	\$125.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$3,400
Inpatient Hospital - Acute	\$225 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0
Specialist Office Visits	\$20-\$30
Over-the-Counter Items	\$170 every quarter
Medically Necessary Transportation	12 one-way trips every year
Fitness Benefits	\$0
Dental Benefits	No annual preventive max (\$0 copay)
Vision Benefits	\$100 eyewear allowance
Hearing Benefits	\$500 per ear
Flex Card D/V/H Services (per year)¹	N/A
In-Home Support Services	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1 Drugs*	\$0
Tier 2 Drugs*	\$0
Tier 6 Drugs*	\$10
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic

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Plan Benefits	Wellcare Dual Access (HMO D-SNP) H1032124000 In-Network
Counties	Alachua, Baker, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier, Columbia, DeSoto, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jackson, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$8,300
Inpatient Hospital - Acute	\$0 copay per day for days 1-90
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$400 every quarter
Medically Necessary Transportation	60 one-way trips every year
Fitness Benefits	\$0
Dental Benefits	No annual preventive max + \$5,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$400 eyewear allowance
Hearing Benefits	\$2,000 per ear
Flex Card D/V/H Services (per year)¹	\$1,000
In-Home Support Services	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Prescription Drugs²	\$0
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic
Healthy Food Card²	\$25 every month

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2023 Agents' First Look

Florida

Plan Benefits	Wellcare Dual Access (HMO D-SNP) H1032170000 In-Network
Counties	Miami-Dade
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$8,300
Inpatient Hospital - Acute	\$0 copay per day for days 1-90
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$410 every quarter
Medically Necessary Transportation	60 one-way trips every year
Fitness Benefits	\$0
Dental Benefits	No annual preventive max + \$5,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$400 eyewear allowance
Hearing Benefits	\$2,000 per ear
Flex Card D/V/H Services (per year) ¹	\$1,500
In-Home Support Services	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Prescription Drugs ²	\$0
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic
Healthy Food Card ²	\$25 every month

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Plan Benefits	Wellcare Dual Liberty (HMO D-SNP) H1032175000 In-Network
Counties	Alachua, Baker, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier, Columbia, DeSoto, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jackson, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$8,300
Inpatient Hospital - Acute	\$0 copay per day for days 1-90
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$435 every quarter
Medically Necessary Transportation	Unlimited trips every year
Fitness Benefits	\$0
Dental Benefits	Dental services with no annual max, incl. dentures and implants (\$0 copay).
Vision Benefits	\$500 eyewear allowance
Hearing Benefits	\$2,500 per ear
Flex Card D/V/H Services (per year)¹	\$1,500
In-Home Support Services	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Prescription Drugs²	\$0
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic
Healthy Food Card²	\$50 every month

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Plan Benefits	Wellcare Dual Liberty (HMO D-SNP) H1032176000 In-Network
Counties	Miami-Dade
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$8,300
Inpatient Hospital - Acute	\$0 copay per day for days 1-90
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$410 every quarter
Medically Necessary Transportation	Unlimited trips every year
Fitness Benefits	\$0
Dental Benefits	Dental services with no annual max, incl. dentures and implants (\$0 copay).
Vision Benefits	\$500 eyewear allowance
Hearing Benefits	\$2,500 per ear
Flex Card D/V/H Services (per year) ¹	\$2,000
In-Home Support Services	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Prescription Drugs ²	\$0
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic
Healthy Food Card ²	\$50 every month

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Plan Benefits	Wellcare Dual Select (HMO D-SNP) H1032182000 In-Network
Counties	Alachua, Baker, Bay, Bradford, Brevard, Calhoun, Charlotte, Clay, Collier, Columbia, DeSoto, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Highlands, Holmes, Indian River, Jackson, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Nassau, Okaloosa, Okeechobee, Putnam, Santa Rosa, Sarasota, St. Johns, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$38.50
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$3,650
Inpatient Hospital - Acute	\$195 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$210 every quarter
Medically Necessary Transportation	60 one-way trips every year
Fitness Benefits	\$0
Dental Benefits	No annual preventive max + \$1,500 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$300 eyewear allowance
Hearing Benefits	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	N/A
In-Home Support Services	N/A
Rx Deductible	\$0 - \$104
Deductible Tiers	Full
Prescription Drugs²	\$0
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic
Healthy Food Card²	\$25 every month

