SM 2020 ACT Welcome to WellCare

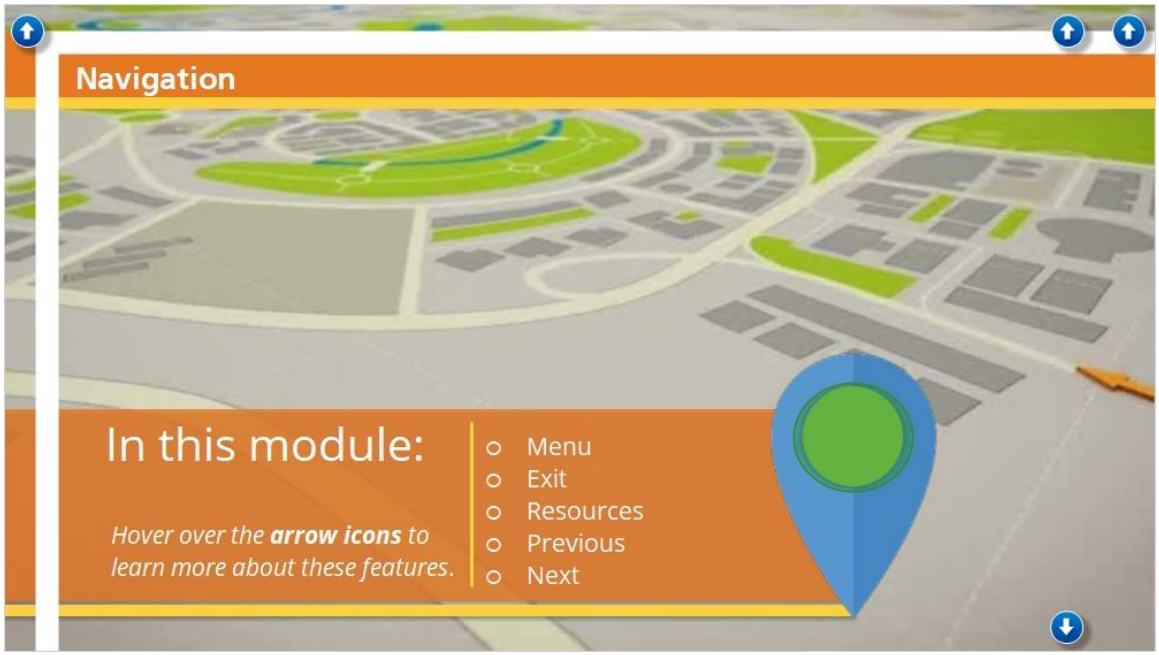
1. Welcome to WellCare

1.1 Welcome to WellCare

Notes:

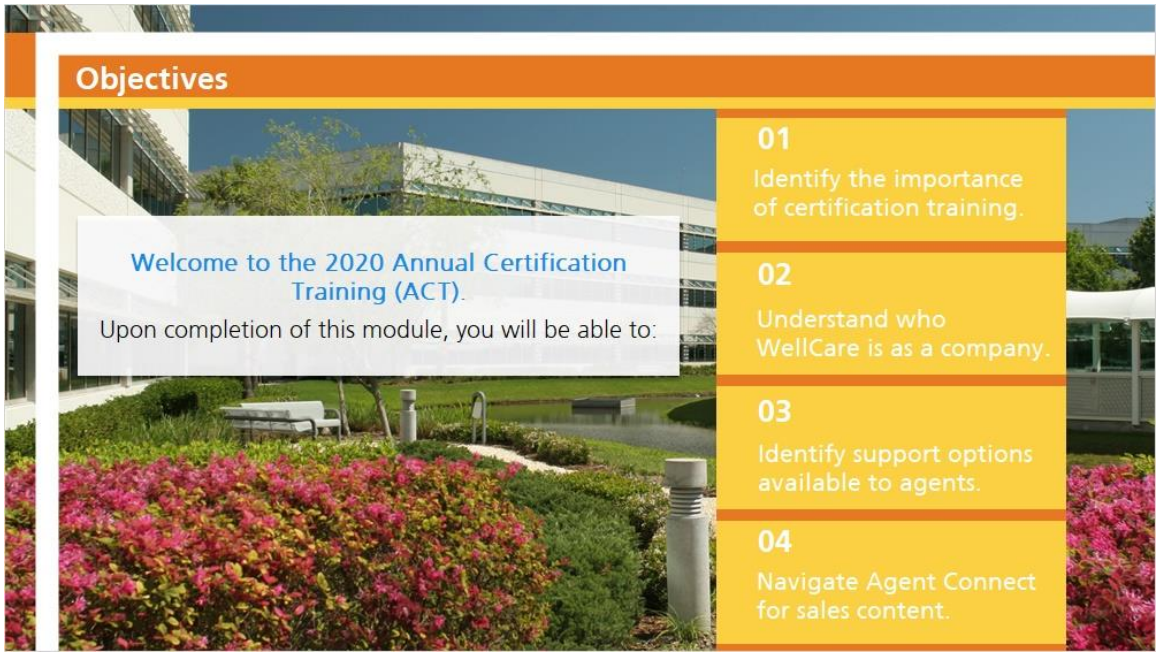
Welcome to WellCare

1.2 Navigation



Notes:

1.3 Objectives



Notes:

Welcome to the 2020 Annual Certification Training (ACT).
Upon completion of this module, you will be able to:
- Identify the importance of certification training.
- Understand who WellCare is as a company.
- Identify support options available to agents.
- Navigate Agent Connect for sales content.

1.4 Welcome

Notes:

Thank you for partnering with WellCare Health Plans, Inc.!

We appreciate your partnership and attention to the Annual Certification Training (ACT).

The purpose of this training is to provide you with the information needed to successfully market and sell WellCare plans and support your members
Please click here to view a video message from Executive Vice President, Medicare and Operations, Michael Polen.

1.5 Training Overview

Notes:

The 2020 Annual Certification Training (ACT) consists of three modules.
- Welcome to WellCare
- Supporting Your Sales & Marketing Efforts
- 2020 Product *(including state-specific benefit offerings)*

You must complete ALL modules listed above in order to continue to the mastery exam. The mastery exam and guidelines consist of:
- 30 questions regarding important topics from the training.
- 3 permitted attempts to pass with a score of 85% or above.
- 24-hour lock-out period *(after a failed attempt, the exam cannot be accessed for 24-hours from the time the score is recorded)*

1.6 WellCare Overview

Notes:

As a company, we strive to continuously improve our business models that will better serve our employees, agents, members and communities.

Serving Members Nationwide

- 1.4 million Medicare Advantage and Prescription Drug Plan (MAPD) members*
- 3.9 million Medicaid members (including Meridian)*
- Dual-eligible Populations (Medicare and Medicaid)

Connecting with the Community

- The WellCare Community Foundation
- Advocacy and Community-Based Programs
- Employee volunteerism
- Community Connections Helpline (CCHL) for social services - free to WellCare members

Driving Quality Care

- Value-based provider relationships
- Healthcare Effectiveness Data and Information Set (HEDIS) and pharmacy management tools for providers
- Field-based case management
- National Committee for Quality Assurance (NCQA) quality accreditation

Contributing to the National Economy

- Fortune 500 company
- Named one of Fortune Magazine's World's Most Admired Companies
- Received the Sector Leader Award for healthcare by The Civic 50
- Approximately 8,900 associates nationwide*

**As of December 31, 2018*

1.7 Nationwide Growth and Expansion

Notes:

It's an exciting time to be part of the organization.

- Expanding into Missouri, New Hampshire, Vermont and Washington for Medicare Advantage
- Incorporating Meridian business (Illinois, Indiana, and Ohio) into WellCare footprint
- Entering 94 counties for 2020 Medicare Advantage
- Partnering with ≈36,000 contracted agents
- Working with 649,000 hospital and medical providers
- Offering access to 68,000 in-network pharmacies
- Providing managed care services to over 5,500,000 members

* As of January 1, 2020

1.8 Sales Support

Notes:

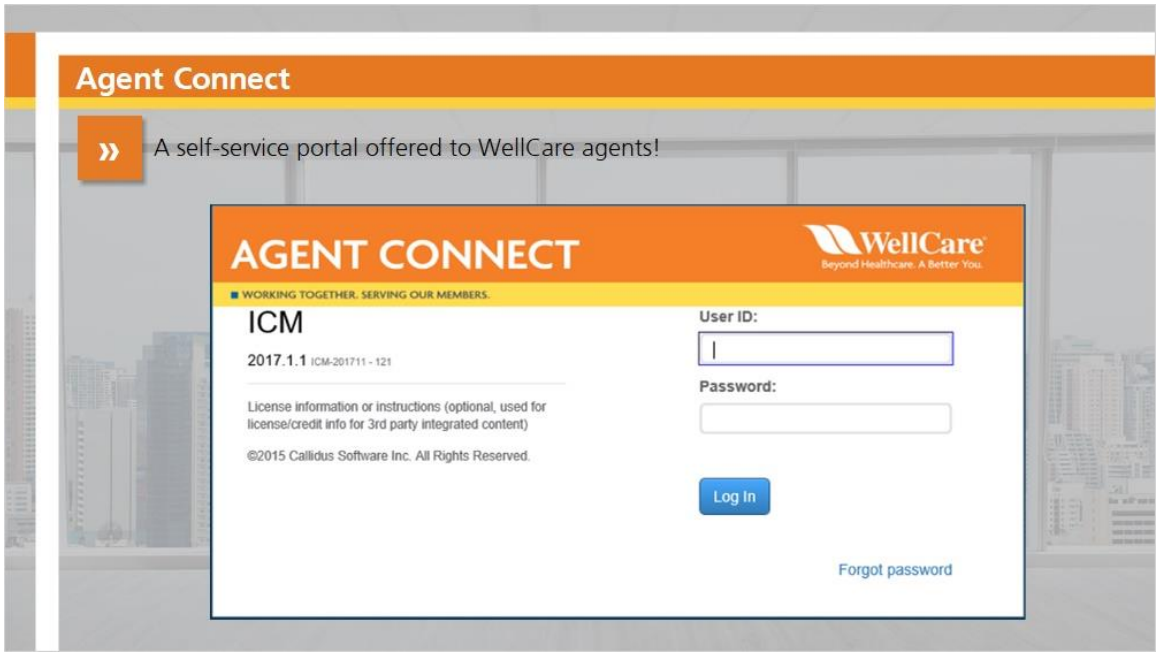
We offer local market and corporate support to our agents.
Local Support

Sales Directors, District Sales Managers, Sales Assistants and Marketing Outreach Specialists are staffed to help you at the local level.
For a list of offices, please download the Market Office Contact List from the Resources tab *(located at the upper-right corner of the player).*
Corporate

In 2019, we focused on hiring and developing more corporate Sales Support associates.

A new Agent Services Call Center model was launched to provide first call resolution and a White Glove Experience for callers. The agent support teams are here to help with sales procedures such as certifications, commissions, applications and more!
For beneficiary and/or member-related issues, please continue to contact WellCare Customer Service: 866-439-1189

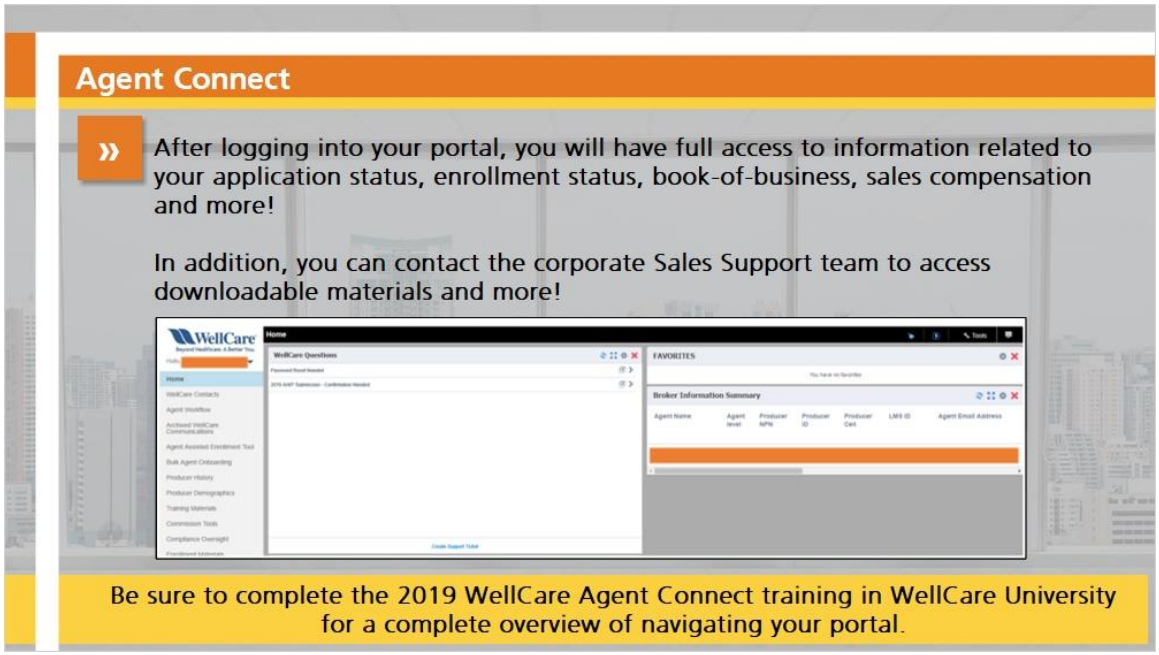
1.9 Agent Connect



Notes:

A self-service portal offered to WellCare agents!

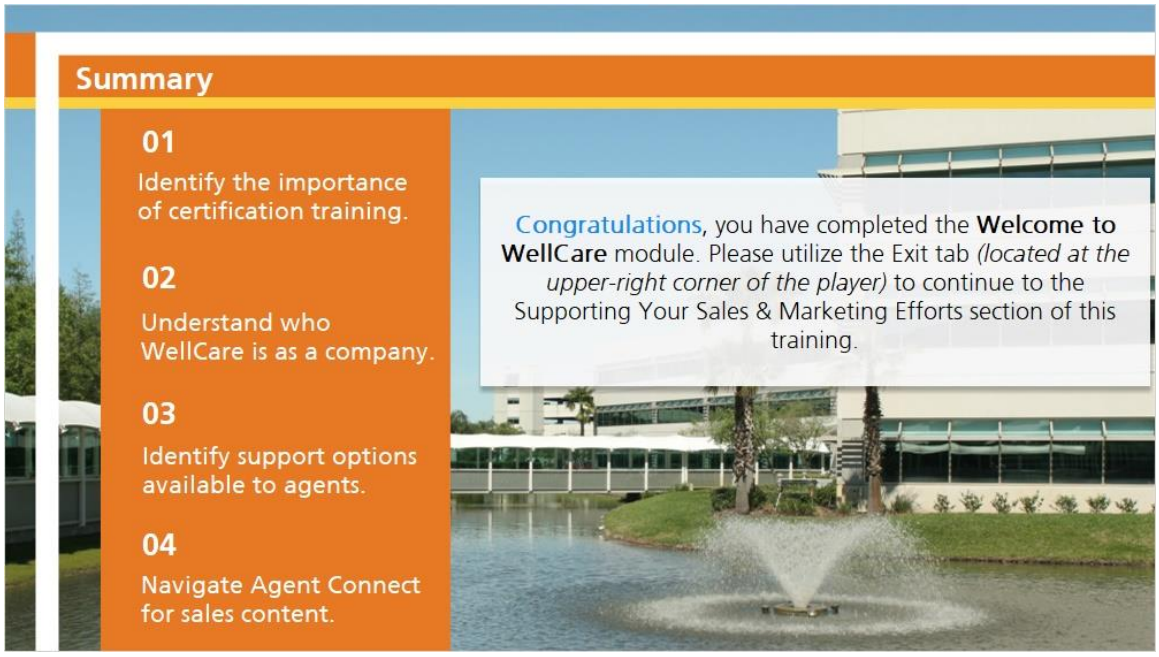
1.10 Agent Connect



Notes:

After logging into your portal, you will have full access to information related to your your application status, enrollment status, book-of-business, sales compensation and more!
In addition, you can contact the corporate Sales Support team to access the agent materials protal and more!
Be sure to complete the 2019 WellCare Agent Connect training in WellCare University for a complete overview of navigating your portal.

1.11 Summary



Notes:

Congratulations, you have completed the Welcome to WellCare module. Please utilize the *Exit* tab *(located at the upper-right corner of the player)* to continue to the Supporting Your Sales & Marketing Efforts section of this training.
- Identify the importance of certification training.
- Understand who WellCare is as a company.
- Identify support options available to agents.
- Navigate Agent Connect for sales content.

SM 2020 ACT Supporting Your Sales & Marketing Efforts - 1099

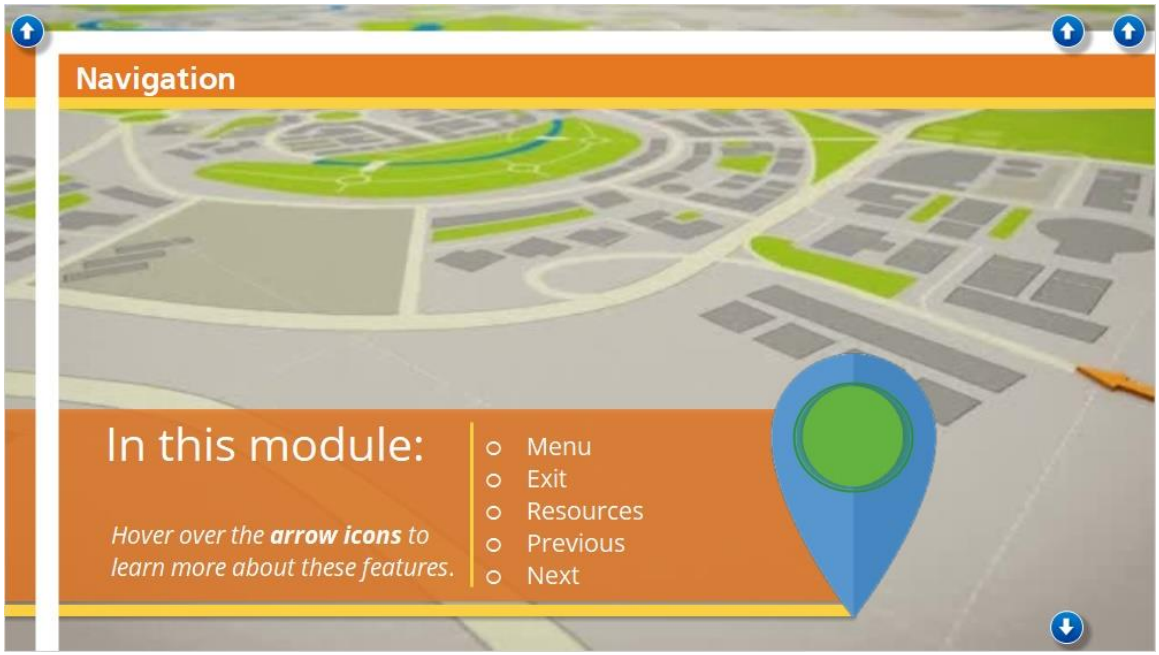
1. SM 2020 ACT Supporting Your Sales & Marketing Efforts - 1099

1.1 Welcome to WellCare

Notes:

Title: Supporting Your Sales & Marketing Efforts - 1099

1.2 Navigation



Notes:

1.3 Objectives

Notes:

Welcome to the 2020 Annual Certification Training (ACT).

Upon completion of this module, you will be able to:

01 Understand the importance of compliance.

02 Market the WellCare way.

03 Complete SOA and application processes.

04 Apply quality initiatives to beneficiaries.

1.4 Compliance Requirements

Notes:

Compliance Requirements

WellCare requires all agents to complete training through America's Health Insurance Plans (AHIP). This training satisfies Centers for Medicare & Medicaid Services (CMS) requirements for Compliance and Fraud, Waste and Abuse.

Agents are required to understand and put into practice all guidelines set forth in AHIP, WellCare's Code of Conduct and Business Ethics, WellCare policies and procedures as well as the spirit and letter of all applicable laws and regulations. Failure to do so could result in consequences leading up to and including termination.

1.5 AHIP

Notes:

Did You Know?

America's Health Insurance Plans (AHIP) is an annual certification requirement in order to be certified to market/sell WellCare products.

Click the icons below for IMPORTANT information related to completing 2020 AHIP and sending your completed scores to WellCare!

Discount Icon

WellCare offers a $50 discount for contracted partners!

Take advantage of the discount by completing your 2020 AHIP via the WellCare/AHIP co-branded link: http://www.ahipmedicaretraining.com/clients/wellcare/1099

Note: WellCare will not reimburse money paid towards training.

Send Icon

First time sending your AHIP scores to WellCare?

Let's get you connected!

To create the connection between your AHIP profile and WellCare University, you have to elect to send your scores to WellCare.

In order to complete the transmission, you must use the WellCare/AHIP co-branded link.

1.Access AHIP via: http://www.ahipmedicaretraining.com/clients/wellcare/1099

2.Login to your AHIP account

3.Access your AHIP homepage

4.Click Transmit next to WellCare (1099).

Good news!

If your completed 2019 AHIP was recorded in your WellCare University (WCU) transcript, your 2020 completed AHIP score can be sent to WellCare through any link used to access the AHIP site and complete the training.

Remember to select *transmit* next to WellCare (1099) from your AHIP account/homepage.

IMPORTANT! Monitor the *Completed* tab of your WellCare University Transcript for the SM 2020 AHIP Completion Tracking module to confirm receipt.

Discount (Slide Layer)

Send (Slide Layer)

News (Slide Layer)

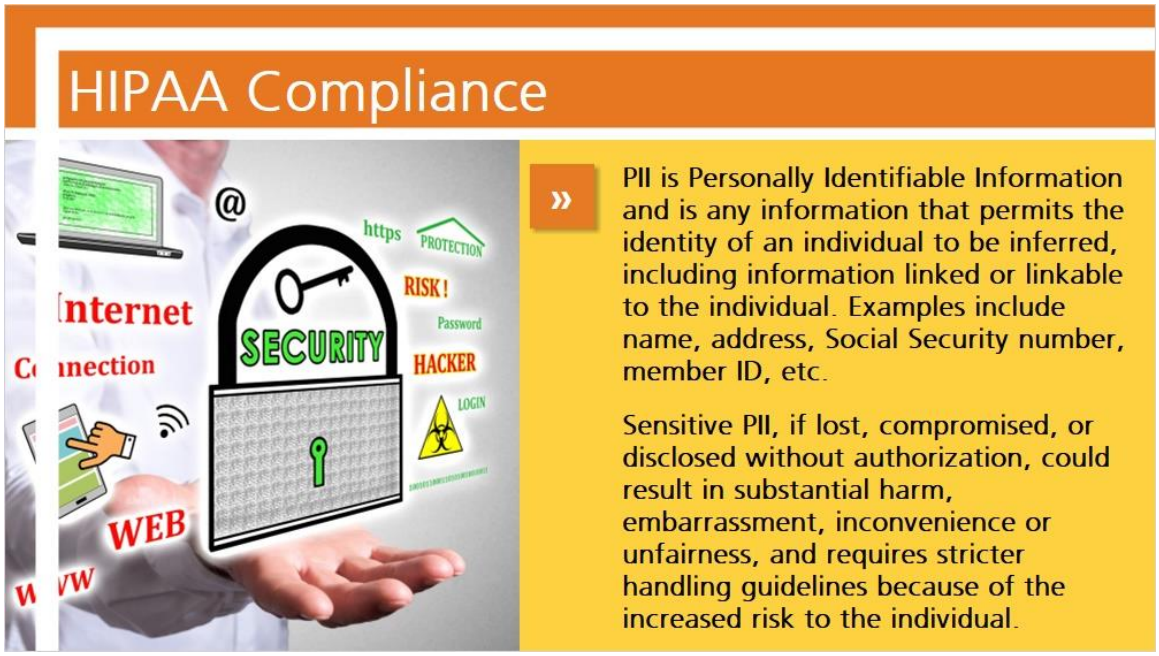
1.6 HIPAA Compliance - PHI

Notes:

PHI is Protected Health Information and is individually identifiable health information that relates to an individual's past, present or future physical/mental health, condition, or payment for the provision of health care to the individual.

This includes medical records and payment history. Communication of PHI can be written, electronic or verbal.

1.7 HIPAA Compliance - PII

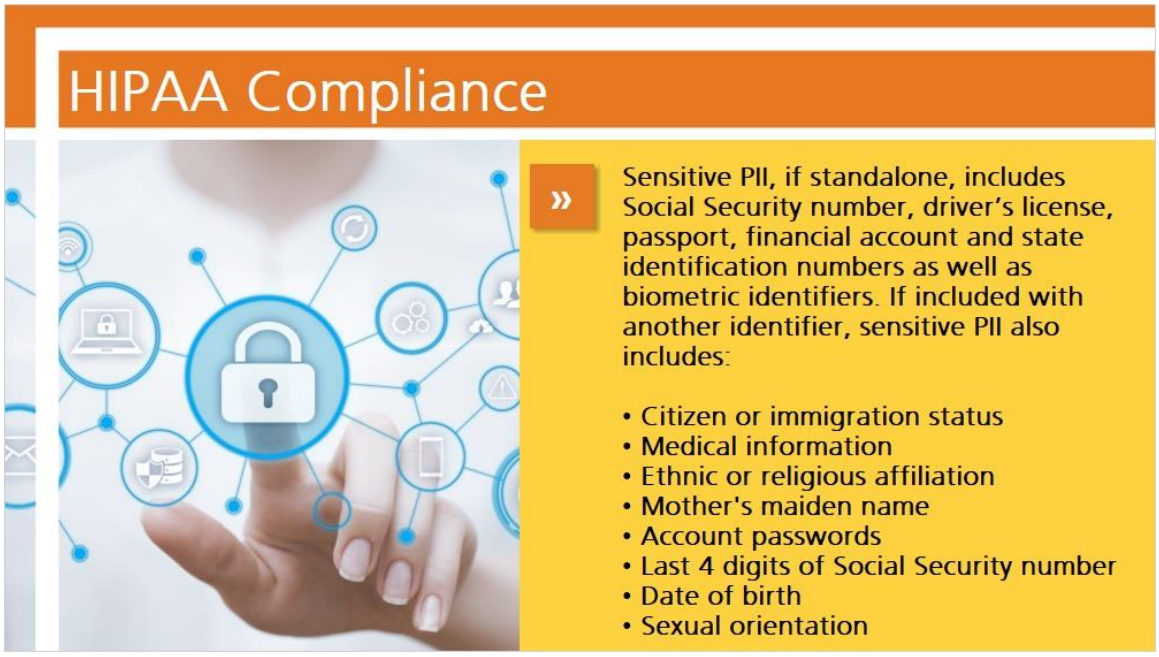


Notes:

PII is Personally Identifiable Information and is any information that permits the identity of an individual to be inferred, including information linked or linkable to the individual. Examples include name, address, Social Security number, member ID, etc.

Sensitive PII, if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience or unfairness, and requires stricter handling guidelines because of the increased risk to the individual.

