



wellcare.™

2023

Agent First Look

ARIZONA

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.



2023 Key Features

ARIZONA

PLAN	Product Space	Key Selling Features
Wellcare No Premium (HMO) H0351058001	\$0 Premium MAPD	Flex card (D/V/H); \$0 Premium; PCP \$0; OTC Quarterly allowance; Dental
Wellcare No Premium (HMO) H0351058002	\$0 Premium MAPD	Flex card (D/V/H); \$0 Premium; PCP \$0; OTC Quarterly allowance; Dental
Wellcare Assist (HMO) H0351061000	LIS	Flex card (D/V/H); PCP \$0; OTC (\$100+/quarter); Dental; Hearing

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

Arizona

Plan Benefits	Wellcare No Premium (HMO) H0351053000 In-Network	Wellcare Giveback (HMO) H0351054000 In-Network
Counties	Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Santa Cruz, Yuma	Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Santa Cruz, Yuma
Premium Part B Giveback	\$0.00	\$25.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$5,000	\$8,300
Inpatient Hospital - Acute	\$270 copay per day for days 1-6; \$0 copay per day for days 7-90	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$40	\$50
Over-the-Counter Items	\$50 every quarter	N/A
Medically Necessary Transportation	24 one-way trips every year	12 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay) + \$2,000 comp dental services (40% cost-share)	No annual preventive max (\$0 copay) + \$1,500 comp dental services (40% cost-share)
Vision Benefits	\$100 eyewear allowance	Routine Exam Only
Hearing Benefits	\$750 per ear	\$500 per ear
Flex Card D/V/H Services (per year)¹	\$100	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$0	\$350
Deductible Tiers	N/A	Tiers 3-5
Tier 1 Drugs*	\$5	\$5
Tier 2 Drugs*	\$8	\$15
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
Meals	Post-Acute and Chronic	N/A

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

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2023 Agents' First Look

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Plan Benefits	Wellcare No Premium (HMO) H0351058001 In-Network	Wellcare No Premium (HMO) H0351058002 In-Network
Counties	Maricopa, Pima, Pinal	Yavapai
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	\$5,000
Inpatient Hospital - Acute	\$225 copay per day for days 1-7; \$0 copay per day for days 8-90	\$275 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$15	\$30
Over-the-Counter Items	\$65 every quarter	\$50 every quarter
Medically Necessary Transportation	12 one-way trips every year	24 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay) + \$3,000 comp dental services incl. dentures (40% cost-share)	No annual preventive max (\$0 copay) + \$2,000 comp dental services (40% cost-share)
Vision Benefits	\$100 eyewear allowance	\$100 eyewear allowance
Hearing Benefits	\$750 per ear	\$750 per ear
Flex Card D/V/H Services (per year)¹	\$200	\$100
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*	\$8	\$8
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	\$0 - \$30
X-Ray Services	\$0	\$0
Meals	Post-Acute	N/A