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2023 Agents' First Look

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Plan Benefits	Wellcare Dual Reserve (HMO D-SNP) H1032202000 In-Network	Wellcare Dual Reserve (HMO D-SNP) H1032206000 In-Network
Counties	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Miami-Dade
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$35.60	\$30.40
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$1,500	\$500
Inpatient Hospital - Acute	\$0 copay per day for days 1-90	\$0 copay per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$365 every quarter	\$365 every quarter
Medically Necessary Transportation	60 one-way trips every year	60 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay)	No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$400 eyewear allowance	\$400 eyewear allowance
Hearing Benefits	\$1,000 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	\$1,000	\$1,000
In-Home Support Services	Chores	Chores
Rx Deductible	\$0 - \$104	\$0 - \$104
Deductible Tiers	Full	Full
Prescription Drugs²	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	Post-Acute and Chronic	Post-Acute and Chronic
Healthy Food Card²	\$25 every month	\$25 every month

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Florida

Plan Benefits	Wellcare Dual Reserve (HMO D-SNP) H1032214000 In-Network	Wellcare Dual Reserve (HMO D-SNP) H1032217000 In-Network
Counties	Orange, Osceola, Seminole	Broward, Palm Beach
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$38.50	\$32.80
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$1,500	\$1,400
Inpatient Hospital - Acute	\$0 copay per day for days 1-90	\$0 copay per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$410 every quarter	\$400 every quarter
Medically Necessary Transportation	60 one-way trips every year	48 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay)	No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$400 eyewear allowance	\$400 eyewear allowance
Hearing Benefits	\$1,000 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	\$1,000	\$1,000
In-Home Support Services	Chores	Chores
Rx Deductible	\$0 - \$104	\$0 - \$104
Deductible Tiers	Full	Full
Prescription Drugs²	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	Post-Acute and Chronic	Post-Acute and Chronic
Healthy Food Card²	\$25 every month	\$25 every month

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2023 Agents' First Look

Florida

Plan Benefits	Wellcare Dual Reserve (HMO D-SNP) H1032236000 In-Network
Counties	Martin, St. Lucie
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$35.40
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$2,500
Inpatient Hospital - Acute	\$0 copay per day for days 1-90
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$240 every quarter
Medically Necessary Transportation	60 one-way trips every year
Fitness Benefits	\$0
Dental Benefits	No annual preventive max + \$1,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$300 eyewear allowance
Hearing Benefits	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	\$1,000
In-Home Support Services	Chores
Rx Deductible	\$0 - \$104
Deductible Tiers	Full
Prescription Drugs²	\$0
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic
Healthy Food Card²	\$25 every month

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Plan Benefits	Wellcare Dual Select (HMO D-SNP) H1032182000 In-Network
Counties	Alachua, Baker, Bay, Bradford, Brevard, Calhoun, Charlotte, Clay, Collier, Columbia, DeSoto, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Highlands, Holmes, Indian River, Jackson, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Nassau, Okaloosa, Okeechobee, Putnam, Santa Rosa, Sarasota, St. Johns, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$38.50
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$3,650
Inpatient Hospital - Acute	\$195 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$210 every quarter
Medically Necessary Transportation	60 one-way trips every year
Fitness Benefits	\$0
Dental Benefits	No annual preventive max + \$1,500 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$300 eyewear allowance
Hearing Benefits	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	N/A
In-Home Support Services	N/A
Rx Deductible	\$0 - \$104
Deductible Tiers	Full
Prescription Drugs²	\$0
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic
Healthy Food Card²	\$25 every month

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Plan Benefits	Wellcare Dual Access Open (PPO D-SNP) H5199016000	
Counties	Alachua, Baker, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier, Columbia, DeSoto, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jackson, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Miami-Dade, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington	
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	\$0	\$0
Maximum Out of Pocket (MOOP)	\$8,300	\$12,450 (Combined)
Inpatient Hospital - Acute	\$0 copay per day for days 1-90	\$0 copay per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$325 every quarter	\$325 every quarter
Medically Necessary Transportation	48 one-way trips every year	48 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$4,000 comp dental services incl. dentures (\$0 copay)	No annual preventive max + \$4,000 comp dental services incl. dentures (50% cost-share)
Vision Benefits	\$300 eyewear allowance	\$300 eyewear allowance
Hearing Benefits	\$1,500 per ear	\$1,500 per ear
Flex Card D/V/H Services (per year)¹	\$750	\$750
In-Home Support Services	Chores And Personal Care Services	Chores And Personal Care Services
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Prescription Drugs²	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	Post-Acute and Chronic	Post-Acute and Chronic
Healthy Food Card²	\$25 every month	\$25 every month