1.8 HIPAA Compliance - Sensitive PII



Notes:

Sensitive PII, if standalone, includes Social Security number, driver's license, passport, financial account and State identification numbers as well as biometric identifiers. If included with another identifier, sensitive PII also includes:

- Citizen or immigration status
- Medical information
- Ethnic or religious affiliation
- Mother's maiden name
- Account passwords
- Last 4 digits of Social Security number
- Date of birth
- Sexual orientation

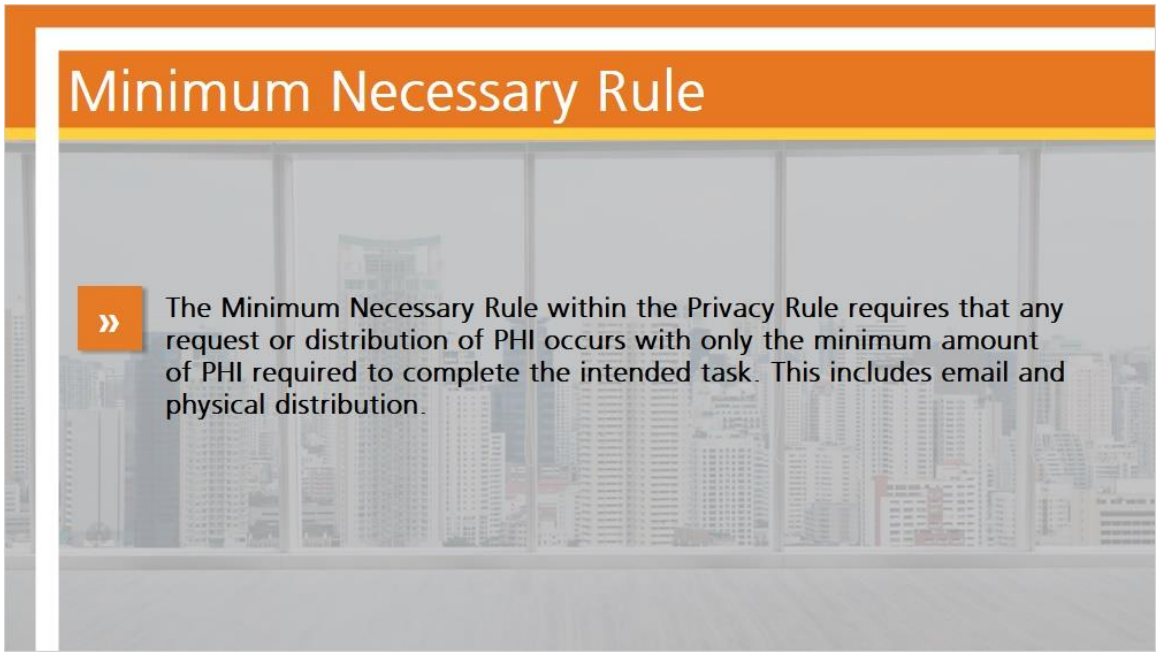
1.9 Safeguarding and Securing PHI and PII

Notes:

Steps to take when safeguarding and securing PHI and PII:

- Shred with appropriate means
- PHI and PII should be secured at all times, especially during transport.
- Never leave laptops, PHI or PII in an unattended vehicle.
- Don't leave your Book of Business in an unattended laptop bag.
- Do not include PHI or PII in the subject line or body of an email.

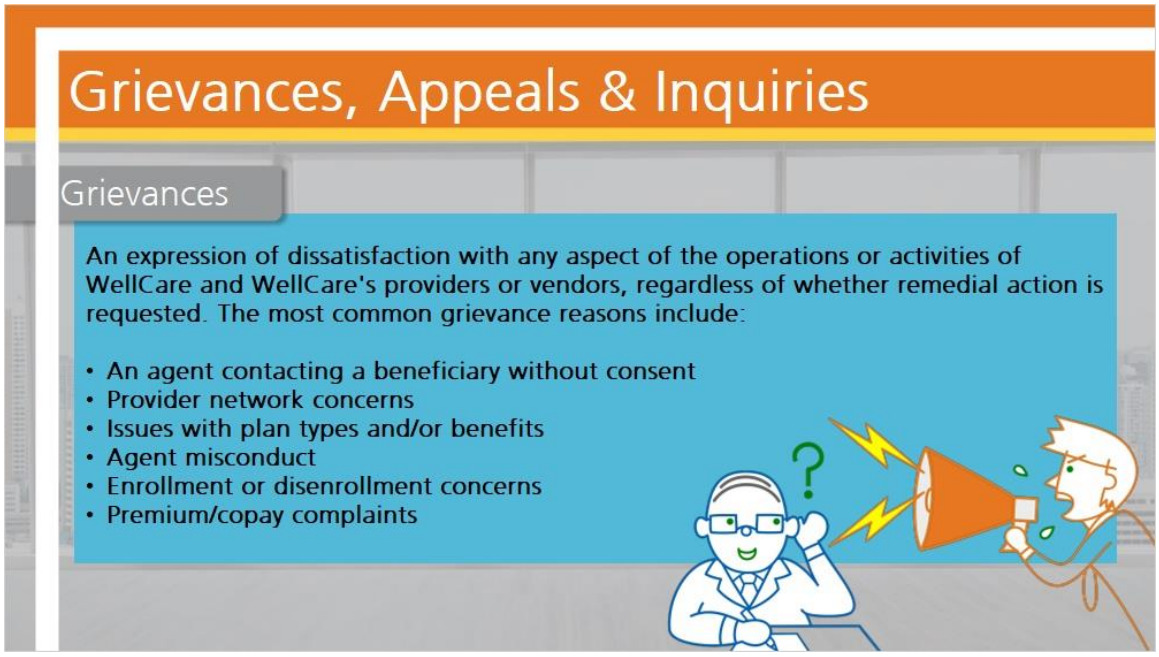
1.10 Minimum Necessary Rule



Notes:

The Minimum Necessary Rule within the Privacy Rule requires that any request or distribution of PHI occurs with only the minimum amount of PHI required to complete the intended task. This includes email and physical distribution.

1.11 Grievances, Appeals & Inquiries

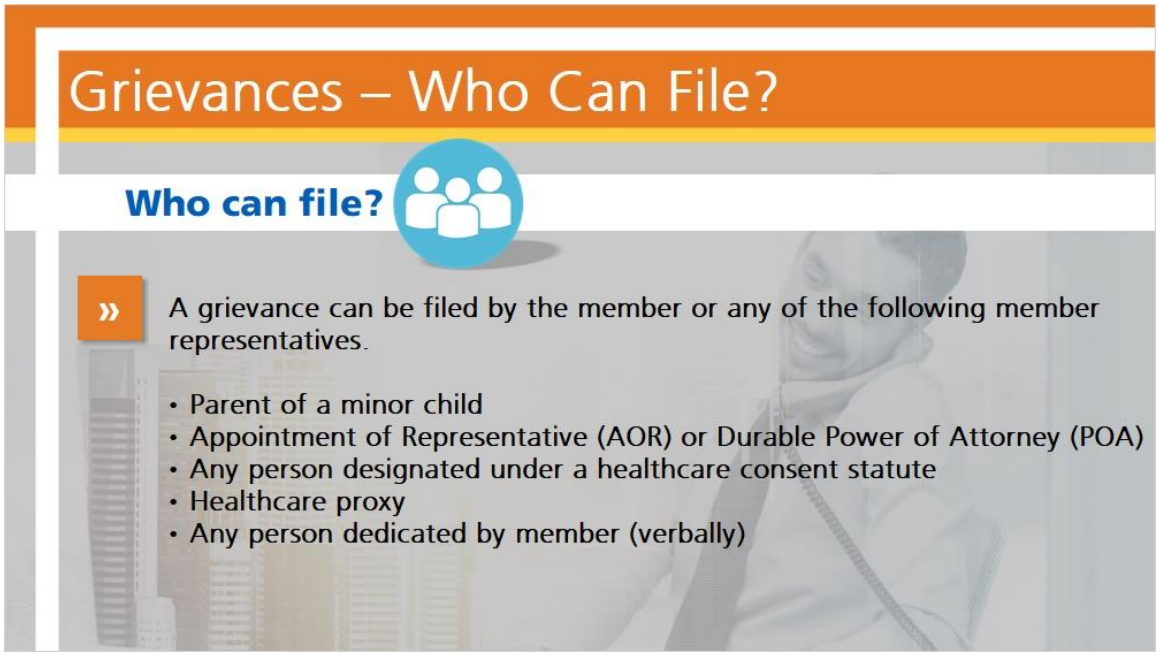


Notes:

An expression of dissatisfaction with any aspect of the operations or activities of WellCare and WellCare's providers or vendors, regardless of whether remedial action is requested. The most common grievance reasons include:

- An agent contacting a beneficiary without consent
- Provider network concerns
- Issues with plan types and/or benefits
- Agent misconduct
- Enrollment or disenrollment concerns
- Premium/copay complaints

1.12 Grievances – Who Can File?

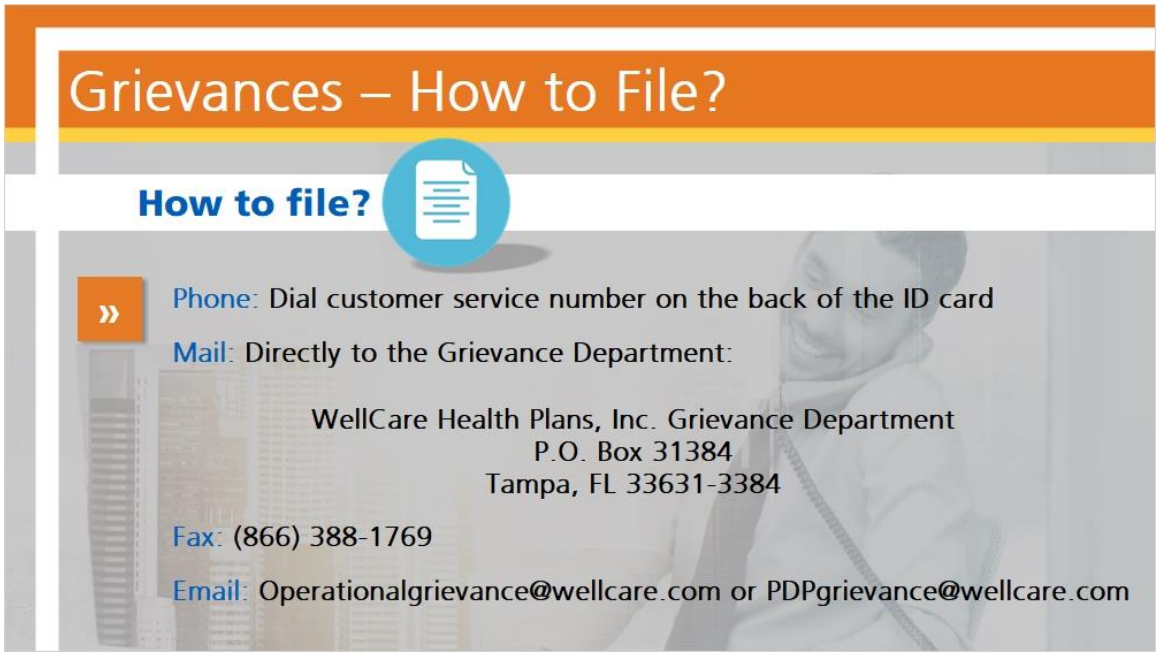


Notes:

A grievance can be filed by the member or any of the following member representatives:

- Parent of a minor child
- Appointment of Representative (AOR) or Durable Power of Attorney (POA)
- Any person designated under a healthcare consent statute
- Healthcare proxy
- Any person dedicated by member (verbally)

1.13 Grievances – How to File?



Notes:

Phone: Dial customer service number on back of the ID card

Mail: Directly to the Grievance Department:

WellCare Health Plans, Inc. Grievance Department

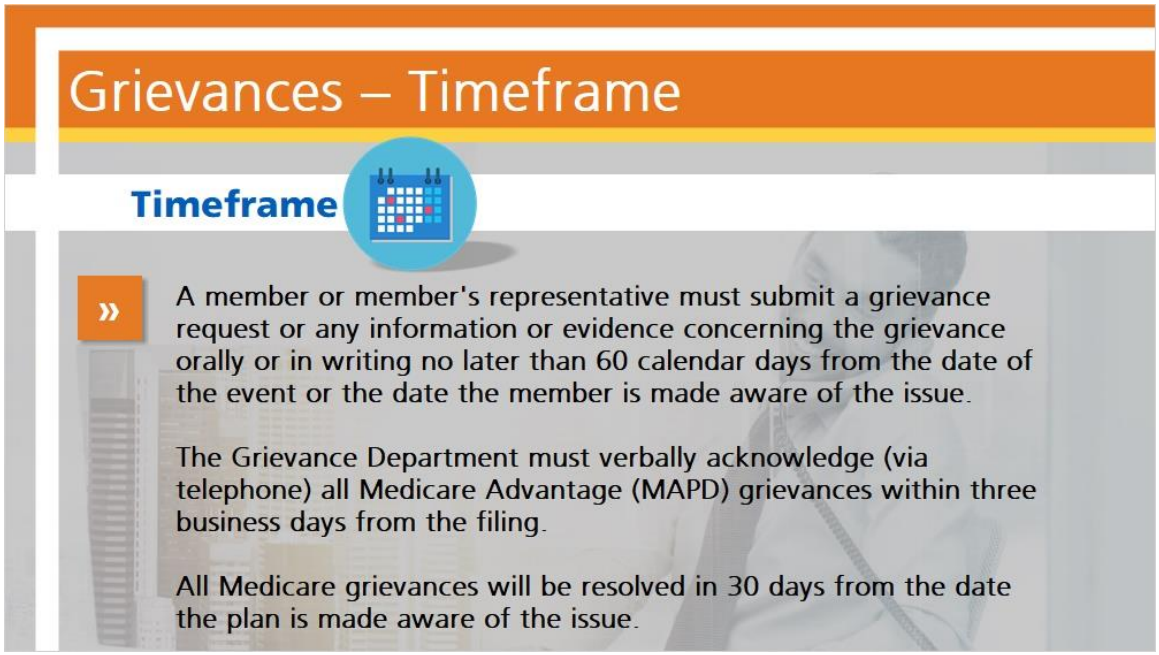
P.O. Box 31384

Tampa, FL 33631-3384

Fax: (866) 388-1769

Email: Operationalgrievance@wellcare.com or PDPgrievance@wellcare.com

1.14 Grievances – Timeframe



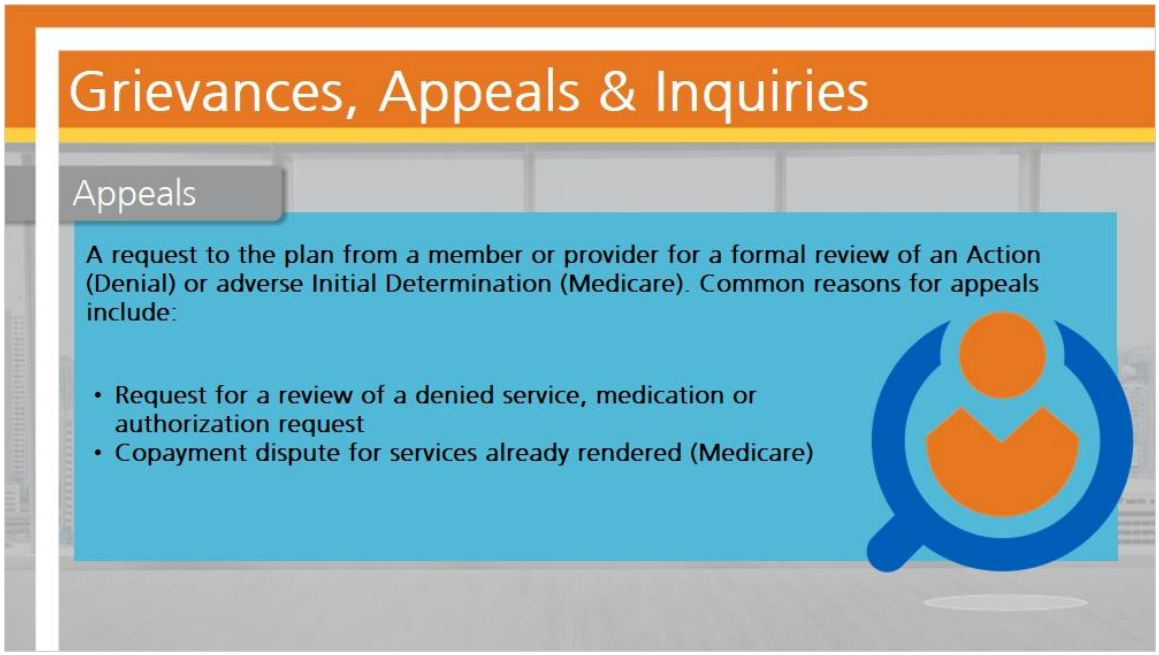
Notes:

A member or member's representative must submit a grievance request or any information or evidence concerning the grievance orally or in writing no later than 60 calendar days from the date of the event or the date the member is made aware of the issue.

The Grievance Department must verbally acknowledge (via telephone) all Medicare Advantage (MAPD) grievances within three business days from the filing.

All Medicare grievances will be resolved in 30 days from the date the plan is made aware of the issue.

1.15 Grievances, Appeals & Inquiries

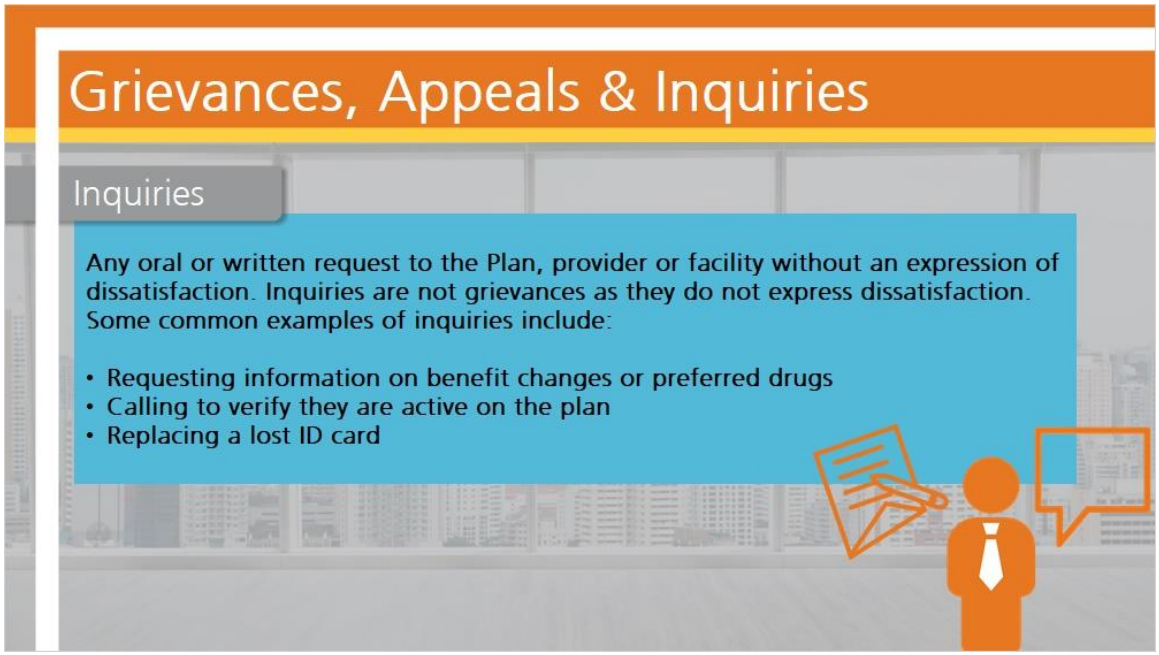


Notes:

A request to the plan from a member or provider for a formal review of an Action (Denial) or adverse plan determination (Medicare). Common reasons for appeals include:

- Request for a review ofa denied service, medication or authorization request
- Copayment dispute for services already rendered (Medicare)

1.16 Grievances, Appeals & Inquiries

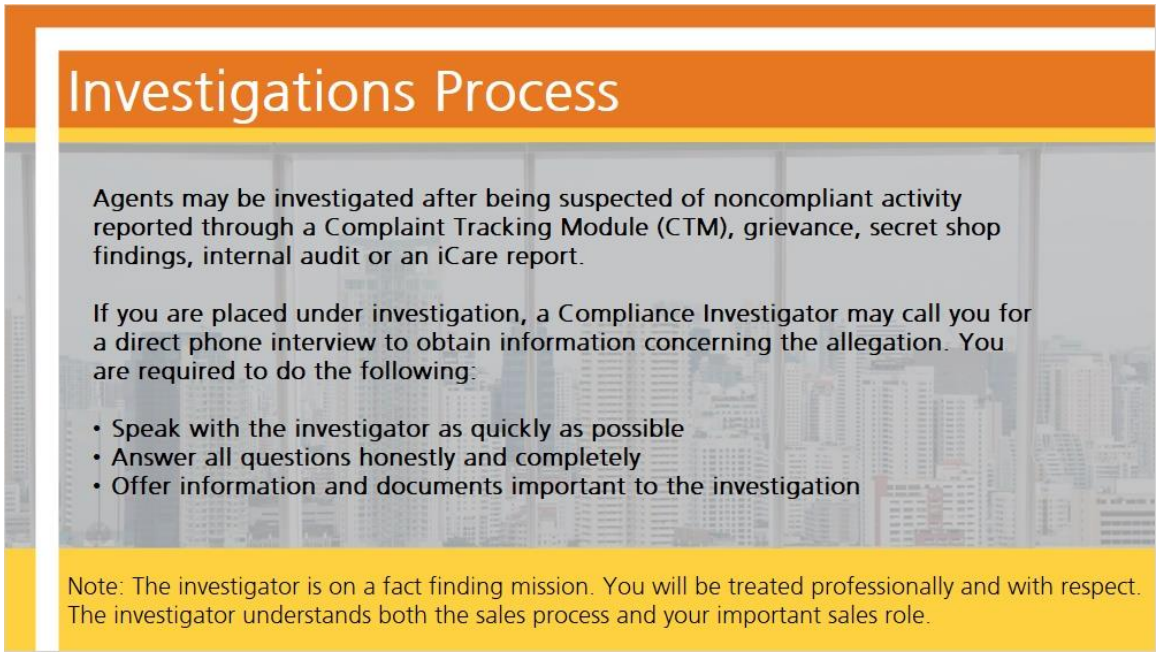


Notes:

Any oral or written request to the Plan, provider or facility without an express of dissatisfaction. Inquiries are not grievances as they do not expression dissatisfaction. Some common examples of inquiries include:

- Requesting information on benefit changes or preferred drugs
- Calling to verify they are active on the plan
- Replacing a lost ID card

1.17 Investigations Process



Notes:

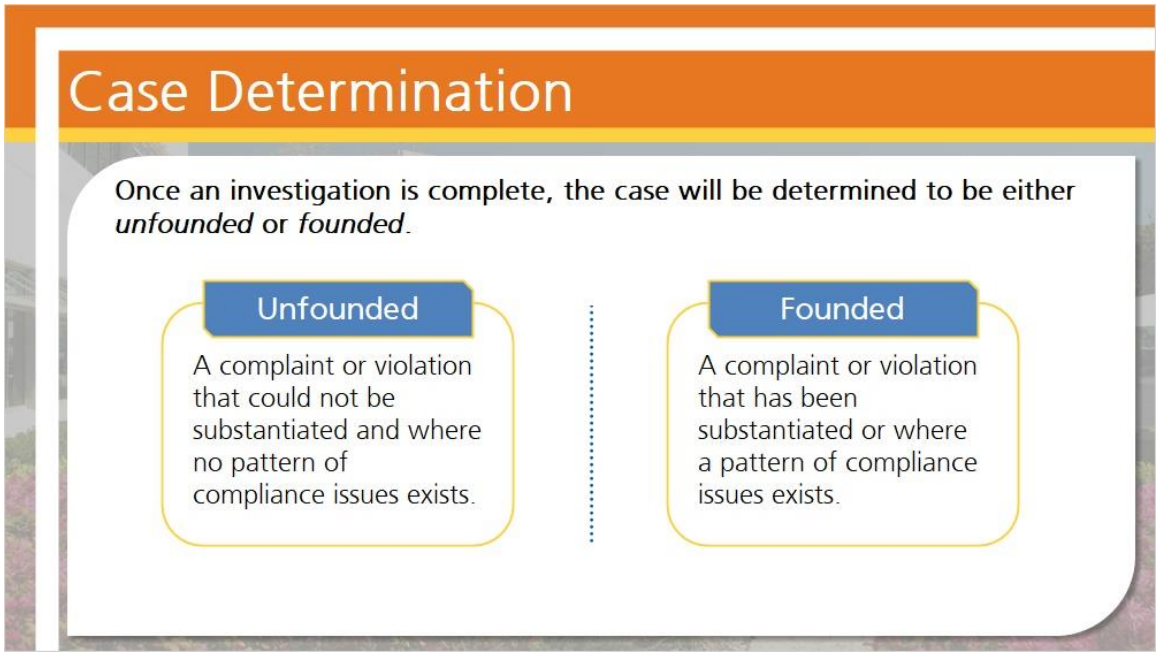
Agents may be investigated after being suspected of noncompliant activity reported through a Compliant Tracking Module (CTM, grievance, secret shop findings, internal audit or an iCare report.

If you are placed under investigation, a Compliance Investigator may call you for a direct phone interview to obtain information concerning the allegation. You are required to do the following:

- Speak with the investigator as quickly as possible
- Answer all questions honestly and completely
- Offer information and documents important to the investigation
-

Note: The investigator is on a fact finding mission. You will be treated professionally and with respect. The investigator understands both the sales process and your important sales role.

1.18 Case Determination



Notes:

Once an investigation is complete, the case will be determined to be either Unfounded or Founded.

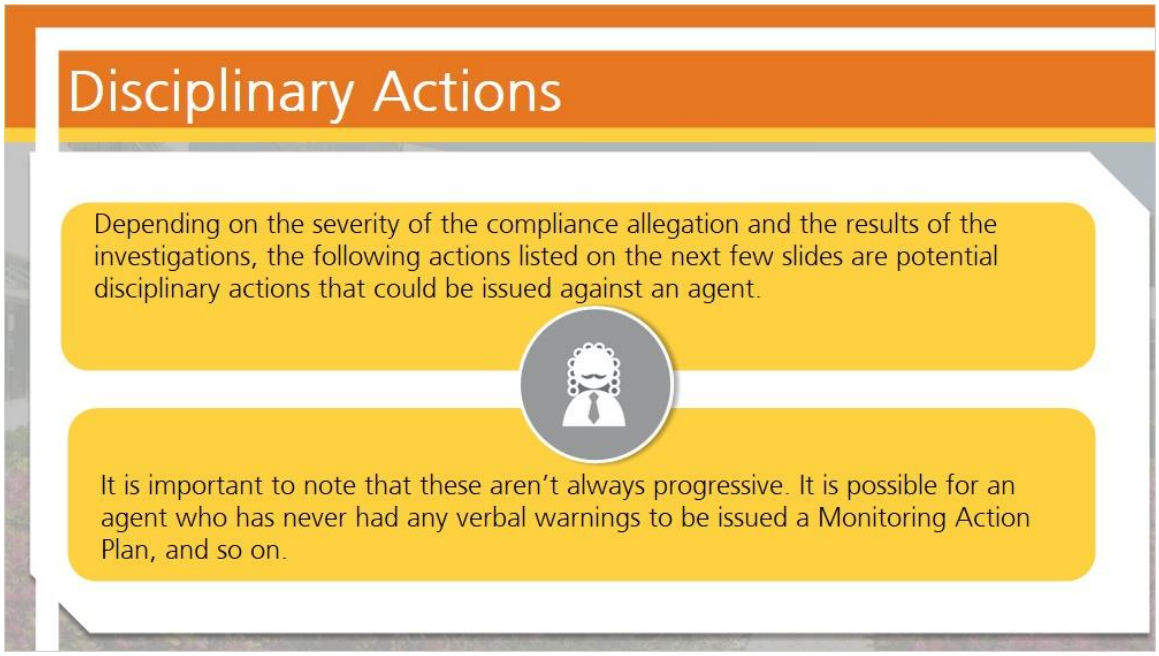
Unfounded

A complaint or violation that could not be substantiated and where no pattern of compliance issues exist.

Founded

A complaint or violation that has been substantiated or where a pattern of compliance issues exist.