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Plan Benefits	Wellcare Assist (HMO) H0351059001 In-Network	Wellcare Assist (HMO) H0351059002 In-Network
Counties	Maricopa, Pima, Pinal	Yavapai
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$14.10	\$14.10
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$3,400	\$4,800
Inpatient Hospital - Acute	\$175 copay per day for days 1-6; \$0 copay per day for days 7-90	\$250 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$10	\$25
Over-the-Counter Items	\$165 every quarter	\$120 every quarter
Medically Necessary Transportation	24 one-way trips every year	24 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay) + \$3,000 comp dental services incl. dentures (40% cost-share)	No annual preventive max + \$2,000 comp dental services incl. dentures (\$0 copay)
Vision Benefits	\$300 eyewear allowance	\$200 eyewear allowance
Hearing Benefits	\$750 per ear	\$750 per ear
Flex Card D/V/H Services (per year)¹	\$300	\$300
In-Home Support Services	N/A	N/A
Rx Deductible	\$505	\$505
Deductible Tiers	Tiers 2-5	Tiers 2-5
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$20	\$20
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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Plan Benefits	Wellcare Giveback (HMO) H0351060001 In-Network	Wellcare Giveback (HMO) H0351060002 In-Network
Counties	Maricopa, Pima, Pinal	Yavapai
Premium Part B Giveback	\$70.00	\$50.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$4,400	\$5,000
Inpatient Hospital - Acute	\$350 copay per day for days 1-6; \$0 copay per day for days 7-90	\$350 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$40	\$40
Over-the-Counter Items	N/A	N/A
Medically Necessary Transportation	N/A	12 one-way trips every year
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay) + \$1,000 comp dental services (40% cost-share)	No annual preventive max (\$0 copay) + \$2,000 comp dental services (40% cost-share)
Vision Benefits	Routine Exam Only	Routine Exam Only
Hearing Benefits	\$500 per ear	\$500 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	\$350	\$350
Deductible Tiers	Tiers 3-5	Tiers 3-5
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$15	\$15
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 Assist (HMO) H0351061000 In-Network	Wellcare Specialty No Premium (HMO C-SNP) H0351038000 In-Network
Counties	Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Santa Cruz, Yuma	Maricopa, Pima, Pinal
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$14.40	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$4,800	\$5,500
Inpatient Hospital - Acute	\$250 copay per day for days 1-7; \$0 copay per day for days 8-90	\$250 copay per day for days 1-5; \$0 copay per day for days 6-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$35	\$15
Over-the-Counter Items	\$120 every quarter	\$65 every quarter
Medically Necessary Transportation	24 one-way trips every year	24 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 (\$0 copay) + \$1,000 comp dental services (40% cost-share)
Vision Benefits	\$200 eyewear allowance	\$100 eyewear allowance
Hearing Benefits	\$750 per ear	\$750 per ear
Flex Card D/V/H Services (per year)¹	\$300	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	\$505	\$0
Deductible Tiers	Tiers 2-5	N/A
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$20	\$5
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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Plan Benefits	Wellcare Specialty No Premium (HMO C-SNP) H0351057000 In-Network
Counties	Cochise, Mohave, Santa Cruz, Yavapai, Yuma
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$6,700
Inpatient Hospital - Acute	\$250 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0
Specialist Office Visits	\$35
Over-the-Counter Items	\$85 every quarter
Medically Necessary Transportation	24 one-way trips every year
Fitness Benefits	\$0
Dental Benefits	No annual preventive max (\$0 copay) + \$1,000 comp dental services (40% cost-share)
Vision Benefits	\$100 eyewear allowance
Hearing Benefits	\$750 per ear
Flex Card D/V/H Services (per year)¹	N/A
In-Home Support Services	N/A
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1 Drugs*	\$0
Tier 2 Drugs*	\$1
Tier 6 Drugs*	\$10
Laboratory Services	\$0
X-Ray Services	\$0
Meals	Post-Acute and Chronic

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Plan Benefits	Wellcare Dual Liberty (HMO D-SNP) H5590008000 In-Network	Wellcare Dual Liberty (HMO D-SNP) H5590009000 In-Network
Counties	Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, Yuma	Apache, Coconino, Mohave, Navajo, Yavapai
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 per stay	\$0 per stay
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$350 every quarter	\$350 every quarter
Medically Necessary Transportation	24 one-way trips every year	24 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 (\$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	\$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	\$50 every month	\$50 every month

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Plan Benefits	Wellcare No Premium Open (PPO) H8553001000	
Counties	Cochise, Coconino, Gila, Graham, La Paz, Maricopa, Mohave, Pima, Pinal, Santa Cruz, Yavapai	
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)	\$5,000	N/A
Inpatient Hospital - Acute	\$300 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	\$40	40%
Over-the-Counter Items	\$60 every quarter	\$60 every quarter
Medically Necessary Transportation	N/A	N/A
Fitness Benefits	\$0	\$0
Dental Benefits	No annual preventive max (\$0 copay) + \$2,000 comp dental services incl. dentures (20% cost-share)	No annual preventive max + \$2,000 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)¹	\$300	\$300
In-Home Support Services	N/A	N/A
Rx Deductible	\$200	\$200
Deductible Tiers	Tiers 3-5	Tiers 3-5
Tier 1 Drugs*	\$0	\$0
Tier 2 Drugs*	\$5	\$5
Tier 6 Drugs*	\$0	\$0
Laboratory Services	\$0	40%
X-Ray Services	\$0	40%
Meals	Post-Acute and Chronic	Post-Acute and Chronic

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Plan Benefits	Wellcare Patriot Giveback Open (PPO) H8553002000	
Counties	Cochise, Coconino, Gila, Graham, La Paz, Maricopa, Mohave, Pima, Pinal, Santa Cruz, Yavapai	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$60.00	\$60.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$4,400	N/A
Inpatient Hospital - Acute	\$250 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	\$0	40%
Specialist Office Visits	\$40	40%
Over-the-Counter Items	\$80 every quarter	\$80 every quarter
Medically Necessary Transportation	24 one-way trips every year	24 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 + \$2,000 comp dental services incl. dentures (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)¹	N/A	N/A
In-Home Support Services	N/A	N/A
Rx Deductible	N/A	N/A
Deductible Tiers	N/A	N/A
Tier 1 Drugs*	N/A	N/A
Tier 2 Drugs*	N/A	N/A
Tier 6 Drugs*	N/A	N/A
Laboratory Services	\$0	40%
X-Ray Services	\$0	40%
Meals	Post-Acute and Chronic	Post-Acute and Chronic

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