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Plan Benefits	Wellcare No Premium Open (PPO) H5199008000	
Counties	Alachua, Baker, Bradford, Brevard, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Glades, Hamilton, Hendry, Highlands, Indian River, Jefferson, Lafayette, Lake, Leon, Levy, Madison, Marion, Nassau, Okeechobee, Putnam, St. Johns, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla	
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)	\$5,500	\$8,950 (Combined)
Inpatient Hospital - Acute	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90	40% coinsurance per day for days 1-90
PCP Office Visits	\$5	40%
Specialist Office Visits	\$30	40%
Over-the-Counter Items	\$35 every quarter	\$35 every quarter
Medically Necessary Transportation	N/A	N/A
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	\$1,000 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	\$300	\$300
In-Home Support Services	N/A	N/A
Rx Deductible	\$150	\$150
Deductible Tiers	Tiers 3-5	Tiers 3-5
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	40%
X-Ray Services	\$0	40%
Meals	N/A	N/A

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Plan Benefits	Wellcare Premium Enhanced Open (PPO) H5199010000	
Counties	Alachua, Baker, Bradford, Brevard, Broward, Charlotte, Citrus, Clay, Collier, Columbia, DeSoto, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hardee, Hernando, Hillsborough, Indian River, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Madison, Manatee, Marion, Martin, Nassau, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$99.00	\$99.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$3,500	\$5,000 (Combined)
Inpatient Hospital - Acute	\$225 copay per day for days 1-6; \$0 copay per day for days 7-90	40% coinsurance per day for days 1-999
PCP Office Visits	\$0	40%
Specialist Office Visits	\$15	40%
Over-the-Counter Items	\$180 every quarter	\$180 every quarter
Medically Necessary Transportation	N/A	N/A
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay)	No annual preventive max + \$3,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$300 eyewear allowance	\$300 eyewear allowance
Hearing Benefits	\$1,000 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	\$500	\$500
In-Home Support Services	N/A	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	40%
X-Ray Services	\$0	40%
Meals	N/A	N/A

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Plan Benefits	Wellcare No Premium Open (PPO) H5199012000	
Counties	Broward, Charlotte, Citrus, Collier, DeSoto, Hardee, Hernando, Hillsborough, Lee, Manatee, Martin, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie	
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)	\$3,400	\$5,100 (Combined)
Inpatient Hospital - Acute	\$275 copay per day for days 1-6; \$0 copay per day for days 7-90	40% coinsurance per day for days 1-90
PCP Office Visits	\$0	40%
Specialist Office Visits	\$25	40%
Over-the-Counter Items	\$135 every quarter	\$135 every quarter
Medically Necessary Transportation	N/A	N/A
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$2,000 comp dental services incl. dentures (\$0 copay)	No annual preventive max + \$2,000 comp dental services incl. dentures (50% cost-share)
Vision Benefits	\$200 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$1,000 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	\$750	\$750
In-Home Support Services	N/A	N/A
Rx Deductible	\$100	\$100
Deductible Tiers	Tiers 3-5	Tiers 3-5
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	40%
X-Ray Services	\$0	40%
Meals	N/A	N/A

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Plan Benefits	Wellcare No Premium Open (PPO) H5199014000	
Counties	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Liberty, Okaloosa, Santa Rosa, Walton, Washington	
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)	\$5,500	\$8,950 (Combined)
Inpatient Hospital - Acute	\$325 copay per day for days 1-6; \$0 copay per day for days 7-90	40% coinsurance per day for days 1-90
PCP Office Visits	\$5	40%
Specialist Office Visits	\$40	40%
Over-the-Counter Items	\$75 every quarter	\$75 every quarter
Medically Necessary Transportation	N/A	N/A
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max + \$1,500 comp dental services incl. dentures (\$0 copay)	No annual preventive max + \$1,500 comp dental services incl. dentures (50% cost-share)
Vision Benefits	\$200 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$1,000 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year)¹	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$175	\$175
Deductible Tiers	Tiers 3-5	Tiers 3-5
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	40%
X-Ray Services	\$0	40%
Meals	N/A	N/A