1.19 Disciplinary Actions

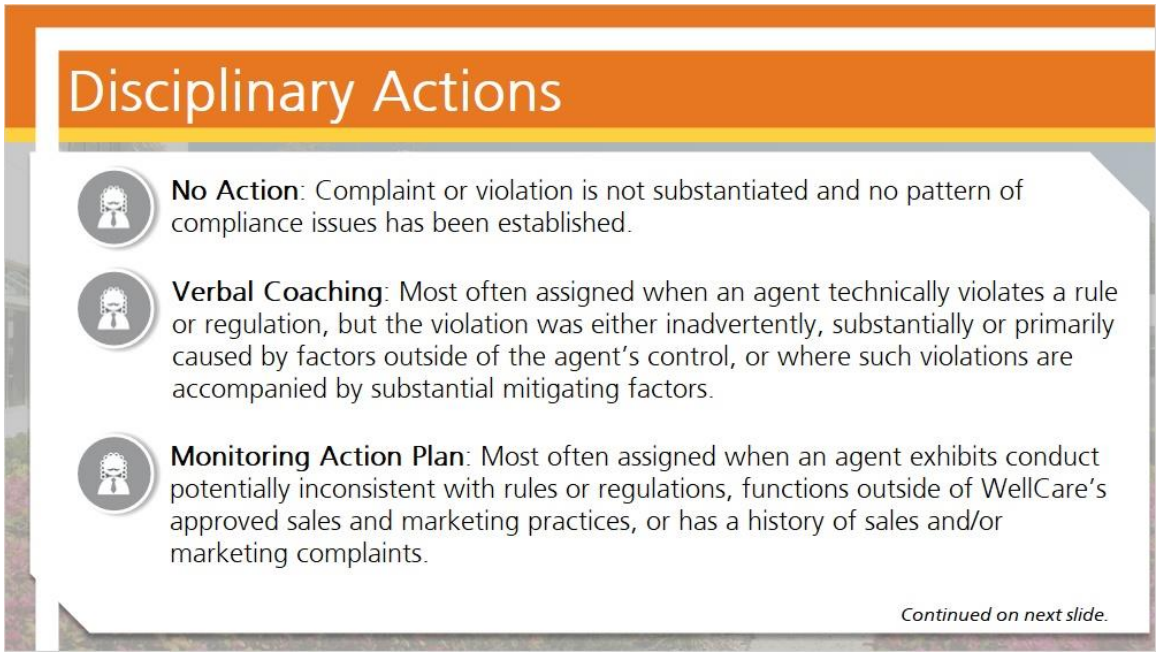


Notes:

Depending on the severity of the compliance allegation and the results of the investigations, the following actions listed on the next few slides are potential disciplinary actions that could be issued against an agent.

It is important to note that these aren't always progressive. It is possible for an agent who has never had any verbal warnings to be issued a Monitoring Action Plan, and so on.

1.20 Disciplinary Actions



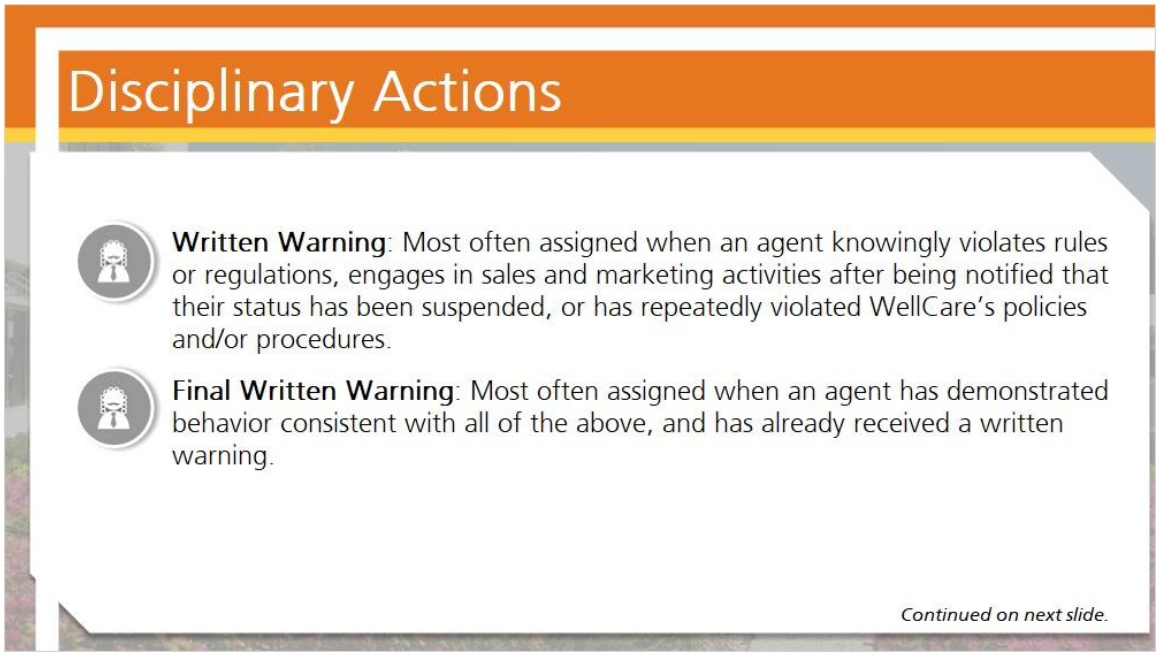
Notes:

No Action: Complaint or violation is not substantiated and no pattern of compliance issues has been established.

Verbal Coaching: Most often assigned when an agent technically violates a rule or regulation, but the violation was either inadvertently, substantially or primarily caused by factors outside of the agent's control, or where such violations are accompanied by substantial mitigating factors.

Monitoring Action Plan: Most often assigned when an agent exhibits conduct potentially inconsistent with rules or regulations, functions outside of WellCare's approved sales and marketing practices, or has a history of sales and/or marketing complaints.

1.21 Disciplinary Actions Cont'd

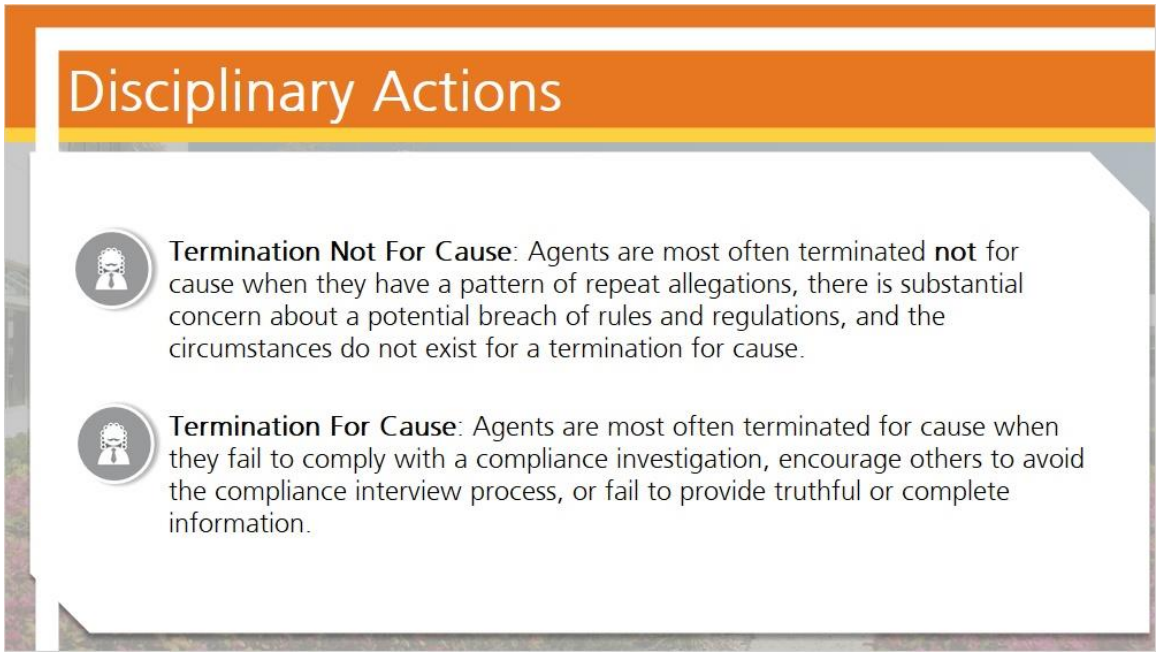


Notes:

Written Warning: Most often assigned when an agent knowingly violates rules or regulations, engages in sales and marketing activities after being notified that their status has been suspended, or has repeatedly violated WellCare's policies and/or procedures.

Final Written Warning: Most often assigned when an agent has demonstrated behavior consistent with all of the above, and has already received a written warning.

1.22 Disciplinary Actions



Notes:

Termination Not For Cause: Agents are most often terminated not for cause when they have a pattern of repeat allegations, there is substantial concern about a potential breach of rules and regulations, and the circumstances do not exist for a termination for cause.

Termination For Cause: Agents are most often terminated for cause when they fail to comply with a compliance investigation, encourage others to avoid the compliance interview process, or fail to provide truthful or complete information.

1.23 Reporting a Concern

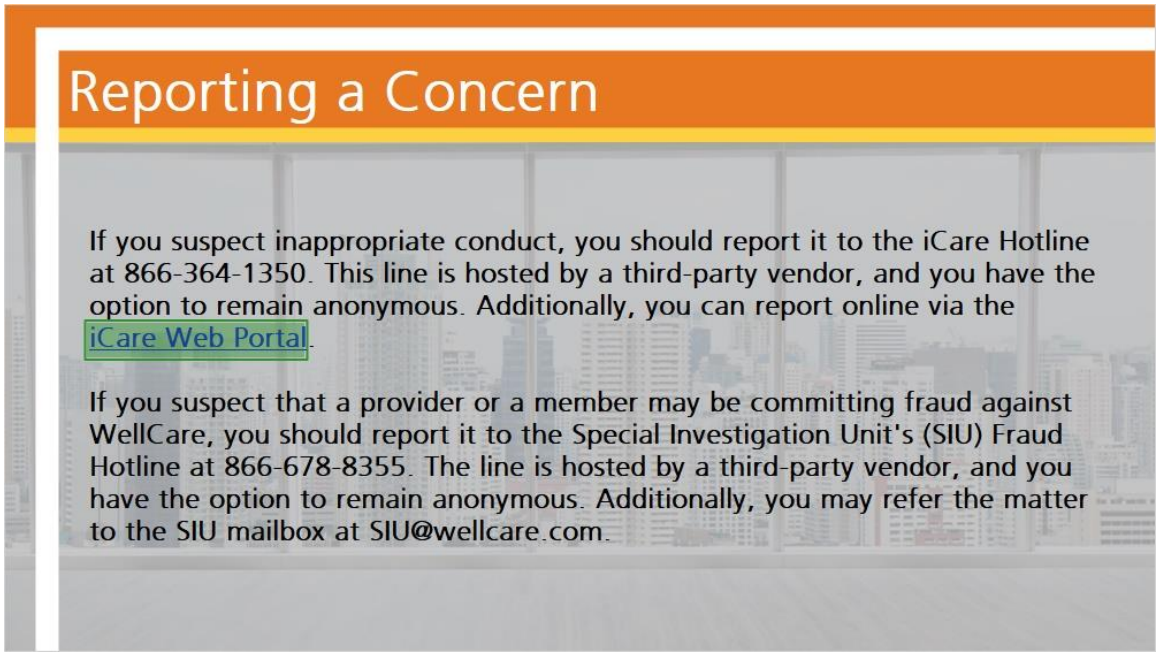
Notes:

When reporting a concern, reports may be made to:

- District Sales Managers
- Regional Compliance or Regulatory Staff
- WellCare's Chief Compliance Officer
-

HIPAA breach concerns can be reported to the Information Security and Privacy Officer by emailing HIPAAPrivacyOfficer@wellcare.com

1.24 Reporting a Concern



Notes:

If you suspect inappropriate conduct within WellCare, you should report it to the iCare Hotline at 866-364-1350. This line is hosted by a third-party vendor, and you may remain anonymous. Additionally, you can report online via the iCare Web Portal.

If you suspect that a provider or a member may be committing fraud against WellCare, you should report it to the Special Investigation Unit's (SIU) Fraud Hotline at 866-678-8355. The line is hosted by a third party vendor, and you may remain anonymous. Additionally, you may refer the matter to the SIU mailbox at SIU@wellcare.com.

1.25 Website & Social Media Marketing

Notes:

In order to use the WellCare logo, name or benefits on a marketing piece, WellCare requires a material review. If you wish to create an advertising piece using WellCare information, please email the following to Materials@wellcare.com:

- Website/Social Media URL
- Content you wish to publish/post
- Proposed advertisement date

Once submitted, please wait for approval before placing your advertisement.

1.26 Hosting Sales Events

Notes:

WellCare encourages agents to host sales events to market/sell the products.

All events representing WellCare must be submitted to AND approved by your District Sales Manager (DSM).

For detailed information regarding hosting a compliant, WellCare-approved event, contact your DSM and review the Event Definition Tool, Site-Based Marketing Tool and Provider Based Marketing Tool provided in the Resources tab.

1.27 Required Sales Materials - MAPD

Notes:

Medicare Advantage (MAPD) Appointments

Materials to TAKE to Your Appointment

Resource Guide includes:

- Rx flyers
- Summary of Benefits
- CSNP Pre-Qualify Form
- Star Ratings
- Combined Agent Checklist/Enroll Receipt
- Scope of Appointment
- LIS/SNP information
- Temp ID card

Two applications (carbon) with BREs

HRA Packet includes:

- HRA Form

- BRE
- OGE

OTC Booklet

OTC Card

Benefit Highlights

More for Your Medicare

Formulary

Directory

1.28 Required Sales Materials - MAPD

Notes:

Medicare Advantage (MAPD) Appointments

Materials to LEAVE with the Member

- Resource guide
- Application with BRE

- OTC Booklet
- HRA Packet (leave with member only if they enroll)

1.29 Required Sales Materials - PDP

Notes:

Prescription Drug Plan (PDP)

Materials to TAKE to Your Appointment

Resource Guide includes:

- Summary of Benefits
- Star Ratings
- Temporary ID card with quick tips until effective date (new)

Mail service Rx promotion flyer

One application (carbon) with BRE

Directory

Material to LEAVE with the Member

Resource Guide includes:

- Summary of Benefits
- Temporary ID card with quick tips until effective date

Mail service Rx promotion flyer

One application (carbon) with BRE

1.30 Single Sign-On Portal for Agents

Notes:

Launching in August 2019 is the new single sign-on (SSO) portal for agents, enabling a one-stop access point for the Agent Connect portal and the NEW Materials portal.

Click the buttons to the left for more information.

Access the SS Portal

- Once your account has been created, you will receive an email from <SENDER> with <SUBJECT>
- You will be provided a username and temporary password

- At initial login, you will be prompted to set a permanent password
- After your permanent password, is set you can access your SSO dashboard

Secured Websites SSO Portal Provides Access To

The SSO portal provides access to Agent Connect and the new agent online Materials Portal.

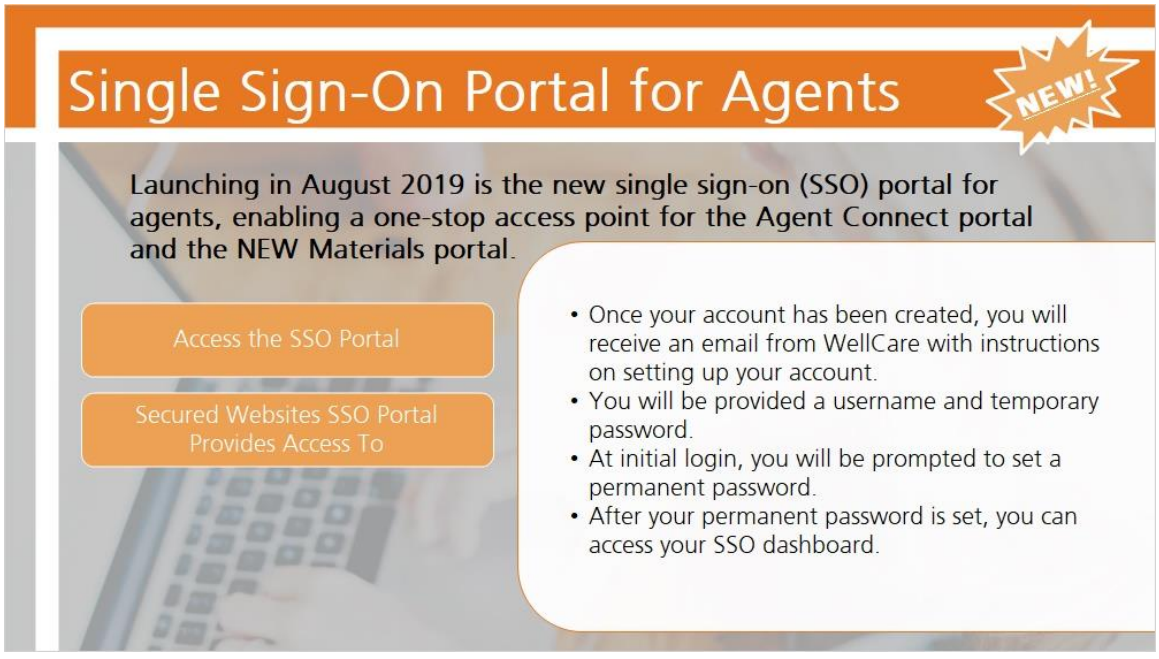
WARNING! The deployment of SSO will deactivate your existing login to Agent Connect and Agent Workflow. You will be required to utilize your SSO portal to access these systems moving forward. NOTE! WellCare University will be added to the SSO platform at a later date.

IMPORTANT! What you can access depends on your certification status with WellCare. Please click here to view the grid that outlines access privileges for different systems.

GRID

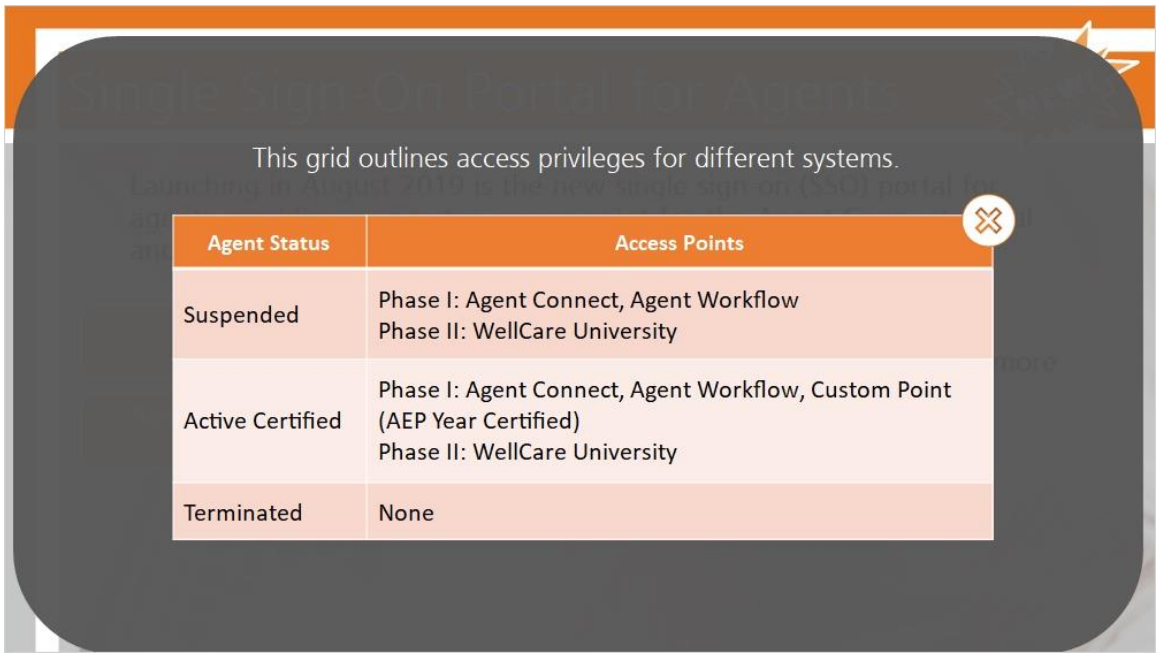
This gird outlines access privileges for different systems.

Accessing SSO (Slide Layer)

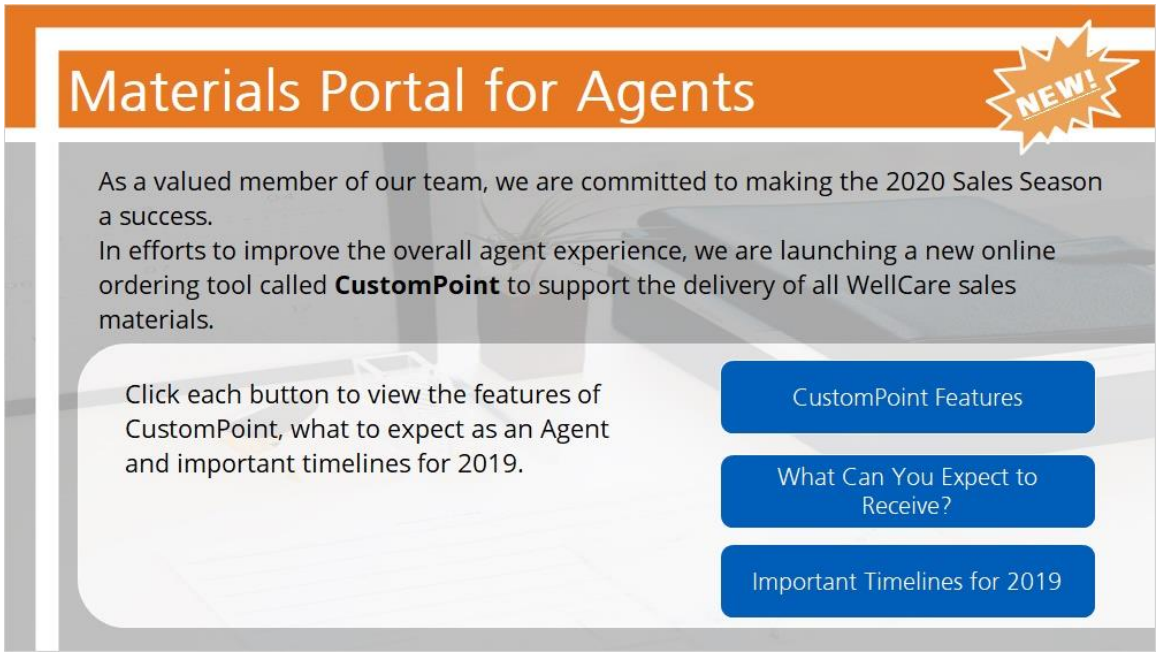


What SSO (Slide Layer)

Grid (Slide Layer)



1.31 Materials Portal for Agents



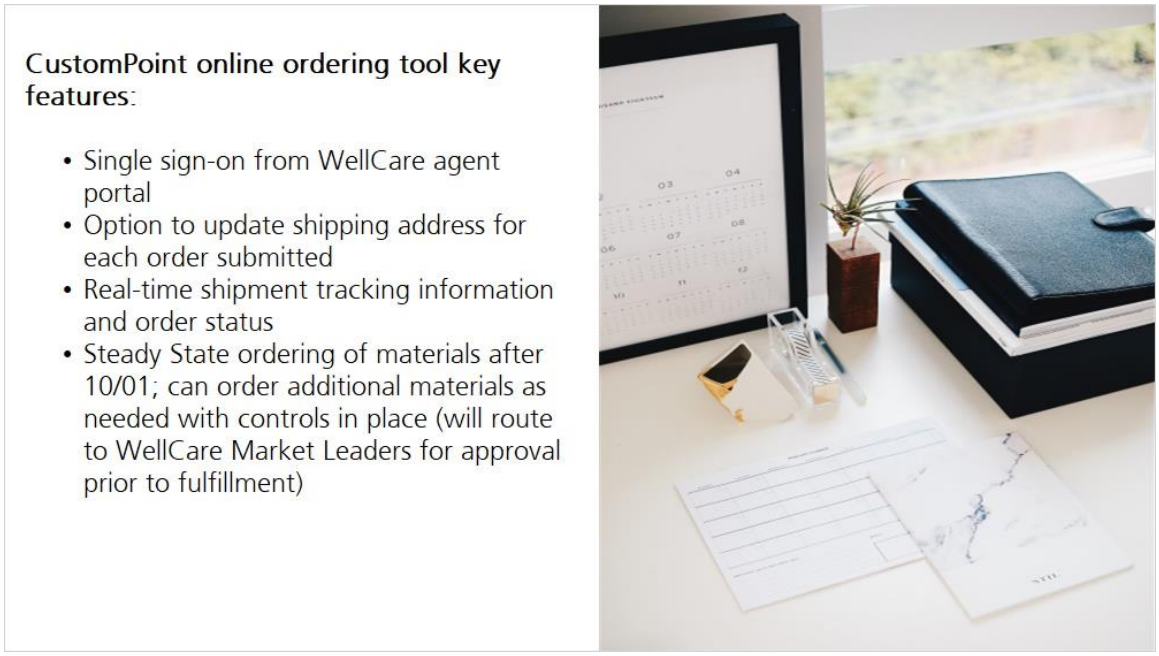
Notes:

As a valued member of our team, we are committed to making 2020 Sales Season a success.

In efforts to improve the overall agent experience, we are launching a new online ordering tool called CustomPoint to support the delivery of all WellCare sales materials.

Click each button to view the features of CustomPoint and you as an agent can expect?

1.32 CustomPoint Features Lightbox

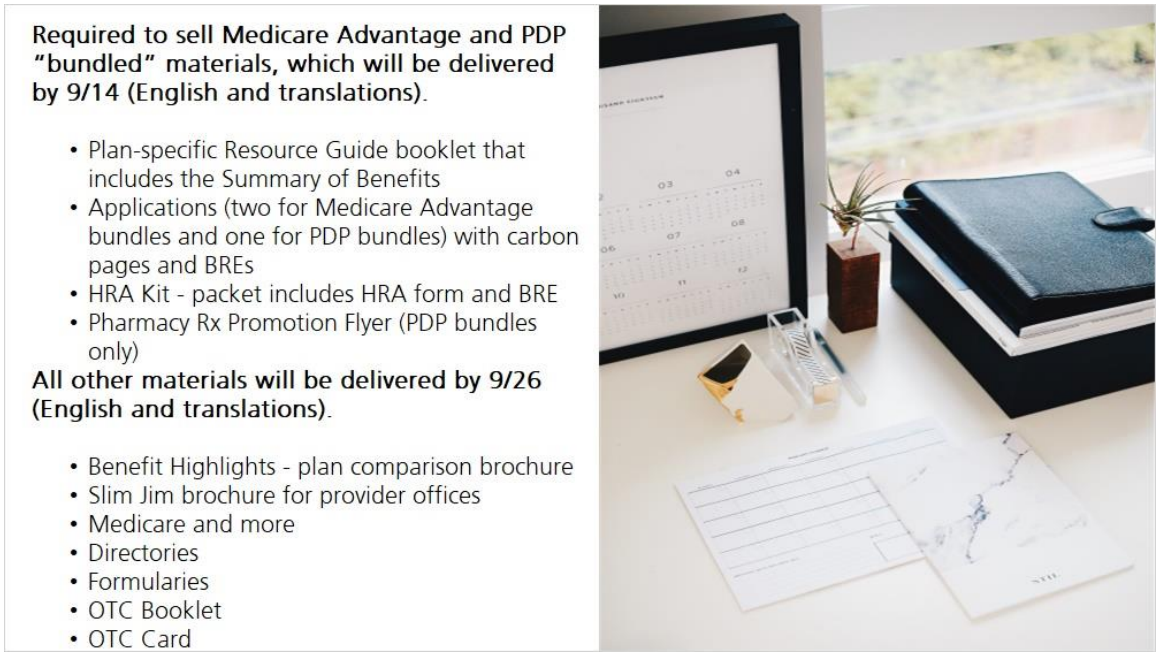


Notes:

CustomPoint online ordering tool key features:

- Single sign-on from WellCare agent portal
- Option to update shipping address for each order submitted
- Real-time shipment tracking information and order status
- Steady State ordering of materials after 10/01; can order additional materials as needed with controls in place (will route to WellCare Market Leaders for approval prior to fulfillment)

1.33 What to Expect Lightbox



Notes:

Required to sell Medicare Advantage and PDP "bundled" materials, which will be delivered by 9/14 (English and translations)

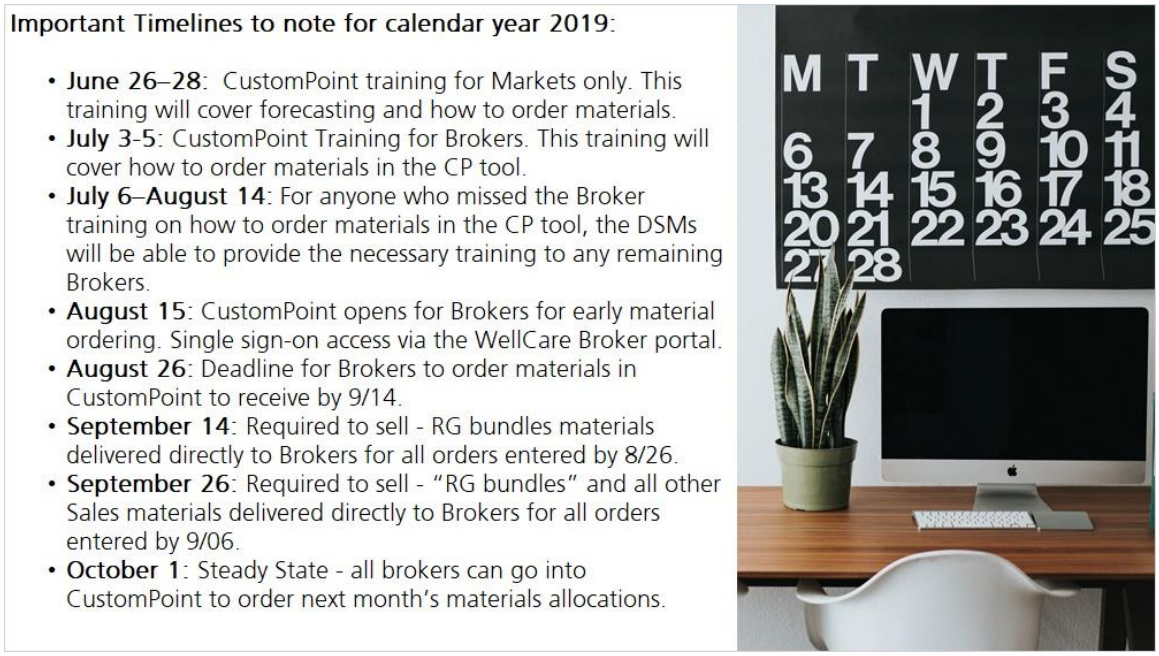
- Plan specific Resource Guide booklet that includes the Summary of Benefits
- Applications (2 for Medicare Advantage bundles and 1 for PDP bundles) -with carbon pages and BREs
- HRA Kit - packet includes HRA form and BRE
- Pharmacy Rx Promotion Flyer (PDP bundles only)
-

All other materials will be delivered by 9/26 (English and translations).

- Benefit Highlights - plan comparison brochure
- Slim Jim brochure for Provider offices
- Medicare and More
- Directories
- Formularies
- OTC Booklet

- OTC Card

1.34 Timeline Lightbox



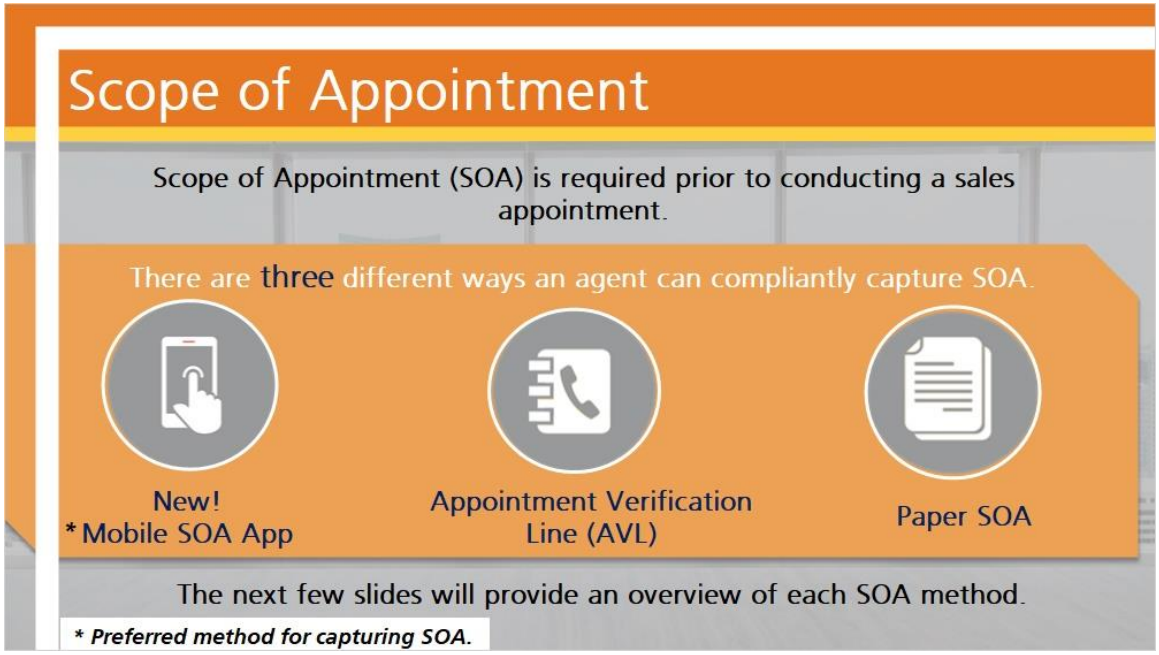
Notes:

Important Timelines to note for calendar year 2019:

- June 26-28: CustomPoint training for Markets only. This training will cover forecasting and how to order materials.
- July 3-5: CustomPoint Training for Brokers. This training will cover how to order materials in the CP tool.
- July 6-August 14: For anyone who missed the Broker training on how to order materials in the CP tool, the DSMs will be able to provide the necessary training to any remaining Brokers.
- August 15: CustomPoint opens for Brokers for early material ordering. Single sign-on access via the WellCare Broker portal.
- August 26: Deadline for Brokers to order materials in CustomPoint to receive by 9/14.
- September 14: Required to sell - RG bundles materials delivered directly to Brokers for all orders entered by 8/26.
- September 26: Required to sell - "RG bundles" and all other Sales materials delivered directly to Brokers for all orders entered by 9/06.

- October 1: Steady State - all brokers can go into CustomPoint to order next month's materials allocations.

1.35 Scope of Appointment



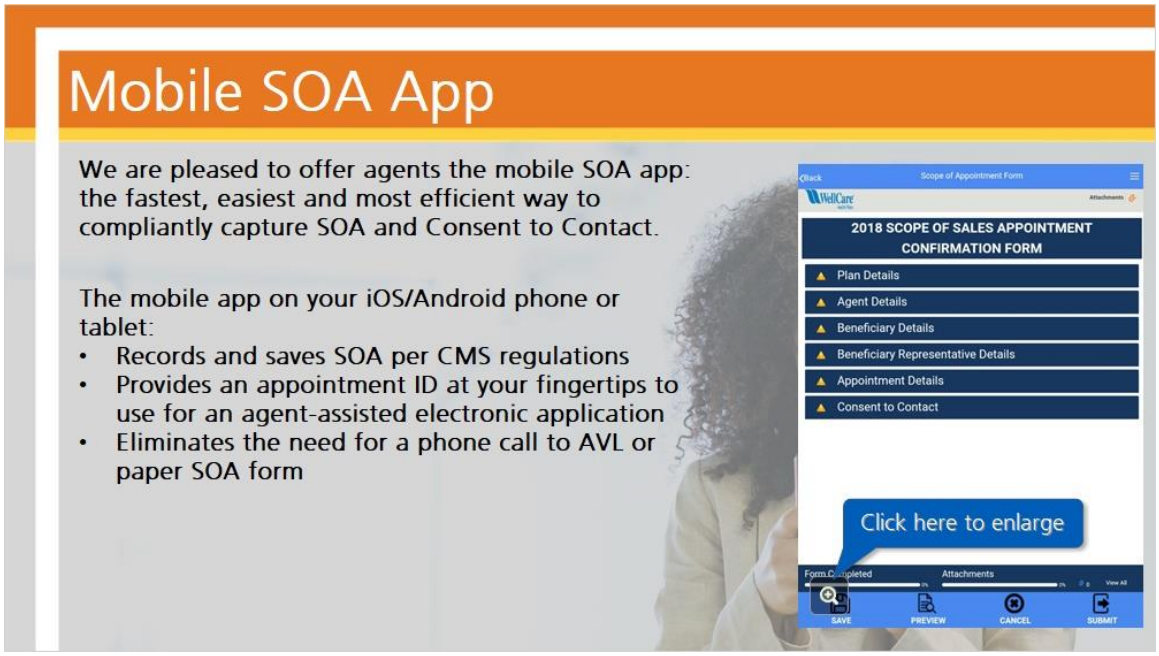
Notes:

Scope of Appointment (SOA) is required prior to conducting a sales appointment.
There are three different ways an agent can compliantly capture SOA.

New! Mobile SOA App
Appointment Verification Line (AVL)
Paper SOA

The next few slides will provide an overview of each SOA method.
*Preferred method for Capturing SOA.

1.36 Mobile SOA App



Notes:

We are pleased to offer agents the mobile SOA app: the fastest, easiest and most effecient way to compliantly capture SOA and Consent to Contact.

The mobile app on your iOS/Android phone or tablet:

- Records and saves SOA per CMS regulations
- Provides an appointment ID at your fingertips to use for an agent-assisted online application
- Eliminates the need for a phone call to AVL or paper SOA form

1.37 Mobile SOA App

Notes:

To ensure you are prepared to use the mobile SOA App, it is encouraged you complete the Mobile Scope of Appointment App training in WellCare University. The training will provide an overview of how to navigate the app and complete a compliant SOA.

The Mobile SOA generates a SOA appointment ID# which agents can use for all application methods - this is the preferred method for obtaining a compliant SOA!

NOTE: The Mobile SOA option is within the NEW mobile enrollment platform, and is discussed in more detail within the Application & Enrollment section in this training.

1.38 Appointment Verification Line (AVL)

Notes:

The Appointment Verification Line (AVL) telephonically records SOA via a phone call with the beneficiary.

The call to the AVL:

- Records and saves SOA per CMS regulations via a live agent speaking with the beneficiary
- Provides an appointment ID to use for an agent-assisted online application

The AVL phone numbers can be found on WellCare.com.

1.39 AVL Meridian

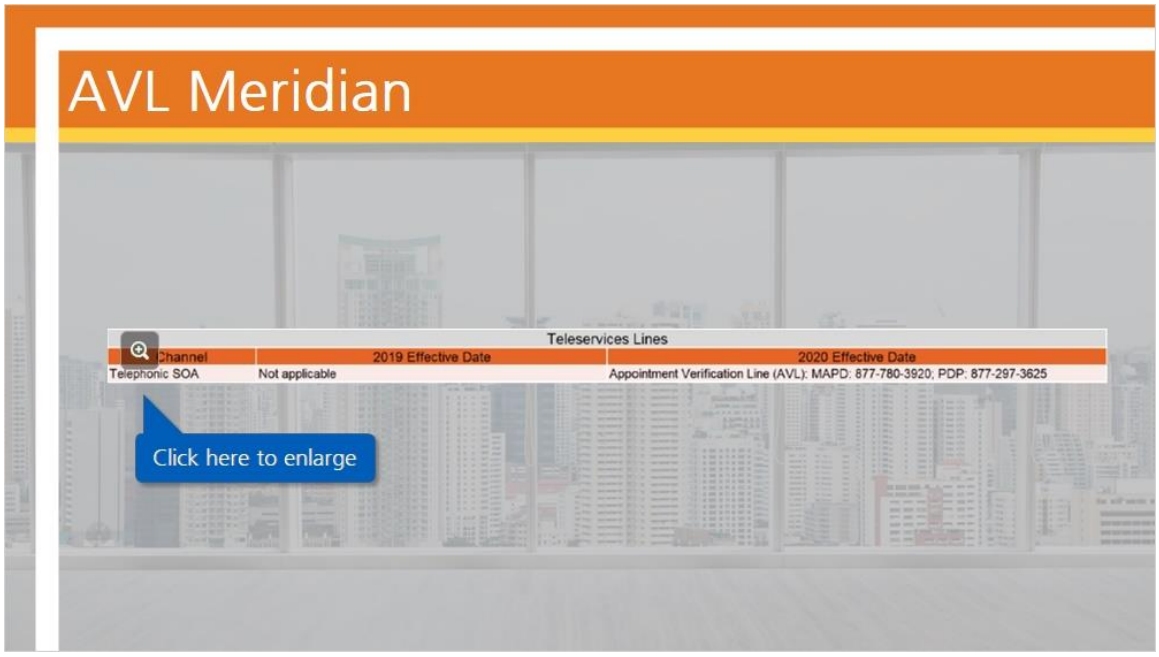
Notes:

If you are an existing Meridian agent, the AVL process will be different for 2019 & 2020 effectives.

Click the corresponding company logo for additional information.

If this process change does not apply to you, click Next to continue through the training.

1.40 AVL Meridian Lightbox



Notes:

Telephonic SOA

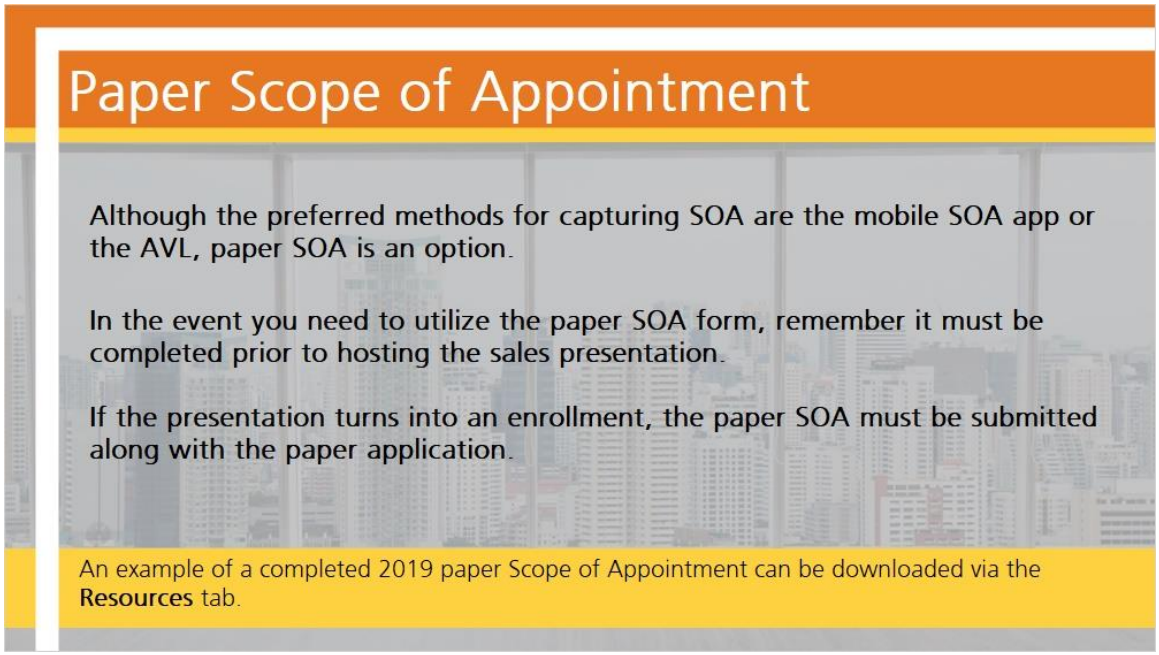
2019 Effective Date

Not applicable

2020 Effective Date

Appointment Verification Line (AVL): MAPD: 877-780-3920; PDP: 877-297-3625

1.41 Paper Scope of Appointment



Notes:

Although the preferred methods for capturing SOA are the mobile SOA app or the AVL, paper SOA is an option.

In the event you do need to utilize the paper SOA form, remember it must be completed prior to hosting the sales presentation.

If the presentation turns into an enrollment, the paper SOA must be submitted along with the paper application.

An example of a completed 2019 paper Scope of Appointment can be downloaded via the Resources tab.

1.42 Paper SOA Meridian

Notes:

If you are an existing Meridian agent, the Paper SOA process will be different for 2019 & 2020 effectives.

Click the corresponding company logo for additional information.

If this process change does not apply to you, click Next to continue through the training.

1.43 Paper SOA Meridian

Notes:

Document Scope (SOA)

2019 Effective Date

Paper:

Submission to upline fax along with paper application

Online SOA (OEA): Submission of online SOA during online application process

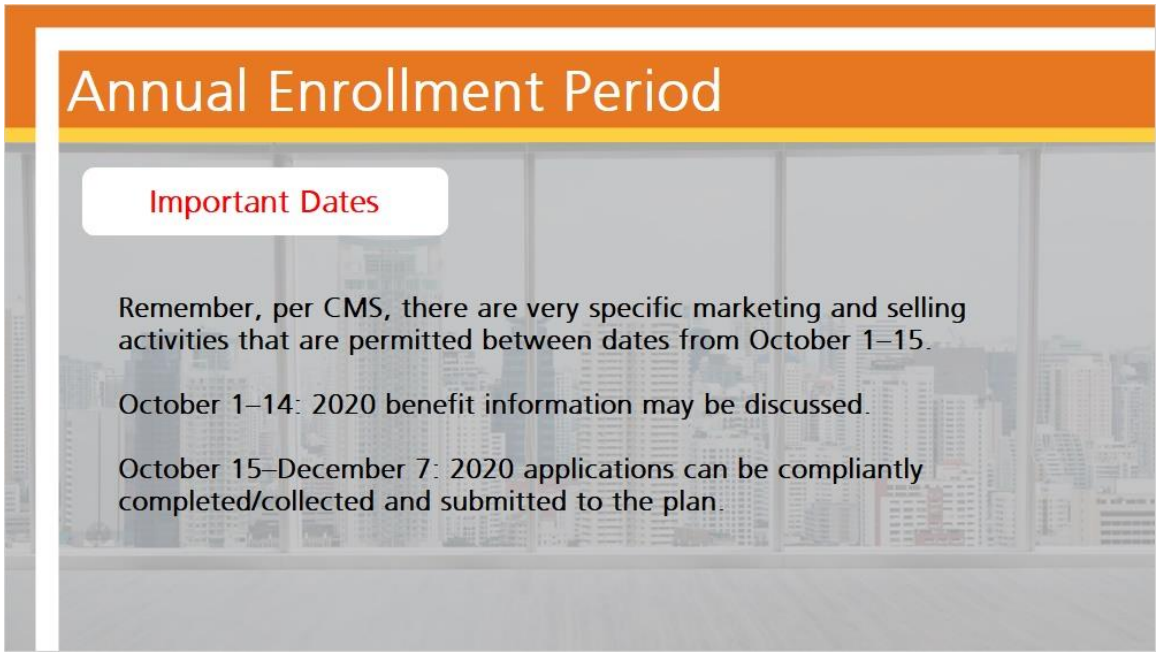
2020 Effective Date

Electronic Method:
Mobile/tablet (Online/Offline)
Desktop (Online)

Paper:

Submission by fax with paper application

1.44 Annual Enrollment Period



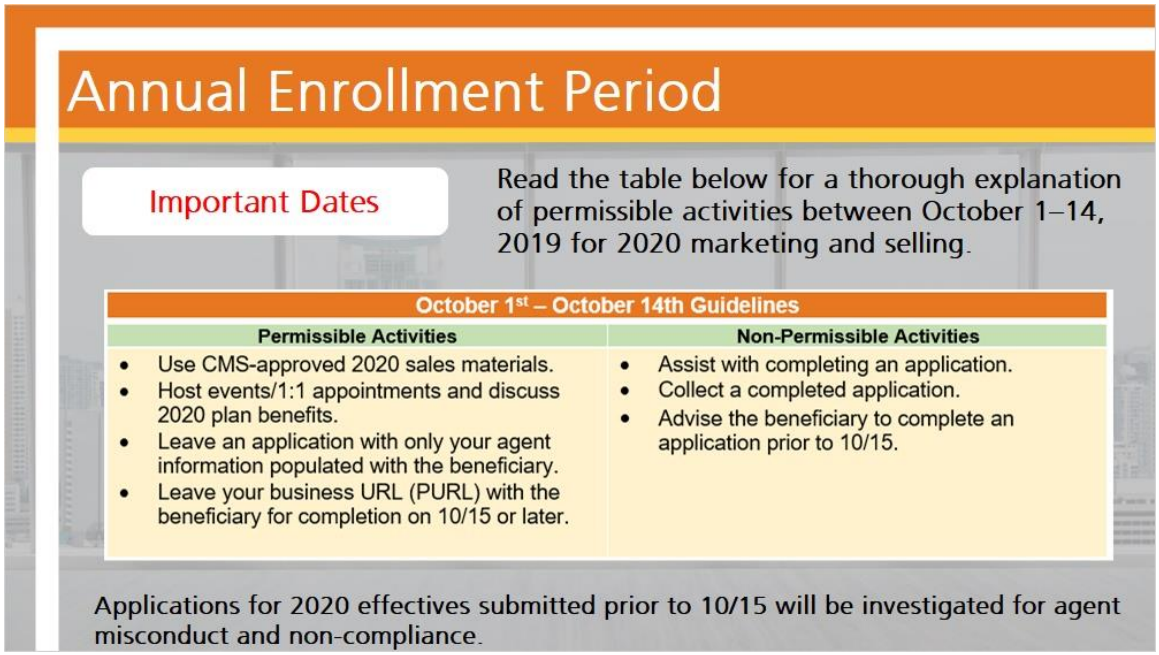
Notes:

Remember, per CMS, there are very specific marketing and selling activities that are permitted between dates from October 1-15

October 1-14: 2020 benefit information may be discussed.

October 15-December 7: 2020 applications can be compliantly completed/collected and submitted to the plan.

1.45 Annual Enrollment Period



Notes:

Read the table below for a thorough explanation of October 1 - 14, 2020 marketing/selling activities.

Applications for 2020 effectives submitted prior to 10/15 will be investigated for agent misconduct and non-compliance.

October 1-14 Guidelines

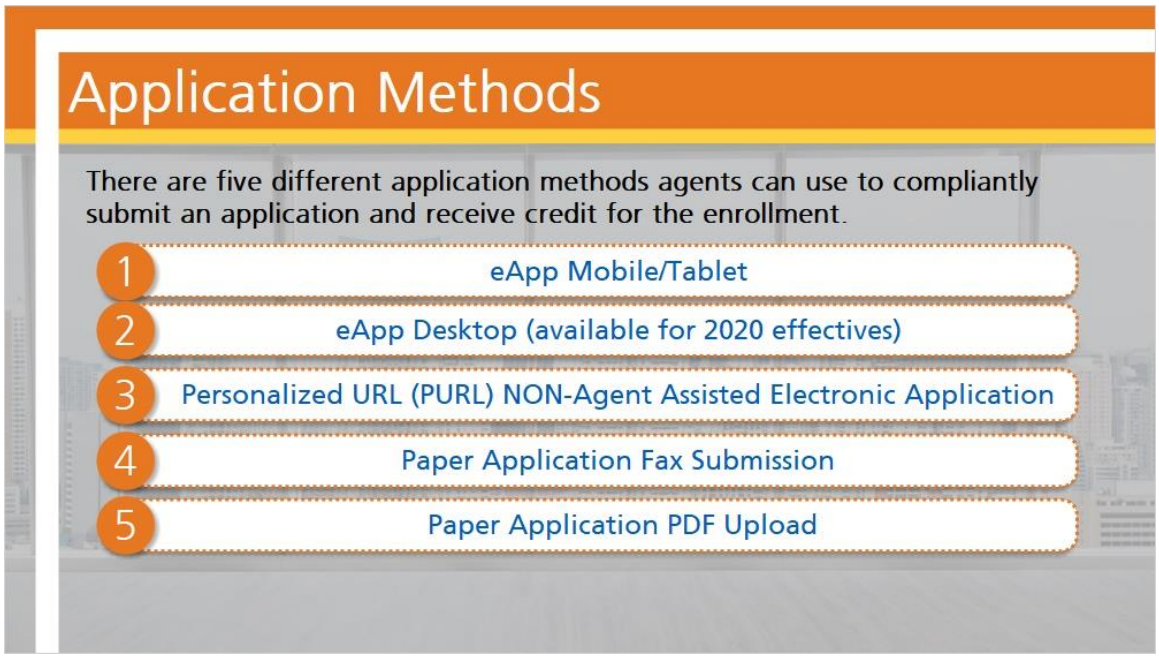
Permissible Activities

- Use CMS-approved 2020 sales materials.
- Host events/1:1 appointments and discuss 2020 plan benefits.
- Leave an application with only your agent information populated with the beneficiary.
- Leave your business card with the address to your personalized URL (PURL) with the beneficiary for completion on 10/15 or later.

Non-Permissible Activities

- Assist with completing an application.
- Collect a completed application.
- Advise the beneficiary to complete an application prior to 10/15.

1.46 Application Methods

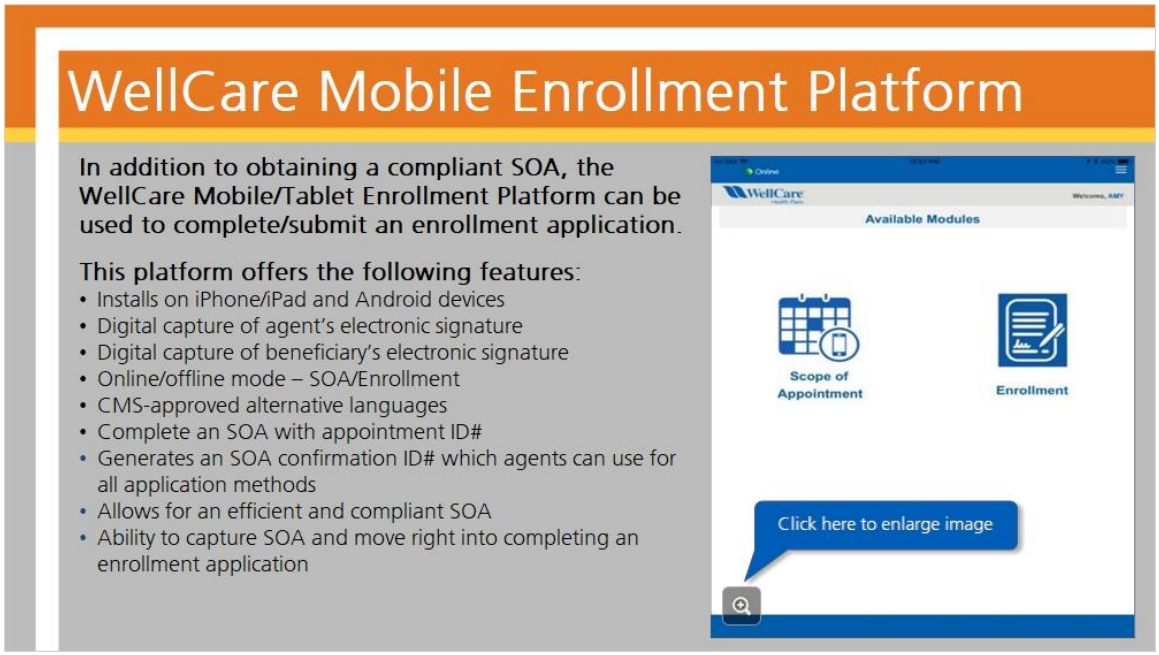


Notes:

There are five different application methods agents can use to compliantly submit an application and receive credit for the enrollment.