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Plan Benefits	Wellcare No Premium Open (PPO) H5199015000	
Counties	Miami-Dade	
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)	\$3,400	\$5,100 (Combined)
Inpatient Hospital - Acute	\$175 copay per day for days 1-6; \$0 copay per day for days 7-90	40% coinsurance per day for days 1-999
PCP Office Visits	\$0	40%
Specialist Office Visits	\$25	40%
Over-the-Counter Items	\$85 every quarter	\$85 every quarter
Medically Necessary Transportation	N/A	N/A
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	\$1,000 per ear	\$1,000 per ear
Flex Card D/V/H Services (per year) ¹	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$0	\$0
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	40%
X-Ray Services	\$0	40%
Meals	N/A	N/A

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Ascension **Complete**

Agent First Look

Florida | 2023

Ascension Complete 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.

2023 Key Features

FLORIDA

PLAN	Product Space	Key Selling Features
Ascension Complete Florida Reward (HMO) H8225001000	Giveback MAPD	Low MOOP; Dental; Giveback; PCP \$0; Transportation, Non-emergency
Ascension Complete St. Vincent's Secure (HMO) H8225003000	\$0 Premium MAPD	Low MOOP; Dental; Flex card (D/V/H); Hearing; Vision
Ascension Complete Sacred Heart Secure (HMO) H8225004000	\$0 Premium MAPD	Low MOOP; Dental; Flex card (D/V/H); Hearing; Vision
Ascension Complete Florida Reward II (HMO) H8225009000	Giveback MAPD	Low MOOP; \$0 Rx deductible \$0; Hearing; \$110 Giveback Amount; Dental
Ascension Complete St. Vincent's Access POS (HMO-POS) H8225007000	\$0 Premium MAPD	Low MOOP; Flex card (D/V/H); Dental; Hearing; Vision
Ascension Complete Sacred Heart Access POS (HMO-POS) H8225008000	\$0 Premium MAPD	Low MOOP; Flex card (D/V/H); Dental; Hearing; Vision
Ascension Complete St. Vincent's DSNP (HMO D-SNP) H8225005000	DSNP-Full	OTC (\$200+/quarter); Flex card (D/V/H); Dental; Hearing and Vision; Transportation, Non-emergency
Ascension Complete Sacred Heart DSNP (HMO D-SNP) H8225006000	DSNP-Full	OTC (\$200+/quarter); Flex card (D/V/H); Dental; Hearing and Vision; Transportation, Non-emergency

2023

Ascension Complete Plan Offerings

Here are more details about the Ascension Complete portfolio this year. This includes the plans mentioned above, as well as a portfolio of plans your customers will love.

Ascension **Complete**

2023 Agents' First Look

Florida

Plan Benefits	Ascension Complete Florida Reward (HMO) H8225001000 In-Network	Ascension Complete St. Vincent's Secure (HMO) H8225003000 In-Network
Counties	Baker, Clay, Duval, Escambia, Nassau, Santa Rosa, St. Johns, Walton	Baker, Clay, Duval, Nassau, St. Johns
Premium Part B Giveback	\$100.00	\$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
Inpatient Hospital - Acute	\$450 copay per day for days 1-5; \$0 copay per day for days 6-90	\$250 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$50	\$25
Over-the-Counter Items	\$90 every quarter	\$115 every quarter
Medically Necessary Transportation	12 one-way trips every year	36 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay)	Dental services with no annual max, incl. dentures and implants (30% cost-share)
Vision Benefits	Medicare Only	\$300 eyewear allowance
Hearing Benefits	Medicare Only	\$750 per ear
Flex Card D/V/H Services (per year) ¹	N/A	\$750
Rx Deductible	\$480	\$0
Deductible Tiers	Tiers 3-5	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$5	\$1
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0-\$35	\$0
X-Ray Services	\$40	\$0
Meals	Post-Acute	Post-Acute
Optional Supplemental Packages	Centene Silver 1500 40%, Vision 200	N/A
Spiritual Care	Unlimited visits per year	Unlimited visits per year