- eApp Mobile/Tablet
- eApp Desktop (available for 2020 effectives)
- Personalized URL (PURL) Non-Agent Assisted Electronic Application
- Fax Submission
- PDF Upload

1.47 WellCare Mobile Enrollment Platform



Notes:

In addition to obtaining a compliant SOA, the WellCare Mobile/Tablet Enrollment Platform can be used to complete/submit an enrollment application.

This platform offers the following features:

- Installs on iPhone/iPad and Android devices
- Digital capture of agent's electronic signature
- Digital capture of beneficiary's electronic signature
- Online/offline mode - SOA/Enrollment
- CMS-approved alternative languages
- Complete an SOA with appointment ID#
- Generates an SOA confirmation ID# which agents can use for all application methods
- Allows for an efficient and compliant SOA
- Ability to capture SOA and move right into completing an enrollment application

1.48 WellCare Mobile Enrollment Platform

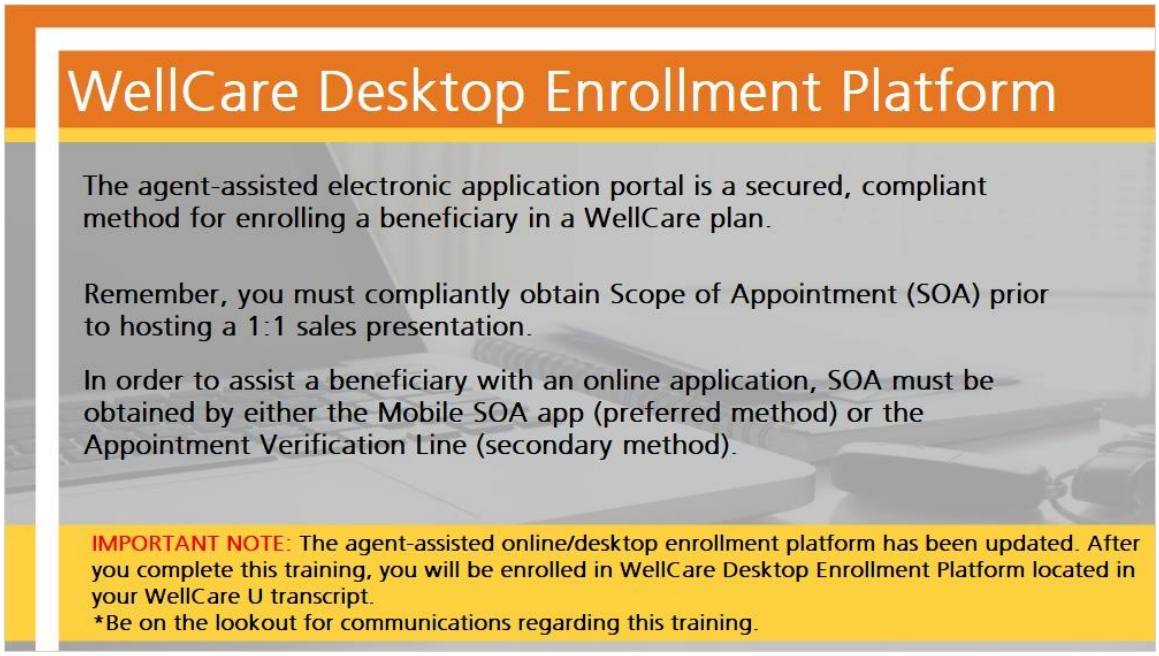
Notes:

The Mobile Enrollment Platform is easy to use.

Click the symbol below to watch a video of how to utilize the new mobile enrollment platform. Running time: 7:39

NOTE: Step-by-step instructions are provided in the Resources tab of this training, as well as under Mobile Enrollment Platform in WellCare University.

1.49 WellCare Desktop Enrollment Platform



Notes:

The agent-assisted electronic application portal is a secured, compliant method for enrolling a beneficiary in a WellCare Plan.

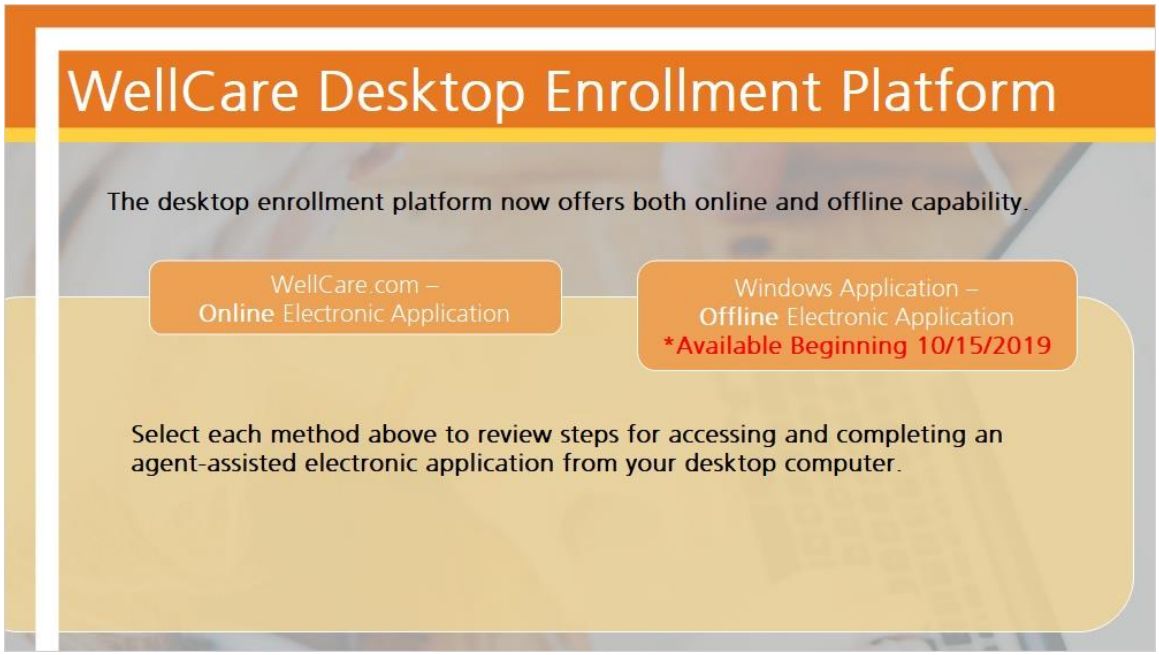
Remember, you must compliantly obtain Scope of Appointment (SOA) prior to hosting a 1:1 sales presentation.

In order to assist a beneficiary with an online application, SOA must be obtained by either the Mobile SOA app (preferred method) or the Appointment Verification Line (secondary method).

IMPORTANT NOTE: The agent-assisted online/desktop enrollment platform has been updated. After you complete this training, you will be enrolled in WellCare Desktop Enrollment Platform located in your WellCare U transcript.

*Be on the lookout for communications regarding this training.

1.50 WellCare Desktop Enrollment Platform



Notes:

The desktop enrollment platform now offers both online and offline capability.

Select each method above to review steps for accessing and completing an agent-assisted electronic application from your desktop computer.

WellCare.com - Online Electronic Application

Access Point: WellCare.com Agent Resource Center

Wi-Fi Connection Needed to Complete an Application: Yes

Submission: At point-of-sale

Windows Application - Offline Electronic Application

*Available Beginning 10/15/19

Access Point:

1.From the start menu on your desktop, access Windows Software Center

2.Search "WellCare Enrollment Platform"

3.Download the software (must have Wi-Fi connection when downloading the software)

4.Access the icon on your desktop when ready to complete an application

---

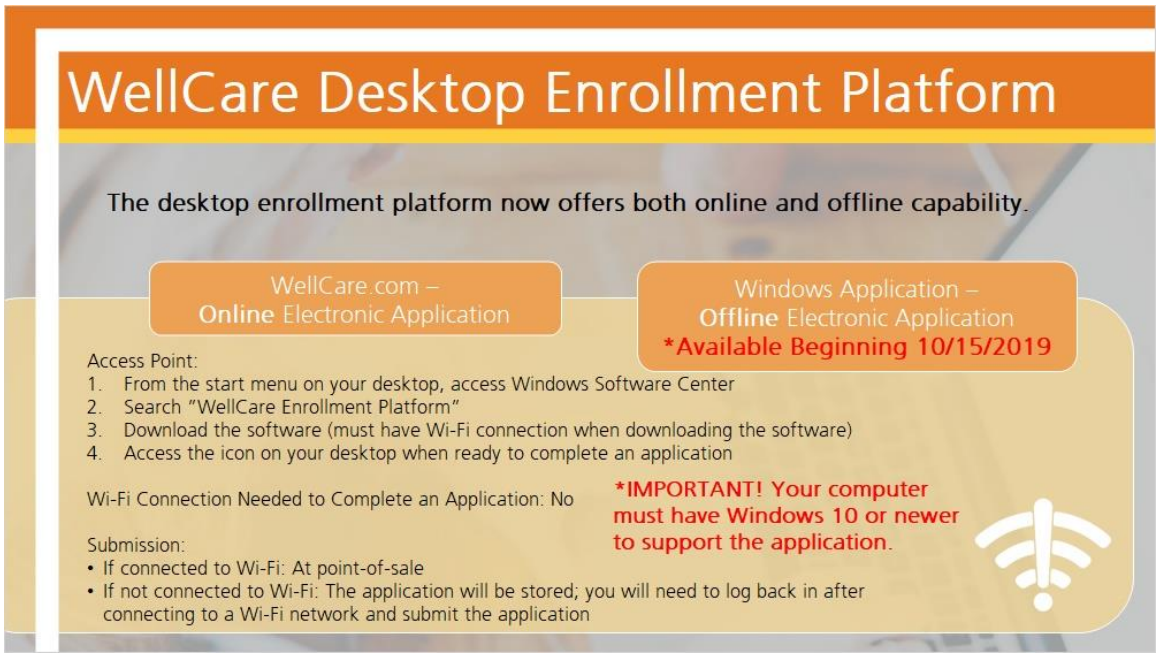
Wi-Fi Connection Needed to Complete an Application: No

Submission:

- If connected to Wi-Fi: At point-of-sale
- If not connected to Wi-Fi: The application will be stored; you will need to log back in after connecting to a Wi-Fi network and submit the application

Online (Slide Layer)

Offline (Slide Layer)



1.51 eApp Meridian

Notes:

If you are an existing Meridian agent, the eApp process will be different for 2018 & 2019

effectives.

Click the corresponding company logo for additional information.

If this process change does not apply to you, click Next to continue through the training.

1.52 eApp Meridian Lightbox

Notes:

Application Submission

2019 Effective Date

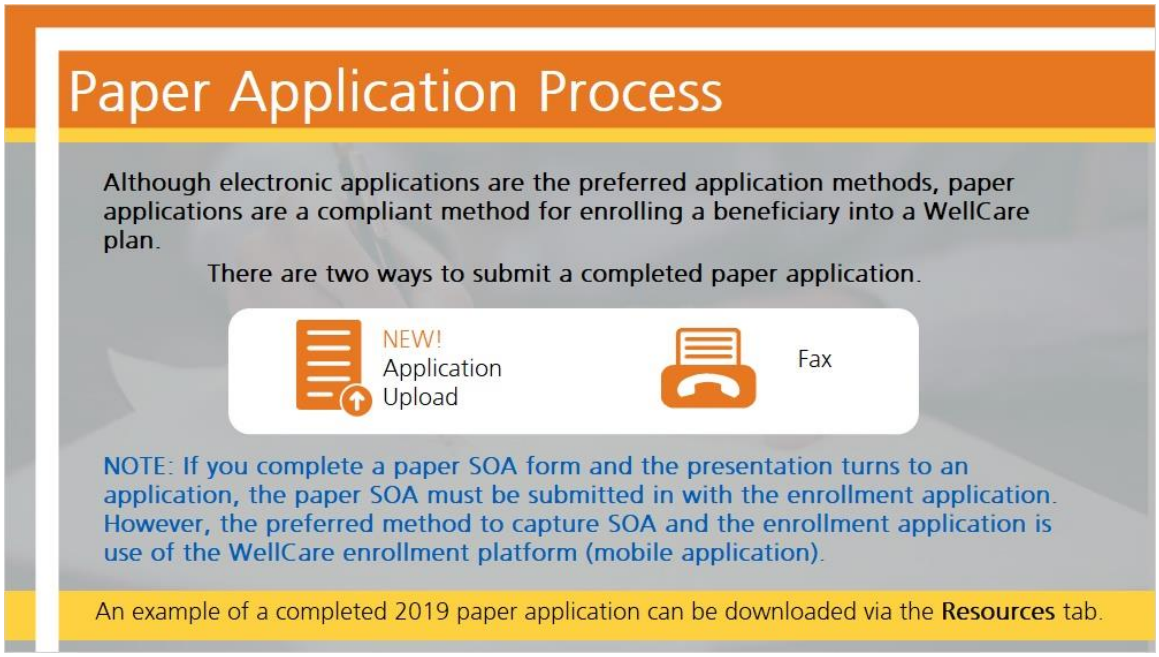
Online Agent Assisted Enrollment Tool:
https://enroll2019.mymeridiancare.com/
Fax: Agents direct upline FMO

2020 Effective Date

Electronic Method:
Mobile/tablet (Online/Offline)
Desktop (Online)
Agent Personalized URL (PURL) (Non-Agent Assisted)
Paper:

Fax: MAPD: 866-473-9124; PDP: 866-388-1521
File Upload through Agent Connect Portal

1.53 Paper Application Process



Notes:

Although electronic applications are the preferred application method, paper applications are compliant method for enrolling a beneficiary into a WellCare Plan.

There are two ways to submit a completed paper application.

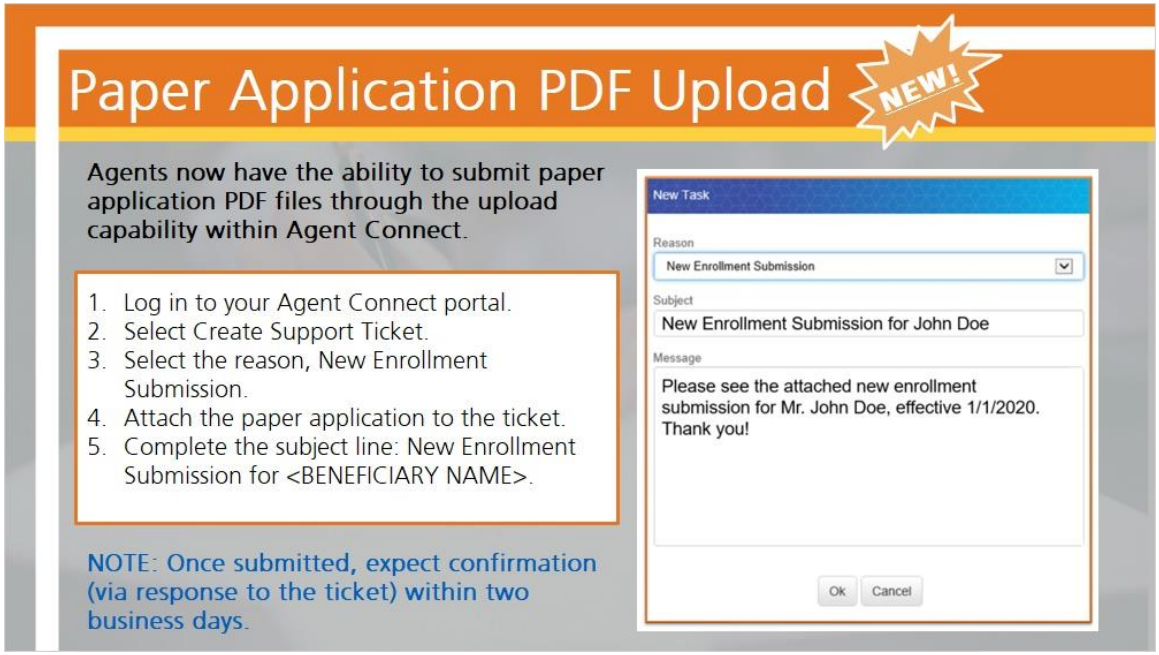
- New! Application Upload
- Fax

Note: If you complete a paper SOA form and the presentation turns to an application, the paper SOA must be submitted in with the enrollment application. However, the preferred method to capture SOA and the enrollment application is use of the WellCare enrollment platform (mobile application).

An example of a completed 2019 Paper application can be downloaded via the Resources

tab.

1.54 Paper Application PDF Upload



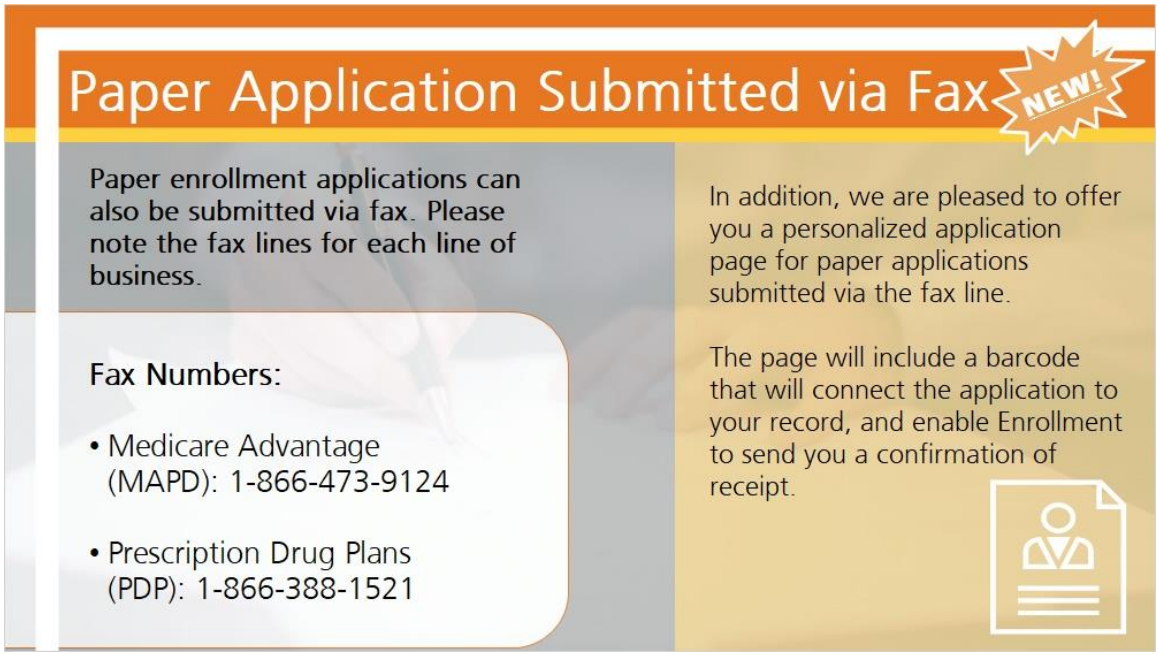
Notes:

Agents now have the ability to submit paper application PDF files through the upload capability within Agent Connect.

1. Log in to your Agent Connect portal.
2. Select Create Support Ticket.
3. Select the reason, New Enrollment Submission.
4. Attach the paper application to the ticket.
5. Complete the subject line: New Enrollment Submission for < Beneficiary Name >

Note: Once submitted, expect confirmation (via response to the ticket) within two business days.

1.55 Paper Application Submitted via Fax



Notes:

Paper enrollment applications can also be submitted via fax. Please note the fax lines for each line of business.

Fax Numbers:

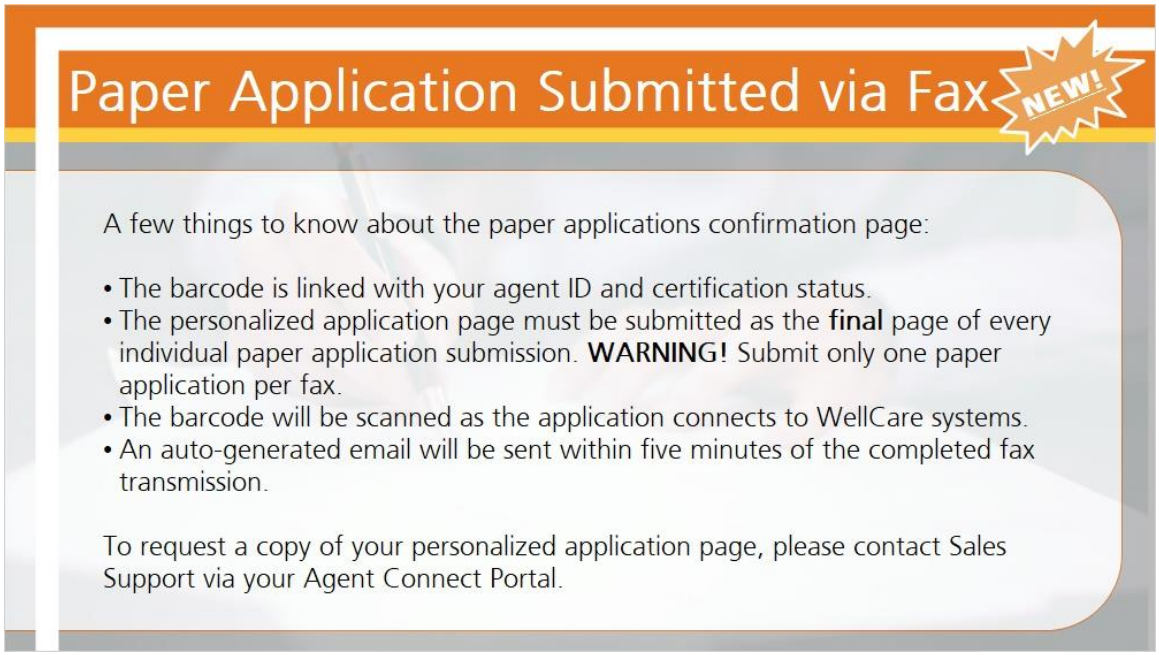
- Medicare Advantage (MAPD): 1-866- 473-9124
- Prescription Drug Plans (PDP): 1-866-388-1521

We are please to offer you a personalized application page for paper applications submitted via the fax line.

The page will include a barcode that will connect the application to your record, and enable our Enrollment department to send you a confirmation of receipt.

•

1.56 Paper Application Submitted via Fax



Notes:

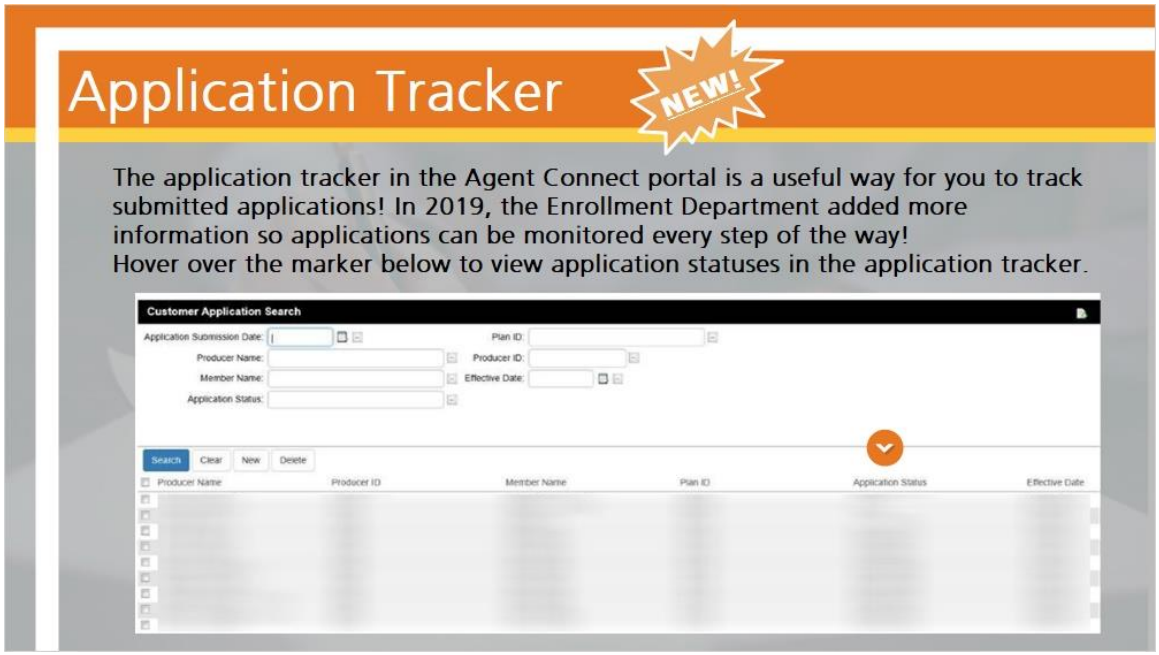
A few things to know about paper applications submitted via fax:

- The barcode is linked with your agent ID and certification status.
- The PDF must be submitted as the final page of every individual paper application submission. WARNING! Submit only one paper application per fax.
- The barcode will be scanned as the application connects to WellCare systems.
- An auto-generated email will be sent within five minutes of the completed fax transmission.

To request a copy of your personalized application page, please contact Sales Support via your Agent Connect Portal.

•

1.57 Application Tracker



Notes:

The application tracker in the Agent Connect portal is a useful way for you to track submitted applications! In 2019 the Enrollment department added more information so applications can be monitored every step of the way!

Hover over marker below to view application statuses in the application tracker.

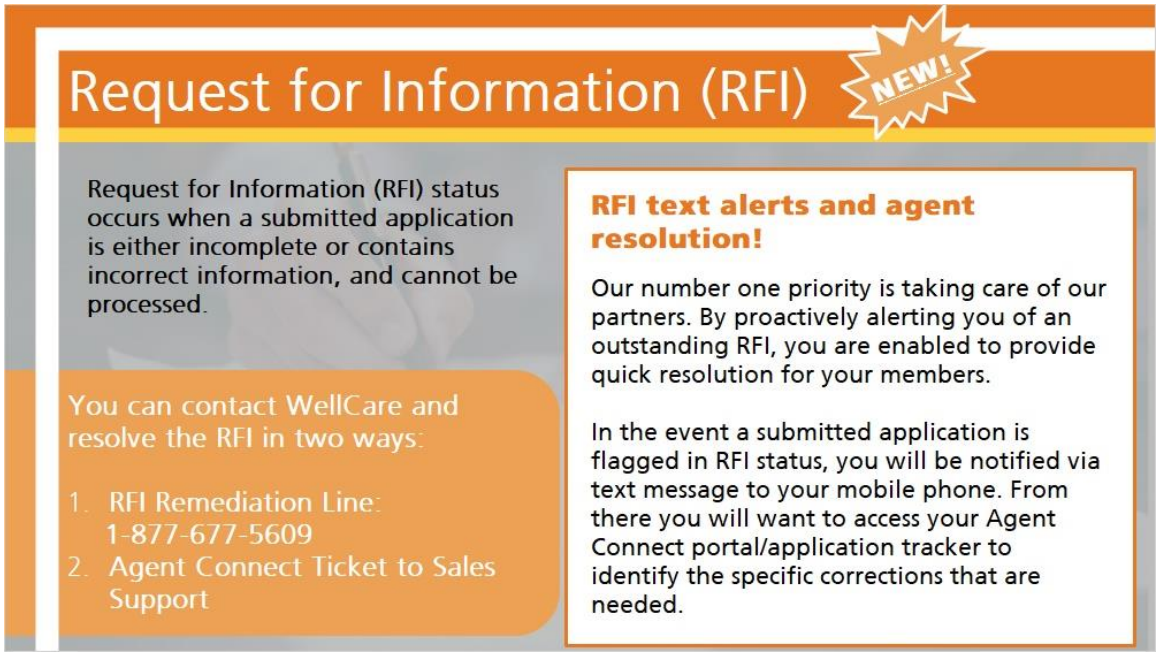
Marker: Application Status

Listed are application statuses in the application tracker.

- Application Received
- Application in Process
- Enrollment processing completed in MEPS
- Request for additional information sent
- Additional processing-review required
- Application denial
- Possible duplication app under review
- Duplicate Application
- Application Withdrawn

• Application Deleted

1.58 Request For Information



Notes:

Request for Information (RFI) status occurs when a submitted application is either incomplete or contains incorrect information, and cannot be processed.

RFI text alerts and agent resolution!

Our number one priority is taking care of our partners. By proactively alerting you of an outstanding RFI, you are enabled to provide quick resolution for your members.

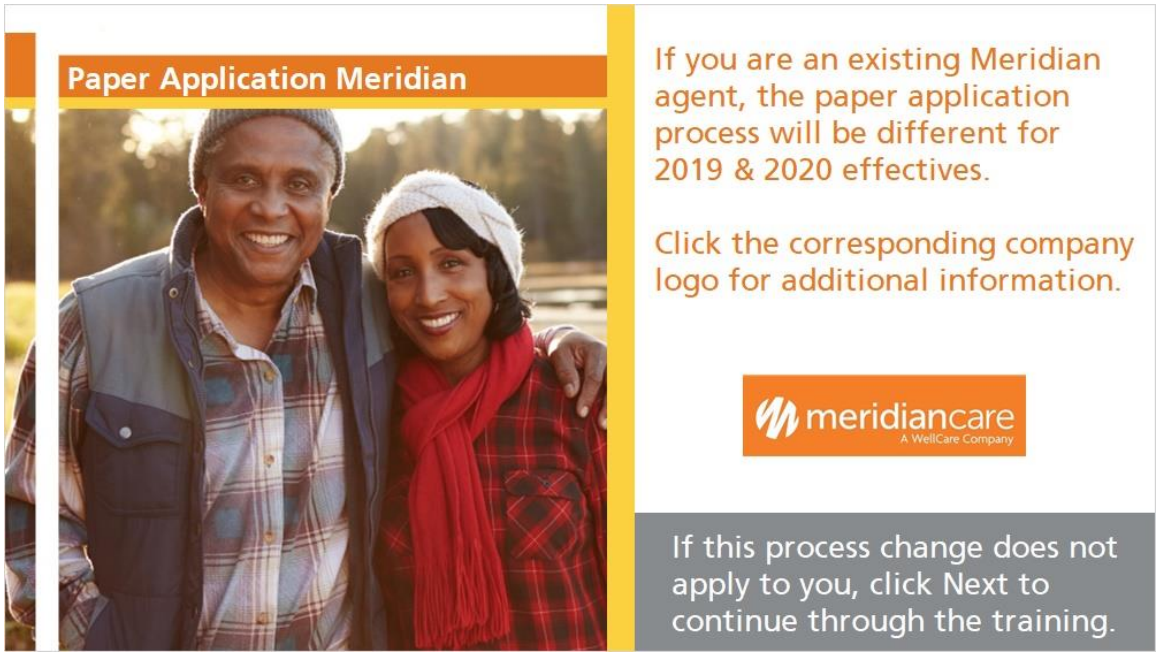
In the event a submitted application is flagged in RFI status, you will be notified via text message to your mobile phone. From there you will want to access your Agent Connect portal/application tracker to identify the specific corrections that are needed.

You can contact WellCare and resolve the RFI in two ways.

1. RFI Remediation Line: 1-877-677-5609

2. Agent Connect Ticket to Sales Support

1.59 Paper Application Meridian



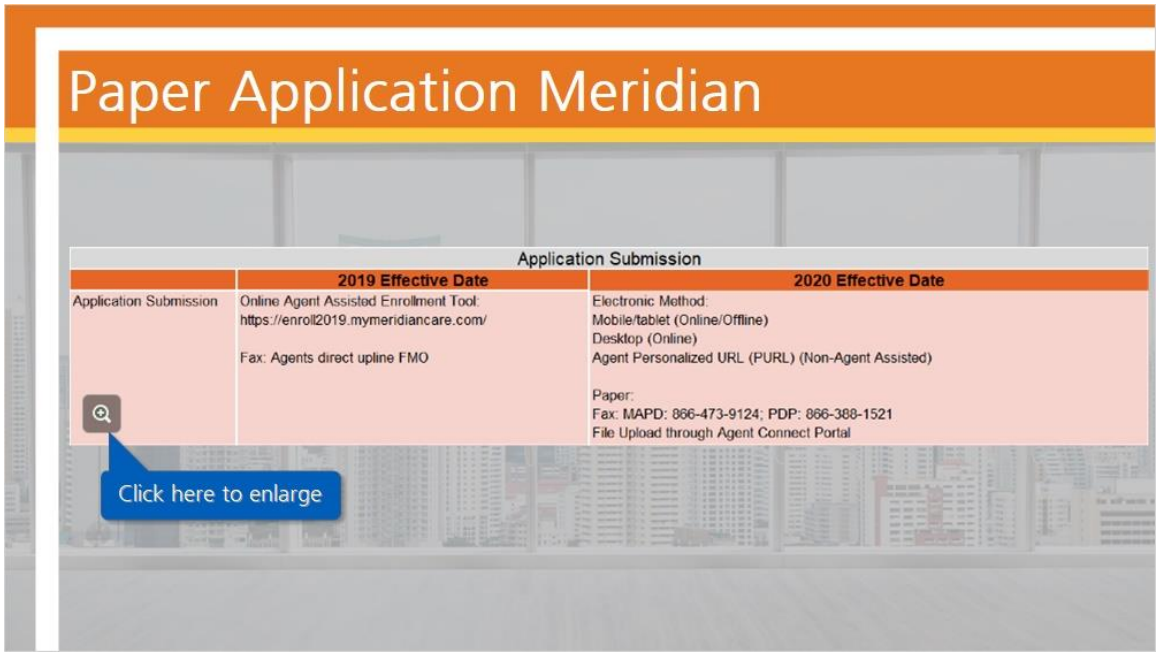
Notes:

If you are an existing Meridian agent, the Paper Application process will be different for 2018 & 2019 effectives.

Click the corresponding company logo for additional information.

If this process change does not apply to you, click Next to continue through the training.

1.60 Paper App Meridian Lightbox



Notes:

Application Submission

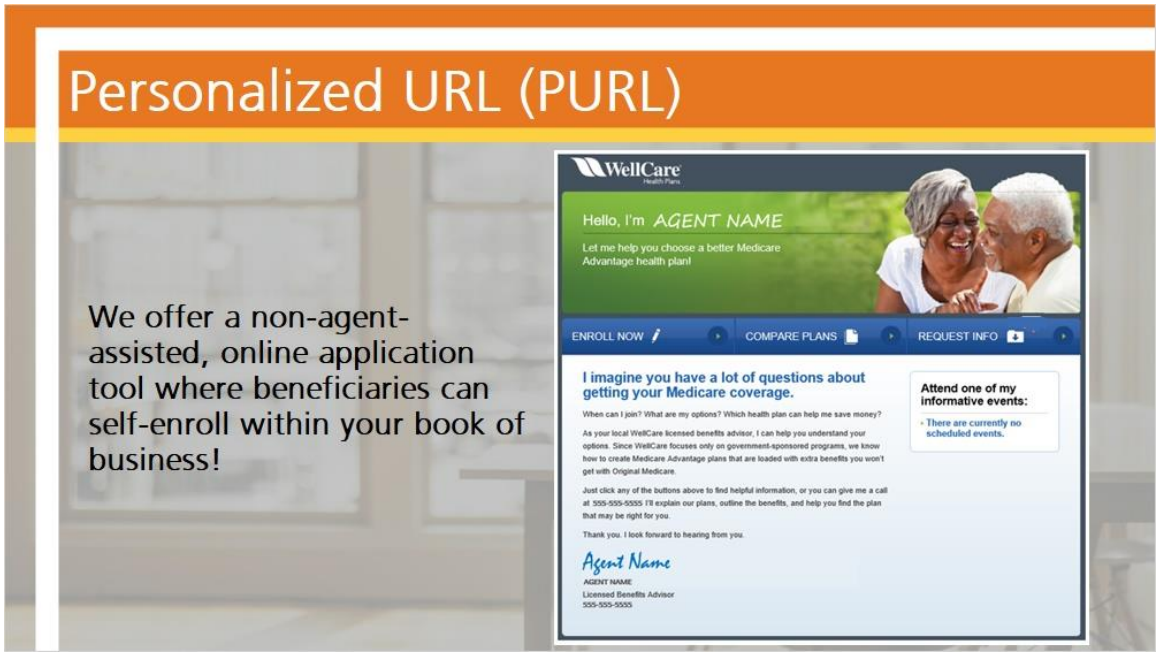
2019 Effective Date

Online Agent Assisted Enrollment Tool:
https://enroll2019.mymeridiancare.com/
Fax: Agents direct upline FMO

2020 Effective Date

Electronic Method:
Mobile/tablet (Online/Offline)
Desktop (Online)
Agent Personalized URL (PURL) (Non-Agent Assisted)
Paper:
Fax: MAPD: 866-473-9124; PDP: 866-388-1521
File Upload through Agent Connect Portal

1.61 Personalized URL (PURL)



Notes:

We offer a non-agent assisted, online application tool where beneficiaries can self-enroll within your book of business!

1.62 Personalized URL (PURL)

Notes:

Click each tab for an overview of the PURL.

You must review all four to continue through the training.

How Do I Get My PURL?

A PURL is a non-agent-assisted, online application tool where beneficiaries can self-enroll into a WellCare plan within your book of business. The PURL is available/emailed to active certified agents just 7-10 days after all certification requirements are successfully completed. A PURL is assigned to an agent using the following format: www.wellcarerep.com/agentID

How Can I Market My PURL?

Agents have the flexibility to market their PURL to Medicare beneficiaries via the following:

- Business card
- Flyer
- Website
- Social media pages

Beneficiary Enrollment

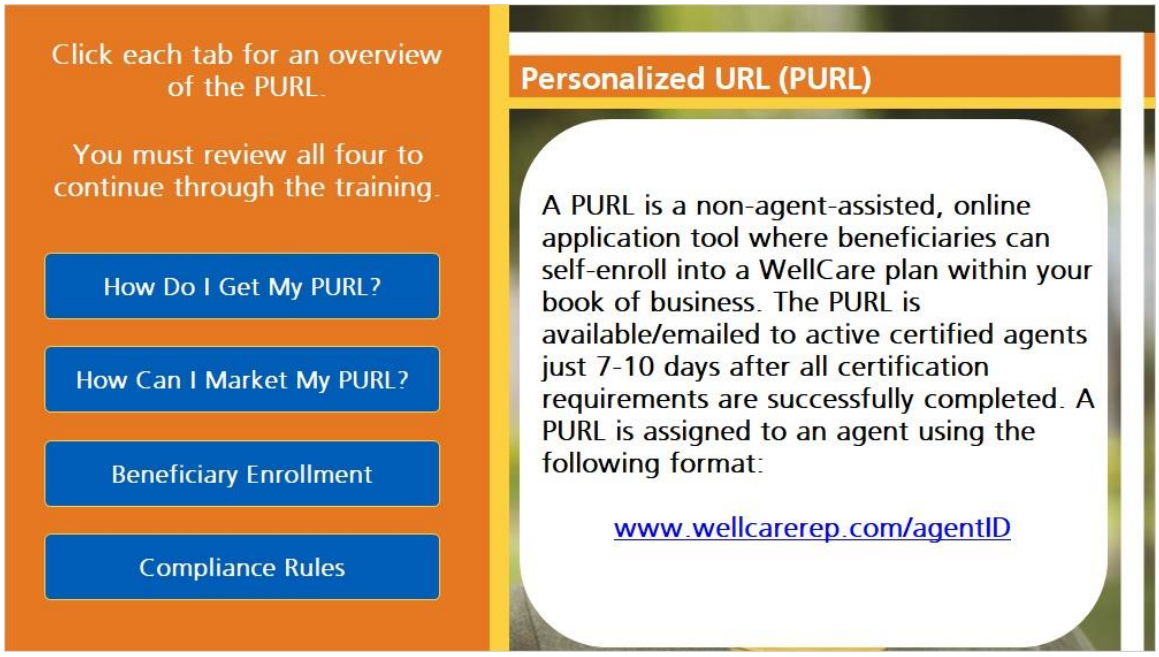
By utilizing the PURL, beneficiaries have access to a plan comparison tool that will provide an overview of each benefit available in their market as well as the option to request more information. Once the plan selection is made, the beneficiary can continue with the online application.

After submission and processing, the agent will receive credit for the enrollment. Commissions will reflect on your statement in the Agent Connect

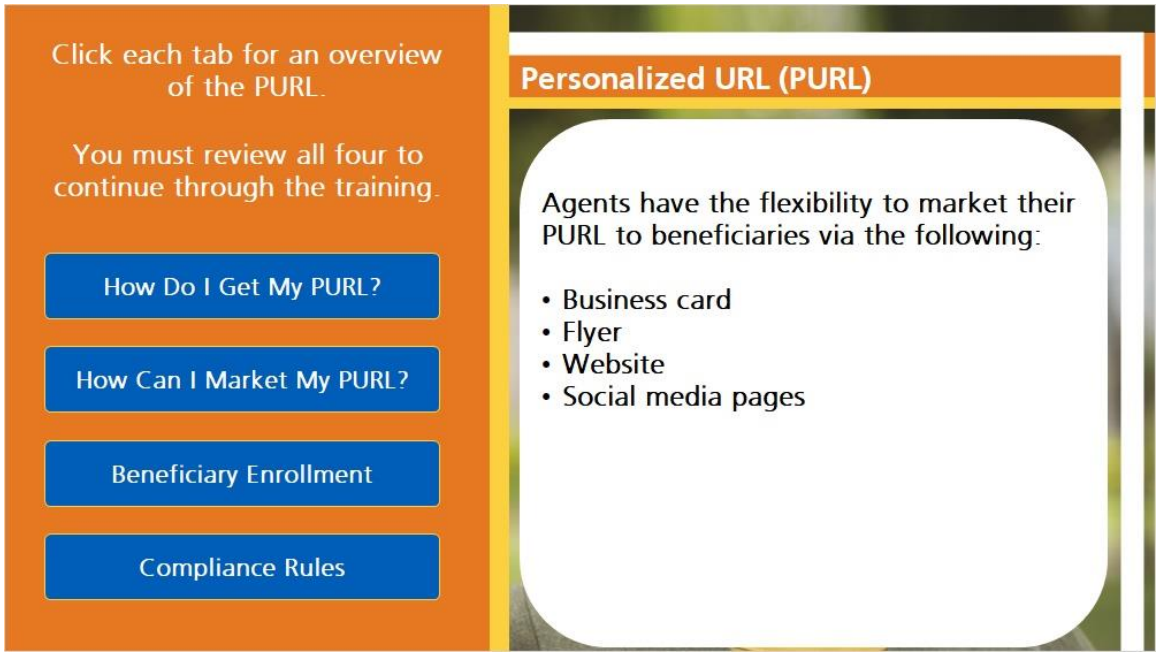
Compliance Rules

Note: Agents cannot complete the online application on behalf of the beneficiary, or assist the beneficiary with completion of the application via the PURL.

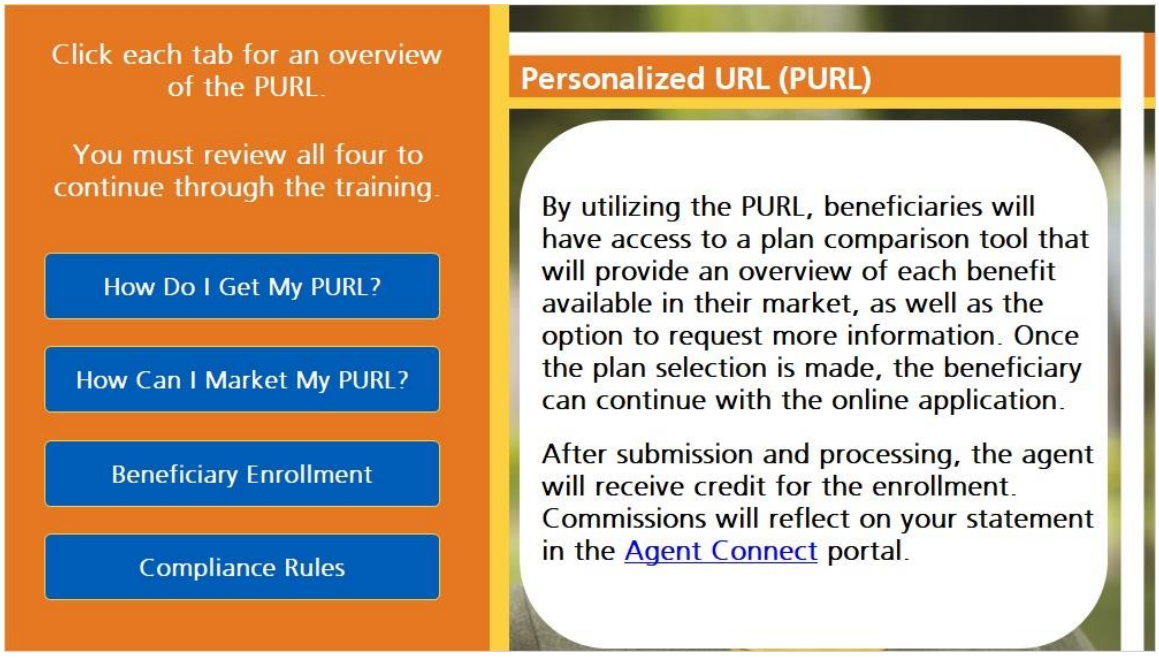
How Do I get my PURL (Slide Layer)



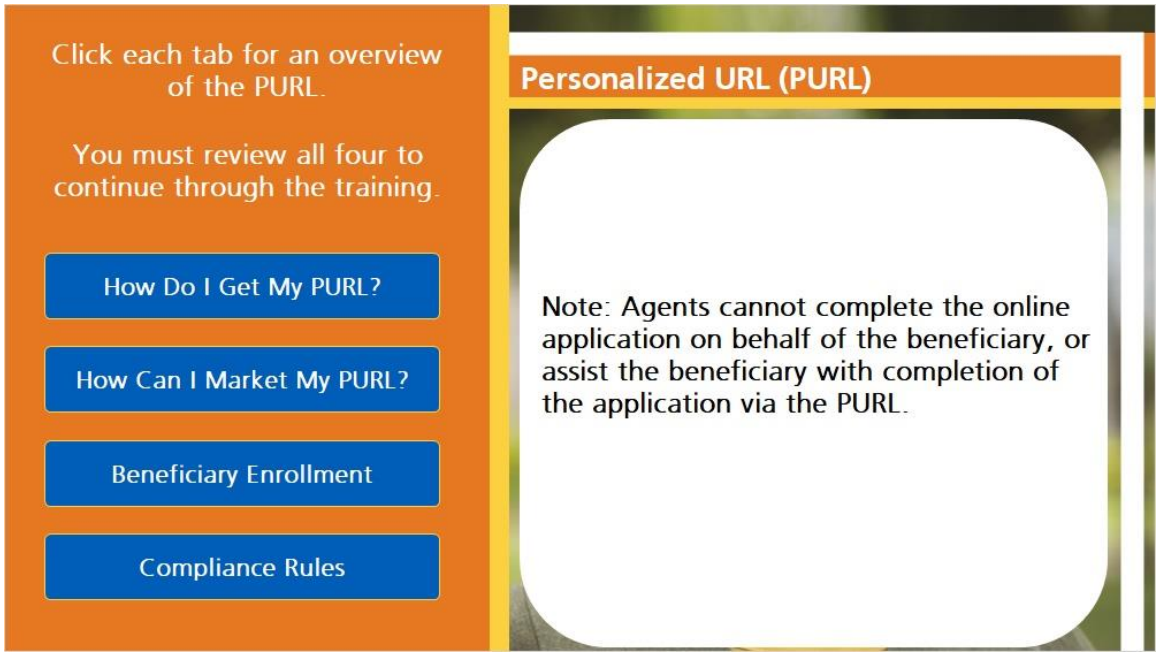
How Can I Market my PURL (Slide Layer)



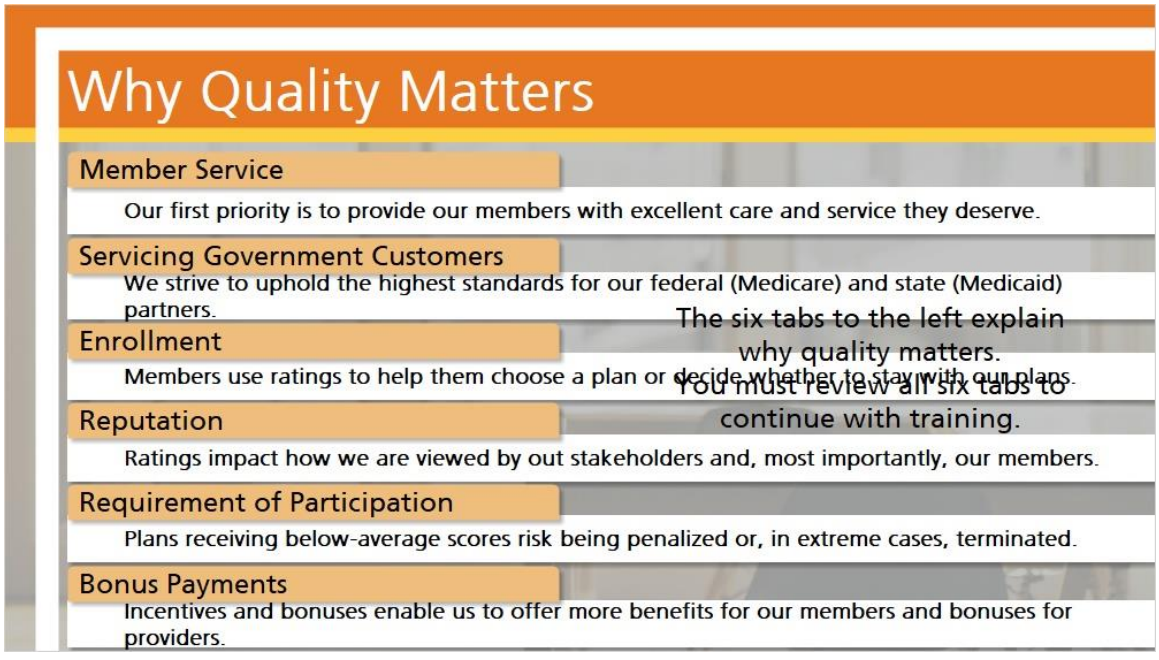
Beneficiary Enrollment (Slide Layer)



Compliance Rules (Slide Layer)



1.63 Why Quality Matters



Notes:

Member Service

Our first priority is to provide our members with excellent care and service.

Servicing Government Customers

We strive to uphold the highest standards for our federal (MEDICARE) and state (MEDICAID) partner.

Enrollment

Members use ratings to help them choose a plan or decide whether to stay with our plans.

Reputation

Ratings impact how we are viewed by providers, investors, and the media.

Requirement of Participation

Plans receiving below-average scorers risk being penalized or, in extreme cases, terminated.

Bonus Payments

Incentives and bonuses enable us to offer more benefits for our members and bonuses and providers.

1.64 Medicare Goals

Notes:

For 2019 and beyond, our goal is to continue increasing the percentage of our members in 4-Star plans and have NO low-performing plans. Remember, the work we did in 2018 carries into this year and will determines our Star scores for the upcoming plan year of 2020. We're also working to increase our Quality Incentive Capture so we can reinvest in

programs and initiatives to better help our members.

Increase Quality Incentive Capture

No Low-Performing Plans!

Increase % of Members in 4-5 Star Plans

1.65 Ways YOU Can Impact Quality Ratings

Notes:

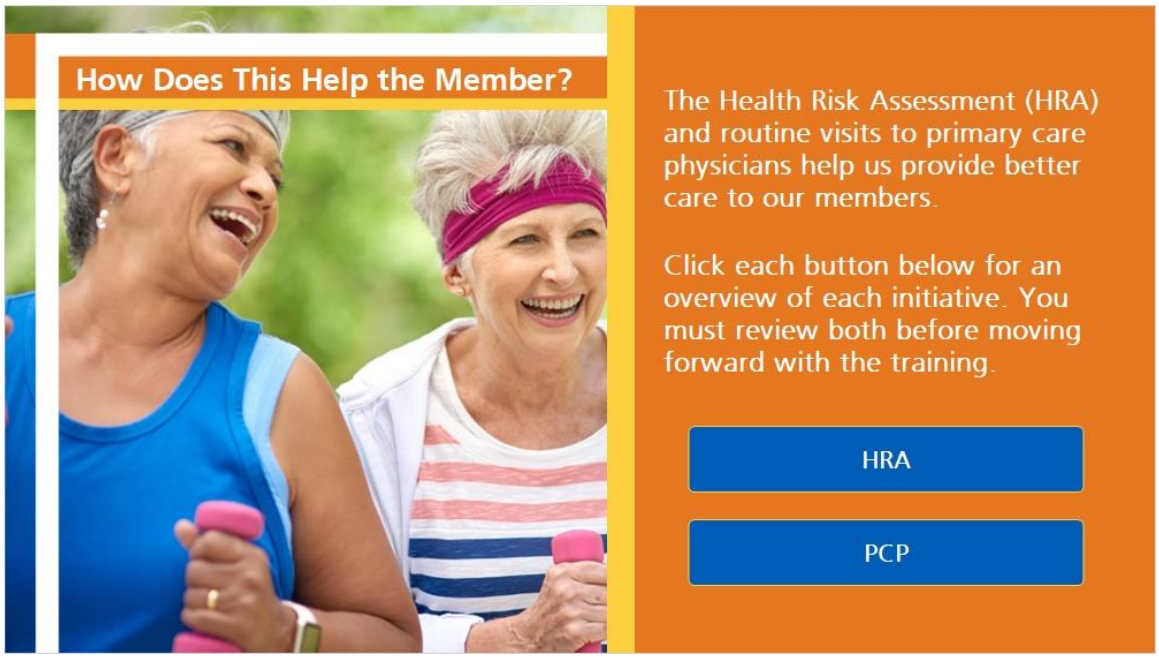
LEARN more about quality ratings, what they represent, and why they're our number one priority.

DELIVER a first-class customer service experience to our members and providers.

COMMUNICATE by talking with your District Sales Manager and your peers about what you can do every day to be part of the solution.

MAKE A DIFFERENCE by sharing issues and ideas with your District Sales Manager or through the WellCare Quality Line.

1.66 How Does This Help the Member?



Notes:

The Health Risk Assessment (HRA) and routine visits to primary care physicians help us provide better care to our members.
Click each button below for an overview of each initiative. You must review both before moving forward with the training.
HRA:

A Health Risk Assessment (HRA) is a questionnaire used to provide an overview of a member's health status. The information provided by the member gives us the opportunity to improve the care we provide as well as the ability to prevent any further health challenges.

The HRA is an important part of our Quality initiative and has a direct impact on our Star Ratings. It helps us understand the unique health situation for each of our members, and allows us to make sure they receive the services that meet their needs.

The answers to the HRA will give physicians a brief summary of the member's health and wellness. With this information, together they can identify risks and opportunities for better health.

HRAs will help ensure WellCare members are able to access care. This is especially

important within our Dual Special Needs Plan (DSNP) population.