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2023 Agents' First Look

Florida

Plan Benefits	Ascension Complete Sacred Heart Secure (HMO) H8225004000 In-Network	Ascension Complete St. Vincent's Access POS (HMO-POS) H8225007000 In-Network
Counties	Escambia, Santa Rosa, Walton	Baker, Clay, Duval, Nassau, St. Johns
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 (IN) \$5,450 (Combined)
Inpatient Hospital - Acute	\$250 copay per day for days 1-6; \$0 copay per day for days 7-90	\$575 copay per day for days 1-4; \$0 copay per day for days 5-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$25	20%
Over-the-Counter Items	\$115 every quarter	\$70 every quarter
Medically Necessary Transportation	36 one-way trips every year	N/A
Fitness Benefits	\$0	\$0
Dental Benefits	Dental services with no annual max, incl. dentures and implants (30% cost-share)	No annual preventive max (\$0 copay) + \$5,000 comp dental services incl. dentures (20% cost-share)
Vision Benefits	\$300 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$750 per ear	\$350 per ear
Flex Card D/V/H Services (per year) ¹	\$750	\$1,000
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$1	\$5
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0-20%
X-Ray Services	\$0	20%
Meals	Post-Acute	Post-Acute
Optional Supplemental Packages	N/A	N/A
Spiritual Care	Unlimited visits per year	Unlimited visits per year

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2023 Agents' First Look

Florida

Plan Benefits	Ascension Complete Florida Reward II (HMO) H8225009000 In-Network	Ascension Complete Sacred Heart Access POS (HMO-POS) H8225008000 In-Network
Counties	Baker, Clay, Duval, Escambia, Nassau, Santa Rosa, St. Johns, Walton	Escambia, Santa Rosa, Walton
Premium Part B Giveback	\$110.00	\$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 (IN) \$5,450 (Combined)
Inpatient Hospital - Acute	\$500 copay per day for days 1-5; \$0 copay per day for days 6-90	\$575 copay per day for days 1-4; \$0 copay per day for days 5-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$50	20%
Over-the-Counter Items	\$90 every quarter	\$70 every quarter
Medically Necessary Transportation	12 one-way trips every year	N/A
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay)	No annual preventive max (\$0 copay) + \$5,000 comp dental services incl. dentures (20% cost-share)
Vision Benefits	\$100 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$500 per ear	\$350 per ear
Flex Card D/V/H Services (per year) ¹	N/A	\$1,000
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$5	\$5
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0-20%	\$0-20%
X-Ray Services	\$40	20%
Meals	Post-Acute	Post-Acute
Optional Supplemental Packages	N/A	N/A
Spiritual Care	Unlimited visits per year	Unlimited visits per year

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2023 Agents' First Look

Florida

Plan Benefits	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H8225005000 In-Network	Ascension Complete Sacred Heart DSNP (HMO D-SNP) H8225006000 In-Network
Counties	Baker, Clay, Duval, Nassau, St. Johns	Escambia, Santa Rosa, Walton
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	\$0	\$0
Maximum Out of Pocket (MOOP)	\$8,300	\$8,300
Inpatient Hospital - Acute	\$0 copay per day for days 1-90	\$0 copay per day for days 1-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$400 every quarter	\$400 every quarter
Medically Necessary Transportation	Unlimited trips every year	Unlimited trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	Dental services with no annual max, incl. dentures and implants (\$0 copay)	Dental services with no annual max, incl. dentures and implants (\$0 copay)
Vision Benefits	\$400 eyewear allowance	\$400 eyewear allowance
Hearing Benefits	\$1,500 per ear	\$1,500 per ear
Flex Card D/V/H Services (per year) ¹	\$2,500	\$2,500
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	Generics: \$0 / \$1.45 / \$4.15 / 15%	Generics: \$0 / \$1.45 / \$4.15 / 15%
Tier 2 Drugs*	Brands: \$0 / \$4.30 / \$10.35 / 15%	Brands: \$0 / \$4.30 / \$10.35 / 15%
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0-20%
X-Ray Services	\$0	\$0
Meals	Post-Acute	Post-Acute
Spiritual Care	Unlimited visits per year	Unlimited visits per year

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