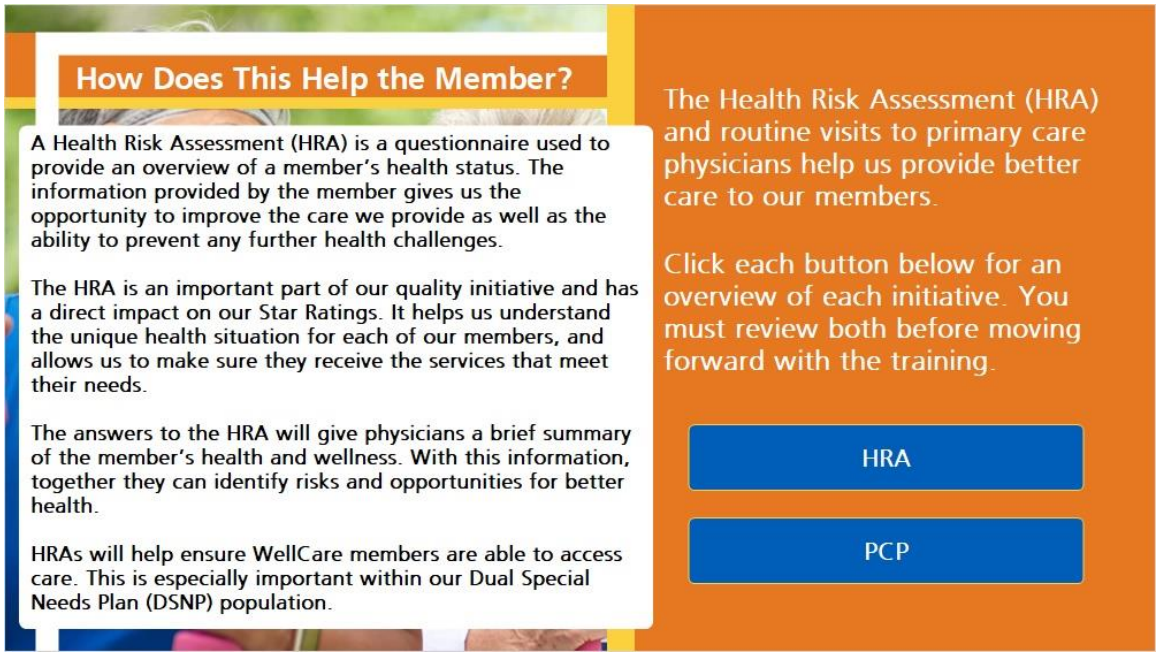
PCP:

Getting members to see their PCP helps to ensure that they are establishing a relationship with a primary care doctor for continuity of care purpose. Seeing a PCP allows for better management of chronic conditions.

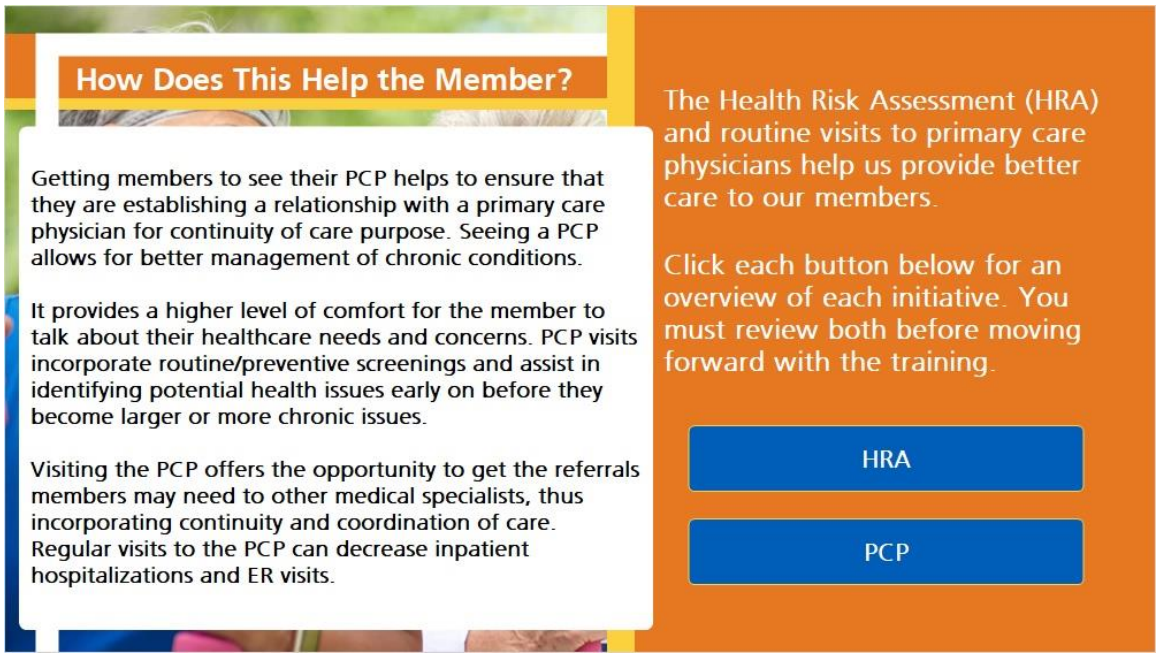
It provides a higher level of comfort for the member to talk about their health care needs and concerns. PCPs visits incorporates routine/preventive screenings and assists in identifying potential health issues early on before they become larger or more chronic issues.

Visiting the PCP offers the opportunity to get the referrals members may need to other medical specialists, thus incorporating continuity and coordination of care. Regular visits to the PCP can decrease inpatient hospitalizations and ER visits.

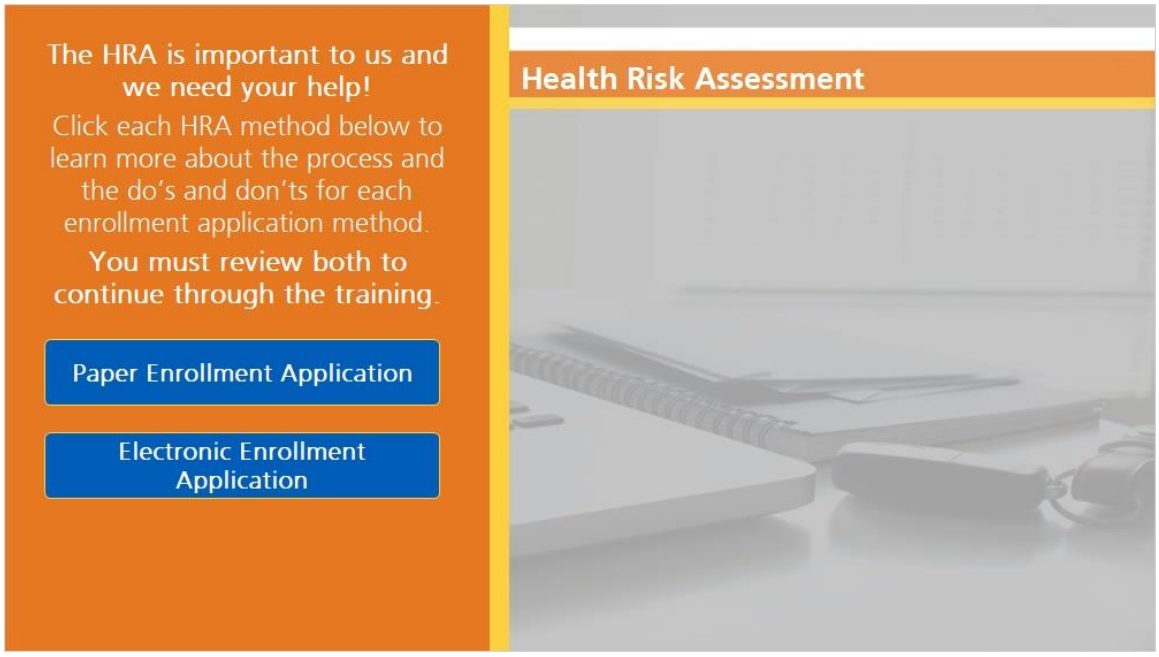
HRA (Slide Layer)



PCP (Slide Layer)



1.67 Health Risk Assessment



Notes:

The HRA is important to us and we need your help!

Click each HRA method below to learn more about the process and the do's and don'ts for each enrollment application method.
You must review both to continue through the training.

Paper Enrollment Application

The plan is not permitted to accept an HRA until after the plan effective date. Agents are NOT allowed to assist the beneficiary with the HRA at point of sale.
If a paper enrollment application is completed, advise the member of the steps they should take to complete the HRA.

Pre-Effective Date:

- Complete the paper HRA leave behind and send via the Business Reply Envelope (BRE) or the address printed at the bottom of the paper HRA.

Post-Effective Date:

- Complete the paper HRA leave behind and send via the Business Reply Envelope (BRE) or the address printed at the bottom of the paper HRA.

- Call the WellCare Customer Service line: 866-439-1189.

- Go online and access via the WellCare website. (Step-by-step instructions are included in the cover letter mailed to member's.)

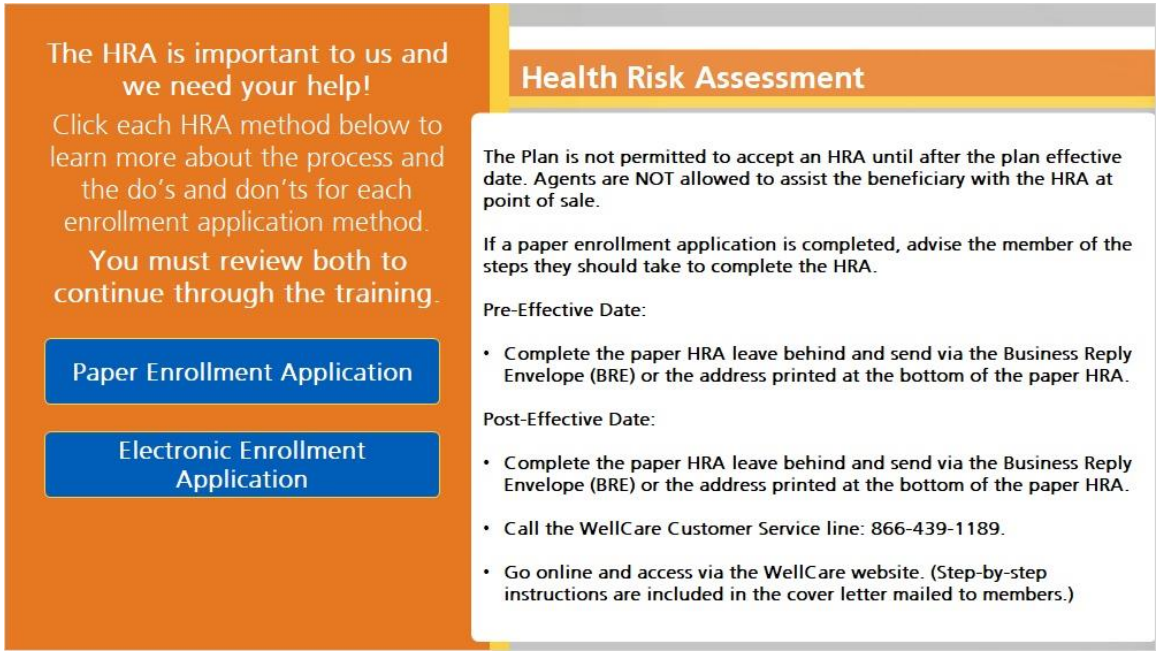
Electronic Enrollment Application
The plan is permitted to accept an HRA immediately following electronic application submission. Agents are allowed to assist the beneficiary with the HRA at point of sale.

To provide a simple way to complete the HRA process, we offer an online portal where you can assist the beneficiary with completing the electronic HRA.

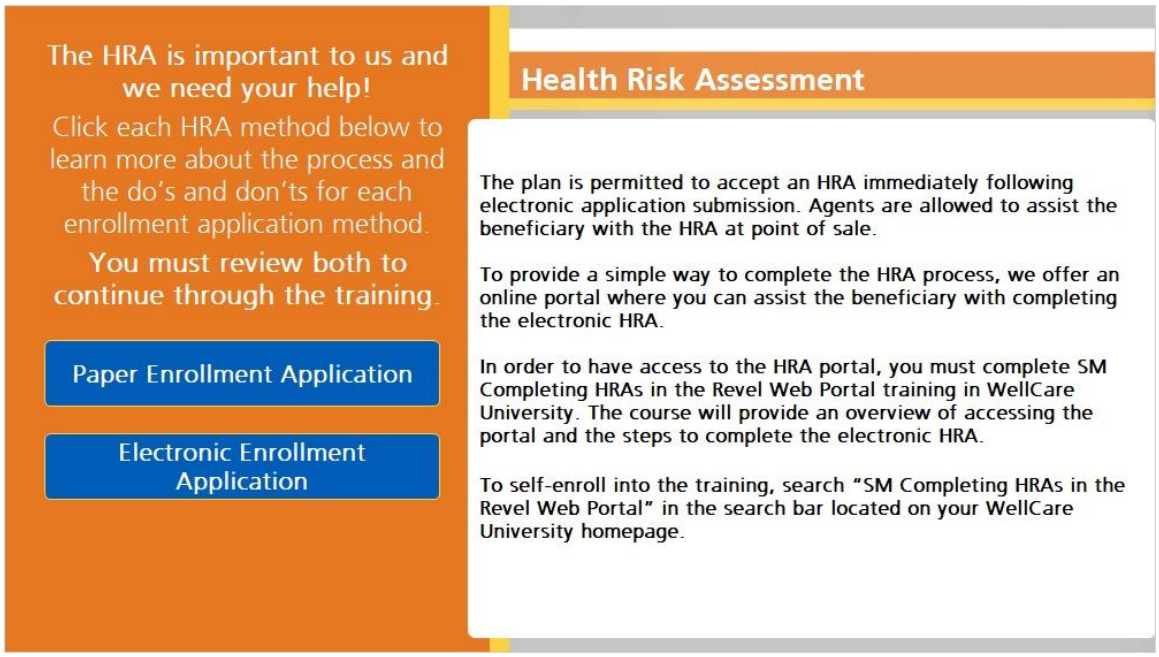
In order to have access to the HRA portal you must complete "SM Completing HRAs in the Revel Web Portal" training in WellCare University. The course will provide an overview of accessing the portal and the steps to complete the electronic HRA.

To self-enroll into the training, search "SM Completing HRAs in the Revel Web Portal" in the search bar located on your WellCare University homepage.

Paper Enrollment Application (Slide Layer)



Electronic Enrollment Application (Slide Layer)

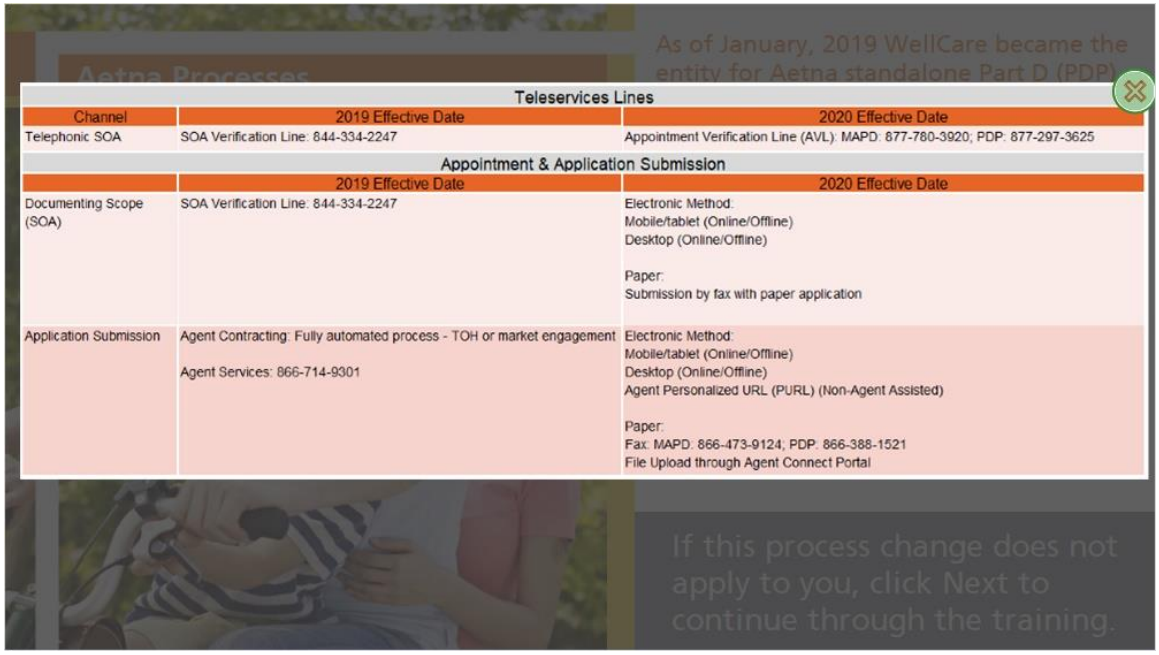


1.68 Aetna Processes

Notes:

As of January, 2019 WellCare became the entity for Aetna standalone Part D (PDP) products.
It is important to know business processes for plan year 2019 and plan year 2020.
In summary, for 2019 all business processes for Aetna will remain with Aetna. For 2020 coverage, WellCare business processes will be followed.
Please click here for a side by side reference guide regarding finishing 2019 with Aetna.

Aetna Grid (Slide Layer)



1.69 Summary

Notes:

Congratulations, you have completed the Supporting Your Sales & Marketing Efforts - 1099

module. Click the *Exit* tab *(located at the upper-right corner of the player)* to continue to the 2019 Product section of the training.

01 Understand the importance of compliance.

02 Market the WellCare way.

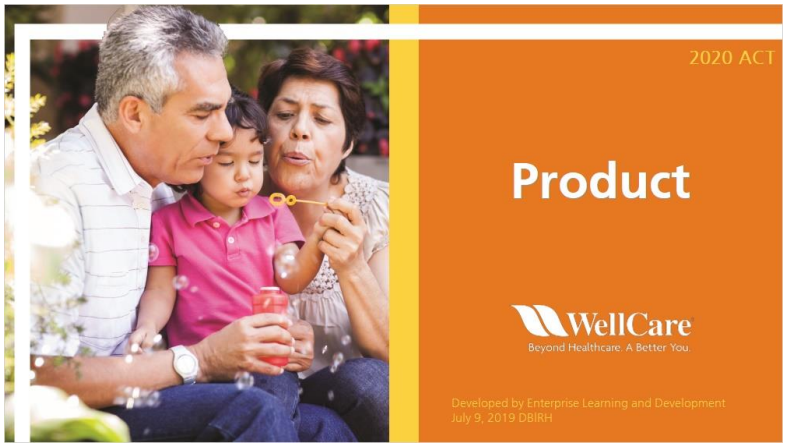
03 Complete SOA and application processes.

04 Apply quality initiatives to beneficiaries.

SM 2020 ACT Product

1. 2020 ACT Product

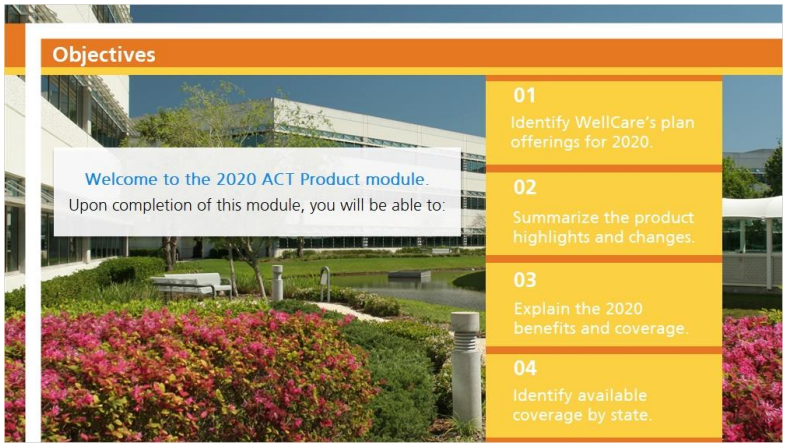
1.1 Product



Notes:

Product

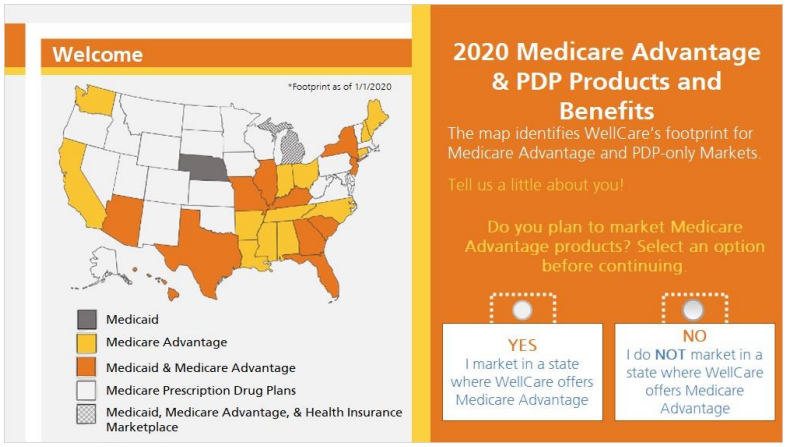
1.2 Objectives



Notes:

Welcome to the 2019 ACT Product module.
Upon completion of this module, you will be able to:
1. Identify WellCare's plan offerings for 2020.
2. Summarize the product highlights and changes.
3. Explain the 2020 benefits and coverage.
4. Identify available coverage by state.

1.3 Welcome



Notes:

2020 Medicare Advantage & PDP Products and Benefits
The map identifies WellCare's footprint for Medicare Advantage and PDP-only Markets.

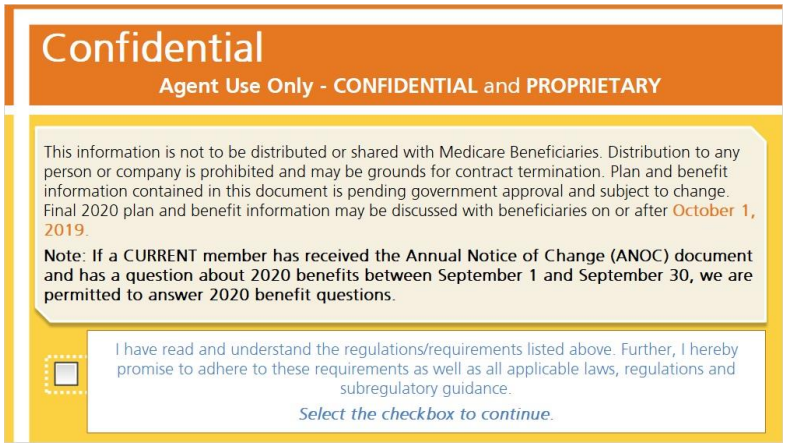
Tell us a little about you!

Do you plan to market Medicare Advantage products? Select an option before continuing.

- YES I market in a state where WellCare offers Medicare Advantage

- NO I do NOT market in a state where WellCare offers Medicare Advantage

1.4 Confidential



Notes:

This information is not to be distributed or shared with Medicare Beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2020 plan and benefit information may be discussed with beneficiaries on or after October 1, 2019.
Note: If a CURRENT member has received the Annual Notice of Change (ANOC) document and has a question about 2020 benefits between September 1 and September 30, we are permitted to answer 2020 benefit questions.

I have read and understand the regulations/requirements listed above. Further, I hereby promise to adhere to these requirements as well as all applicable laws, regulations and subregulatory guidance.
Select the checkbox to continue

I have read and understand the regulations/requirements listed above. Further, I hereby promise to adhere to these requirements as well as all applicable laws, regulations, and subregulatory guidance.

Select the checkbox to continue.

2. Medicare Advantage Product and Benefit Changes

2.1 Medicare Advantage Product

Notes:

Medicare Advantage Products (MAPD, CCP)

2.2 2020 Product Portfolio

Notes:

The WellCare product portfolio meets the needs of a broad member population with products in 25 states:

- 258 Plan Benefit Packages (PBPs) - *up from 180 PBPs in 2019*

  (Meridian plans included in the 2020 plan count.)

- 149 Traditional Medicare Advantage (TMA) Plans *(Health Maintenance Organization (HMO) and HMO Point of Service (POS))*
- 58 Dual Special Needs Plans (DSNPs)
- 34 Preferred Provider Organizations Plans (PPOs)
- 6 Private Fee-for-Service Plans (PFFS)
- 12 Chronic Special Needs Plans (CSNPs)

2.3 2020 Key Product Features

Notes:

HMO and HMO POS Plans

- $0 premium on many plans
- No or low copays for Primary Care Physician Services
- Several plans give back some or all of the Part B premium
- Low Income Subsidy (LIS) focused plans give an option to members who qualify for extra help
- POS options to allow members to go out of network for select services

Local PPO Plans

- For members seeking network flexibility

PFFS Plans

- Plans do not require a primary care doctor or referral to get specialist care, but services must be obtained at a Medicare-approved provider that accepts the terms of the member's plan.

2.4 2020 Key Product Features (Cont.)

Notes:

New or enhanced ancillary benefits for 2020 include the following:

- Additional items available via catalog and added ordering flexibility for the debit card benefit (offered on select plans) on plans offering over-the-counter (OTC) benefits.
- Flexible Spending Card (offered on select plans) allows members to use a debit card to cover cost-shares for supplemental benefits (Dental, Vision and Hearing services only).
- Enhancements to the fitness benefits offered via select vendors include fitness trackers and streaming exercise classes.
- Alternative Therapies benefit offered on certain plans provides non-opioid treatment options for pain management, including acupuncture, massage and chiropractic services.

2.5 2020 Key Product Features (Cont.)

Notes:

Part D Benefits:

- Reduced cost-sharing on certain plans.
- Expanded Gap Coverage availability for additional plans.
- Increased offering of Excluded Drugs on select plans.

2.6 2020 Key Product Features: Special Needs Plans (SNPs)

Notes:

Dual Special Needs Plans

- Fully Integrated DSNP - WellCare administers Medicaid and Medicare benefits
- Non Zero Cost-Share DSNP - Members are responsible for cost-sharing
- Zero Cost-Share DSNP - No premium, deductible or Part A/B cost-sharing

Chronic Special Needs Plans

- Enrollment restricted to members with Chronic Conditions. Covered conditions differ by plan. (Diabetes only or Diabetes, Cardiovascular Disease and/or Chronic Heart Failure).
- Some CSNPs include a giveback of some or all of the Part B premium.
-

CSNP Plans

- Enrollment restricted to members with Chronic Conditions. Covered conditions differ by plan. (Diabetes only or Diabetes, Cardiovascular Disease, and/or Chronic Heart Failure)
- Some CSNPs include a giveback of some or all of the Part B premium.

2.7 Special Needs Plans Overview

Notes:

Click the buttons to review an overview of the WellCare Special Needs Plan (SNP) types for 2020.

Fully Integrated (FIDESNP) DSNPs

- WellCare administers Medicare and Medicaid benefits for FIDESNP members.
- To enroll, the beneficiary must qualify for Medicare and have full Medicaid eligibility.
- Members have no Medicare cost-share responsibility, including Part D, and receive full Medicaid benefits.

WellCare offers one FIDESNP plan for 2020: The WellCare Liberty plan in New Jersey.

Zero Cost-Share DSNPs

- Members have no Part A or Part B cost-share responsibility, but are responsible for Part D copays or coinsurance.
- Depending on Medicare Savings Program (MSP) level, members may or may not receive additional benefits through Medicaid.
- Part D premiums may be covered for members by the Medicare Extra Help program.

Examples of Zero Cost-Share DSNPs for 2020 include 'Ohana Liberty, WellCare Access and WellCare Liberty.

Non Zero Cost-Share DSNP

- Members enrolled in this plan may have some Medicare cost-share responsibility.
- Depending on Medicare Savings Program (MSP) level, members may or may not receive additional benefits through Medicaid.

- Some plans may also allow members with full cost-share coverage to enroll.

Examples of Non Zero Cost-Share DSNPs for 2020 include the WellCare Access plan (NC), WellCare Reserve, WellCare Select and WellCare TexanPlus Star.

LPPO DSNP *(New for 2020)*

- Allows network flexibility for dual-eligible members.
- Can be Zero or Non Zero cost-share.
- Members do not need a referral to receive covered services from providers. However, certain procedures, services and drugs may need approval in advance from the plan.

WellCare will offer the WellCare Imperial (LPPO D-SNP) plan in North Carolina for 2020.

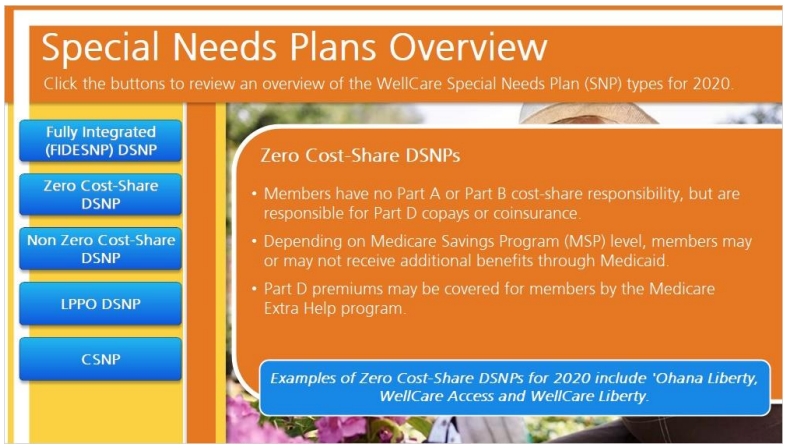
CSNPs

- Chronic condition SNPs (CSNPs) are SNPs that restrict enrollment to special needs individuals with specific severe or disabling chronic conditions.
- CSNPs can focus on monitoring health status, managing chronic diseases, avoiding inappropriate hospitalizations and helping beneficiaries move from high risk to lower risk on the care continuum.
- New CSNPs will be available, geared to help manage the special healthcare needs of members with diabetes.

Examples of CSNPs for 2020 include the WellCare Champion and WellCare Guardian Plans.

FIDEDSNP (Slide Layer)

Zero Cost-Share (Slide Layer)

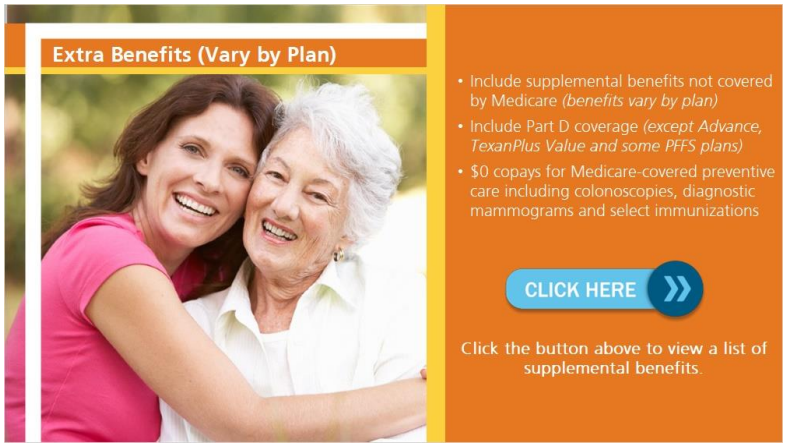


Non Zero Cost-Share (Slide Layer)

LPPO (Slide Layer)

CSNP (Slide Layer)

2.8 Extra Benefits



Notes:

- Include supplemental benefits not covered by Medicare (benefits vary by plan)
- Include Part D coverage (except Advance, TexanPlus Value and some PFFS plans)
- $0 copays for Medicare covered preventive care including colonoscopies, diagnostic mammograms and select immunizations

Click the button above to view a list of supplemental benefits.

- Dental
- Vision
- Hearing
- Free Fitness Membership
- Annual Routine Physical Exam
- In-home Support Services

Published by Articulate® Storyline www.articulate.com

- Flexible Spending Card
- Transportation (to and from medical providers and pharmacies)
- OTC coverage (Catalog or Card)
- Meals
- Nurse advice line
- Personal Emergency Response System (PERS)
- Alternative Therapies for Pain Management
-
-

Supplemental Benefits (Slide Layer)

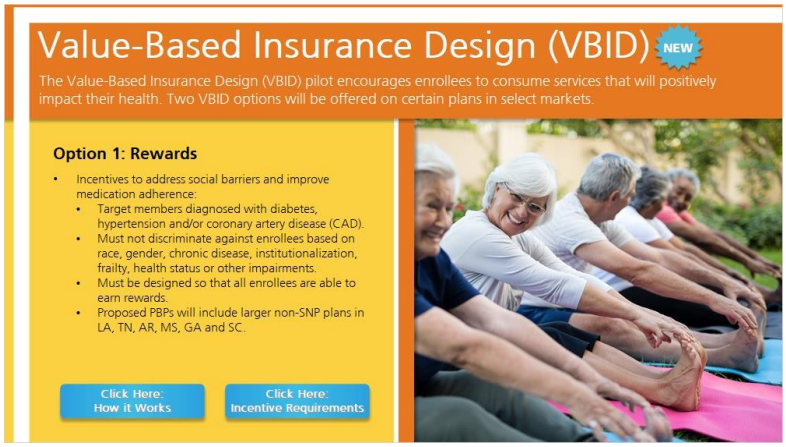
2.9 New Supplemental Benefits

Notes:

New 2020 supplemental benefits offered to compensate for physical impairments, diminish

the impact of injuries or health conditions, and/or reduce avoidable emergency room utilization.
This includes:
- Flexible Spending Card
- Alternative Therapies for Pain Management

2.10 Value-Based Insurance Design (VBID)



Notes:

The Value-Based Insurance Design (VBID) pilot encourages enrollees to consume services that will positively impact their health. Two VBID options will be offered on certain plans in select markets.

Option 1: Rewards
- Incentives to address social barriers and improve medication adherence:
  - Target members diagnosed with diabetes, hypertension and/or coronary artery disease (CAD).
  - Must not discriminate against enrollees based on race, gender, chronic disease,institutionalization, frailty, health status or other impairments.
  - Must be designed so that all enrollees are able to earn rewards.
  - Proposed PBPs will include larger non-SNP plans in LA, TN, AR, MS, GA and SC.
-

How it Works
- In conjunction with pharmacy efforts, WellCare will incentivize members to call the **Community Connections Helpline (CCHL)** to complete a social needs assessment.
- Once complete, the Community Connections team will connect members with resources in their community to help remove social barriers that may exist.
- Offer disease management education, phone outreach by pharmacy experts and incentives to encourage behavior change and to improve medication adherence.
- WellCare will use **Novu** to socialize the program and administer incentives.

•

Incentive Requirements

- Rewards and incentives associated with the RI Program must:
  - Be offered in connection with the entire service or activity;
  - Be offered to all eligible enrollees without discrimination;
  - Have a value that may be expected to affect enrollee behavior, but not exceed the value of the health-related service or activity itself; and
  - Otherwise comply with all relevant fraud and abuse laws, including, when applicable, the anti-kickback statute and civil money penalty prohibiting inducements to enrollees.

Details (Slide Layer)

Incentive Requirements (Slide Layer)

2.11 Value-Based Insurance Design (VBID)

Notes:

The Value-Based Insurance Design (VBID) pilot encourages enrollees to consume services that will positively impact their health. Two VBID options will be offered on certain plans in select markets.

Option 2: Socioeconomic Barriers

- Supplemental benefits and community resources to overcome social determinants of health in low income population
- Benefits will include home-delivered meals and non-medical transportation
- Focus will be on WellCare Access and Liberty Plans in AR and LA.
-

How it Works

- Beneficiaries enrolled in participating PBPs can contact WellCare's **Community Connections Helpline (CCHL)** to complete a social needs assessment.
- Once the assessment is complete, members will be eligible for the additional benefits on an annual basis.
- The Community Connections team will connect members with resources in their community to help remove social barriers.
- If the member exhausts their regular transporation and meal benefits, then the Community Connections team will connect them to additional non-benefitted services.

Details (Slide Layer)

2.12 TMA Plans Overview

Notes:

Click the buttons to review a description of each WellCare Traditional Medicare Advantage (TMA) Health Maintenance Organization (HMO) and Health Maintenance Organization Point of Service (HMO-POS) plan for 2020.

$0 Premium Plans

- $0 Premium Plans are Traditional Medicare Advantage (TMA) Plans that have no monthly Part C premium.
- These plans offer Part A and Part B coverage and Part D drugs.
- Most have additional benefits like dental, vision and hearing with some of these having a cost-share.

Examples of $0 Premium Plans for 2020 include: WellCare Best, WellCare Value and

WellCare Premier LPPO plans.

Premium Bearing Plans

- Premium Bearing Plans are Traditional Medicare Advantage (TMA) Plans that have a monthly Part C premium.
- These plans offer Part A and Part B coverage and Part D drugs.
- Most have additional benefits like dental, vision and hearing with some of these having a cost-share.

Examples of Premium Bearing Plans for 2020 include: WellCare Choice, WellCare Prime LPPO, WellCare Absolute and WellCare Today's Options Premier Plus PFFS plans.

Low Income Subsidy (LIS) Plans

- LIS plans are designed for beneficiaries who qualify for a Low Income Subsidy (LIS) on Part D from the federal government but don't qualify for a Zero cost-share DSNP.
- These plans offer Part A and Part B coverage and Part D drugs.
- Most have additional benefits like dental, vision and hearing with some of these having a cost-share.

Examples of LIS Plans for 2020 include WellCare Compass and WellCare Rx plans.

DSNP Look Alike Plans

- DSNP Look Alike Plans are Traditional Medicare Advantage plans which have coverage under Medicaid and will have their 20% Part A and Part B cost-shares paid by the state depending on their level of Medicaid.
- All members in this plan who have a Low Income Subsidy (LIS) will have most of their Part D copays and premiums paid by Medicare.
- These plans have additional benefits like dental, vision and hearing and may be good options for dual-eligible members in states without a DSNP plan.

Examples of DSNP Look Alike Plans for 2020 include WellCare Plus plans.

Giveback Plans

- Giveback Plans reduce the Medicare Part B premium; the amount varies by plan.
- Reduction is set up by Medicare and administered through the Social Security Administration (SSA).
- The reduction may be credited the Social Security check or credited on the Medicare Part B premium statement and may take several months to be issued.
- The plans offer medical coverage and may offer coverage of Part D drugs.
- Givebacks are new features on select PPO plans.

Examples of Giveback Plans for 2020 include WellCare Dividend plans.

MA-Only Plans

- MA-Only Plans are geared toward beneficiaries who have credible Part D coverage through a retiree plan, VA benefits, etc.
- These plans have no monthly Part C premium.
- These plans offer Part A and Part B coverage but DO NOT offer Part D drugs.
- Most have additional benefits like dental, vision and hearing with some of these having a cost-share.
- Some plans include a giveback of some of the Part B premium.

Examples of MA-Only Plans for 2020 include WellCare Advance and WellCare TexanPlus.

$0 Premium (Slide Layer)

Premium Bearing (Slide Layer)

LIS (Slide Layer)

DSNP (Slide Layer)

Giveback (Slide Layer)

MA-Only Plans (Slide Layer)

2.13 2020 Enrollment Highlights

Notes:

Open Enrollment Period
The Open Enrollment Period (OEP) is January 1 - March 31 each year.
Medicare beneficiaries enrolled in a Medicare Advantage (MA) plan can:
• Switch to another MA plan *or*
• Disenroll from an MA plan and join Original Medicare.
Newly eligible individuals *(those with Part A and Part B)* who enroll in an MA plan will have the same opportunity, effective three months from their Part A and Part B effective date.
The effective date for an MA OEP election is the first of the month following receipt of the enrollment request for beneficiaries who become eligible after January 1.

2.14 2020 Enrollment Highlights

Notes:

Open Enrollment Period (cont.)
During this time, individuals may add or drop Part D coverage during the MA OEP. Individuals enrolled in either MAPD or MA-only plans can switch to:

- MA-PD
- MA-only
- Original Medicare (with or without a stand-alone Part D plan)

Note: *The MA OEP does not provide an opportunity for an individual enrolled in Original Medicare to join an MA plan. It also does not allow for Part D changes for individuals enrolled in Original Medicare, including those enrolled in stand-alone Part D plans. The MA OEP is not available for those enrolled in Medicare Savings Accounts or other Medicare health plan types (such as cost plans*

or PACE).

2.15 2020 Enrollment Highlights

Notes:

Open Enrollment Period (cont.)

During the OEP, Plans/Part D sponsors may not:

- Send unsolicited materials advertising the ability/opportunity to make an additional enrollment change or referencing the OEP;
- Specifically target beneficiaries who are in the OEP because they made a choice during Annual Enrollment Period (AEP) by purchase of mailing lists or other means of identification;
- Engage in or promote agent/broker activities that intend to target the OEP as an opportunity to make further sales; or
- Call or otherwise contact former enrollees who have selected a new plan during the AEP.

2.16 2020 Enrollment Highlights

Notes:

Members covered by both Medicare and Medicaid, or who have low income subsidy, may enroll in or make a change to their MA or PDP plan during a Special Enrollment Period or in these situations:

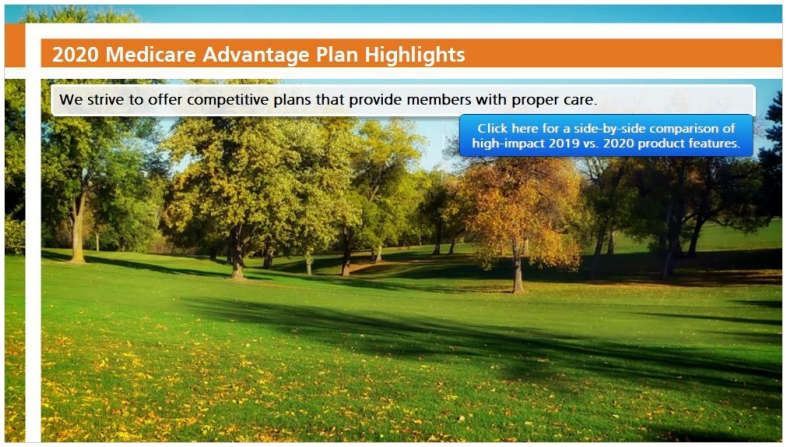
- During Annual Election Period.
- Once during each of the first three quarters of the year.
- Within three months of a change in eligibility status.
- Within three months of an automatic assignment to a plan or the effective date of such an assignment *(whichever is later).*

2.17 Medicare Advantage Benefits

Notes:

Medicare Advantage Benefits

2.18 Medicare Advantage Plan Highlights



Notes:

We strive to offer competitive plans that provide members with proper care.

Click here to review a side-by-side comparison of high impact 2018 vs. 2019 product features.

What's Changing?

- Expanding into Missouri, New Hampshire and Washington.

- Incorporating Meridian business (Illinois, Indiana, Michigan, and Ohio) into the WellCare footprint.

- Tiered Network plans in Florida, Georgia, Hawaii, Illinois and Louisiana allow members lower cost-sharing when they use high-quality providers.

- Arkansas and Meridian will be piloting an HMO-POS DSNP.

- A new PPO DSNP plan will be offered in North Carolina. Select PPO products will include a giveback of the Part B premium.

- New CSNP to manage diabetes will be offered in Florida, Georgia, Illinois and Michigan for 2020.

What Stays the Same?

- Most plans continue to offer extra benefits such as routine dental, vision, hearing and Part D coverage.

- Most plans with $0 premiums in 2019 retain $0 premiums for 2020.

-Preventive diagnostic services (mammograms and Dexa scans) offered at $0 for all plans.

- Low out-of-pocket costs.

- Low primary care physician (PCP) copays.

2019 vs. 2020 (Slide Layer)

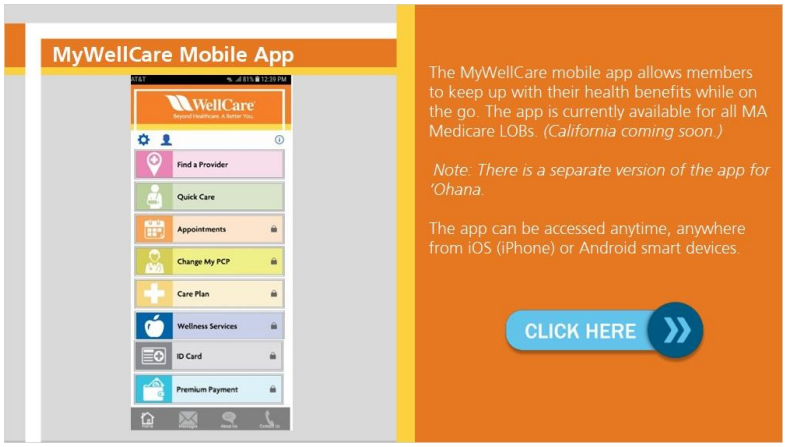
2.19 Provider/Pharmacy Online Directory

Notes:

The 2020 Provider and Pharmacy Directory and the online Find a Provider (FAP) tool will identify tiers and/or LPPOs. Only contracted providers will be displayed in the printed directories.

Download step-by-step guides for working each online tool from the Resources tab.

2.20 MyWellCare Mobile App



Notes:

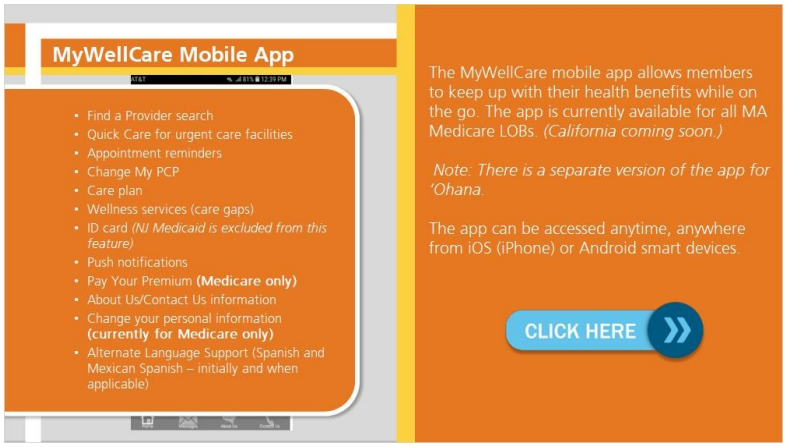
The MyWellCare mobile app allows members to keep up with their health benefits while on the go. The app is currently available for all MA Medicare LOBs. *(California coming soon.)*

Note: There is a separate version of the app for 'Ohana.

The app can be accessed anytime, anywhere from iOS (iPhone) or Android smart devices.

Click Here
- Find a Provider search
- Quick Care for urgent care facilities
- Appointment reminders
- Change My PCP
- Care plan
- Wellness services (care gaps)
- ID card *(NJ Medicaid is excluded from this feature)*
- Push notifications
- Pay Your Premium (Medicare only)
- About Us/Contact Us information
- Change your personal information (currently for Medicare only)
- Alternate Language Support (Spanish and Mexican Spanish - initially and when applicable)

Mobile Details (Slide Layer)



2.21 Ancillary Benefits

Notes:

Ancillary Benefits

2.22 2020 Ancillary Benefits Overview

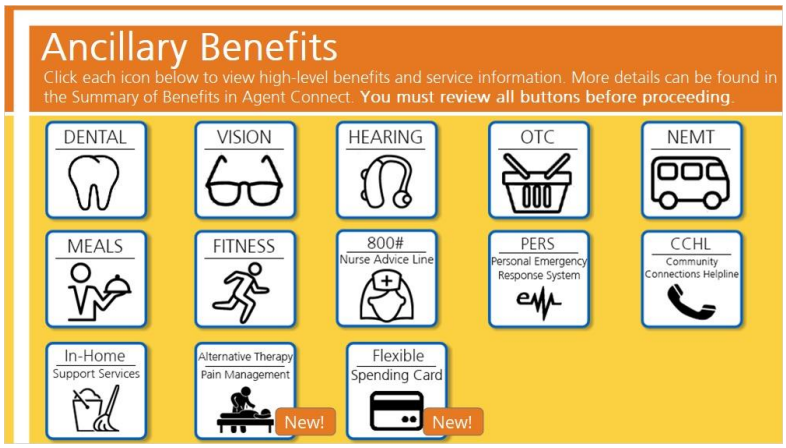
Notes:

Original Medicare vs. WellCare Benefits

Original Medicare does not cover:
- Routine (supplemental) dental care or dentures
- Routine (supplemental) hearing aids and hearing exams
- Routine (supplemental) eye care and most eyeglasses
- Fitness, transportation, meals or OTC

Many WellCare plans offer "routine" (supplemental) benefits above what *original* Medicare offers. When you see the words "ROUTINE" or "SUPPLEMENTAL," think: NOT Original Medicare.

2.23 Ancillary Benefits



Notes:

Click each icon below to view high-level benefits and service information. More details can be found in the Summary of Benefits in Agent Connect. You must review all buttons before proceeding.

Dental - Members receive limited coverage for routine dental care or dental procedures like cleanings, fillings, tooth extractions, periodontal maintenance, root canals, or dentures.

Vision - Members receive coverage for routine eye exams and eyeglasses or contact lenses.

Hearing - Members receive coverage for hearing tests with limited coverage for hearing aids and fitting services for those with hearing loss.

OTC - Members have the option to purchase over-the-counter (OTC) items without a prescription utilizing a credit received on a card or catalog order.

NEMT - Members may obtain one-way non-emergency ground transportation to approved medically necessary care and services under the plan's benefits.

Meals - Members may receive home-delivered meals for a set duration after an inpatient hospital stay or as a part of a supervised program for members with certain chronic conditions.

Fitness - Members receive a membership to an approved facility to promote physical fitness and support overall health. Home-bound members may order a fitness kit to be delivered to their home (except Hawaii and California). New feature: A Fitbit is being added to benefit offerings (except Florida).

800# Nurse Advice Line - A 24-hour-a-day, 7-day-a-week telephonic access to nurse assistance. The nurse is able to triage symptoms and provide advice, diagnosis explanation and medication information.

PERS Personal Emergency Response System - A medical monitoring device that is sent to the member's home based on health and environmental conditions. The device connects through the member's phone line and has a button that can be pushed to activate assistance in the event of an emergency.

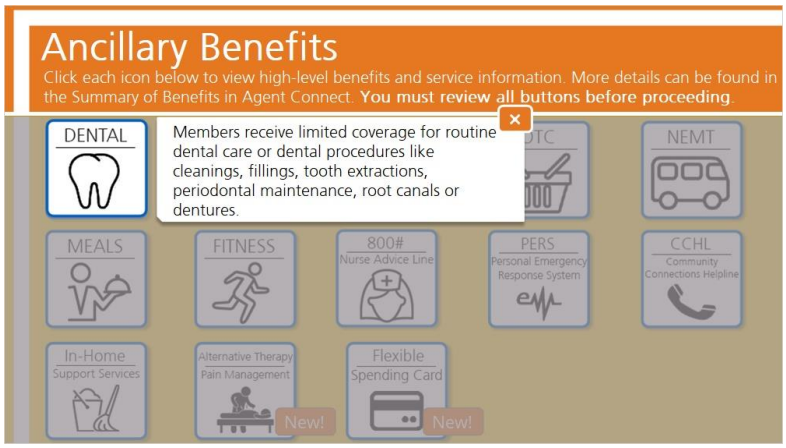
Community Connections Helpline - A service available to members and non-members to help connect them to social services including financial, food, education and utility assistance; transportation, disability and homeless services; support groups; and child care.

In-Home Support Services - Members who meet clinical criteria have access to in-home support services including light cleaning, chores, and meal preparation.

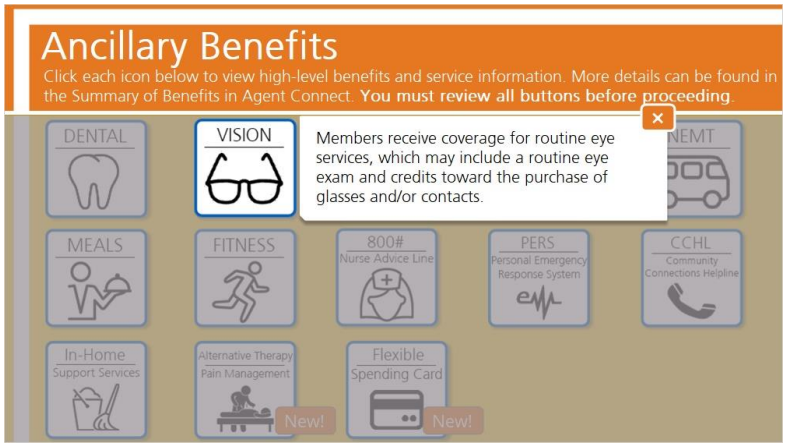
Alternative Therapy Pain Management - Members who meet criteria may access medically-approved non-opioid pain treatment alternatives. The benefit must be recommended by a healthcare professional. The non-opioid pain management item/service must treat or ameliorate an injury/illness such as pain, stiffness or loss of range of motion.

Flexible Spending Card - A Flex Card benefit is provided to enrollees to help cover additional costs associated with dental, vision and hearing needs. This debit card may be used to reduce cost-sharing for covered or additional dental, vision and hearing services given by providers that accept VISA. Enrollee reimbursement is available for services received from WellCare providers that do not accept VISA.

Dental (Slide Layer)

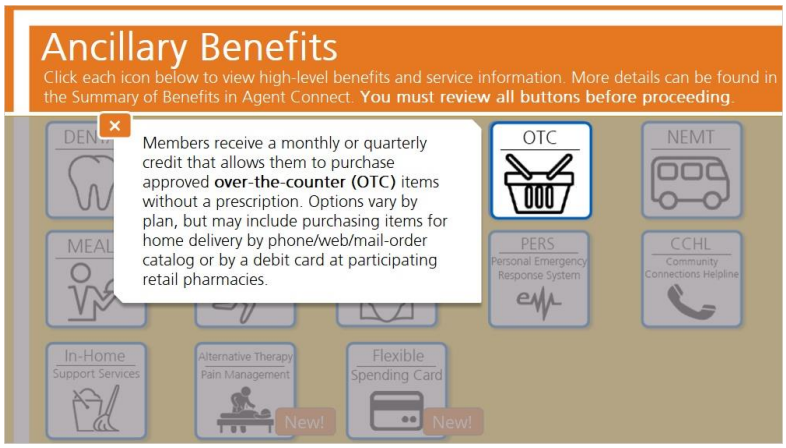


Vision (Slide Layer)



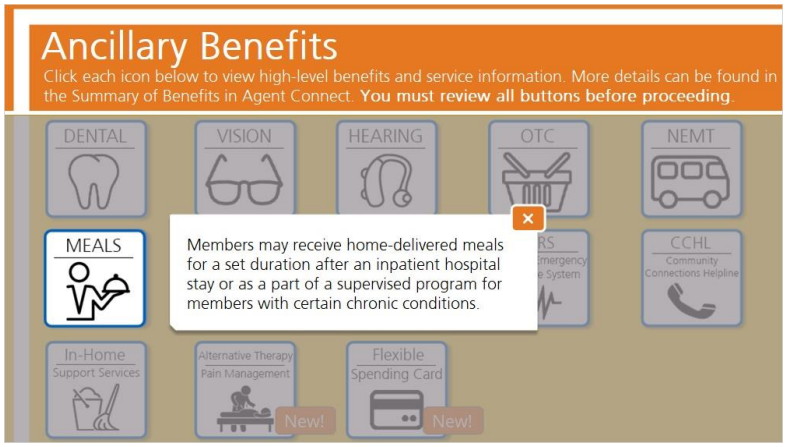
Hearing (Slide Layer)

OTC (Slide Layer)



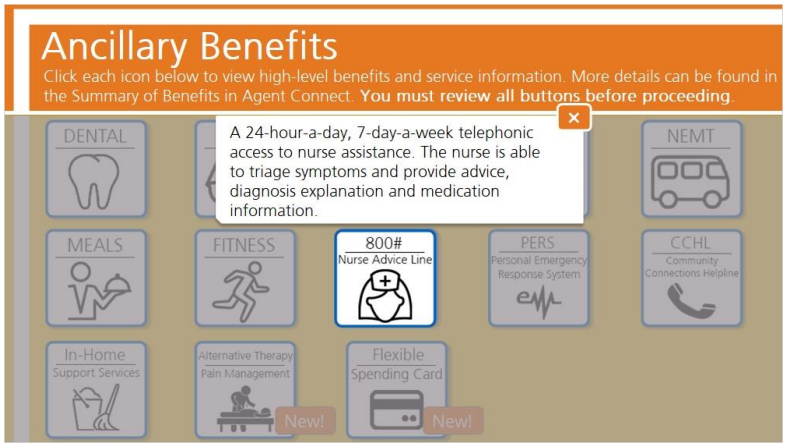
NEMT (Slide Layer)

Meals (Slide Layer)

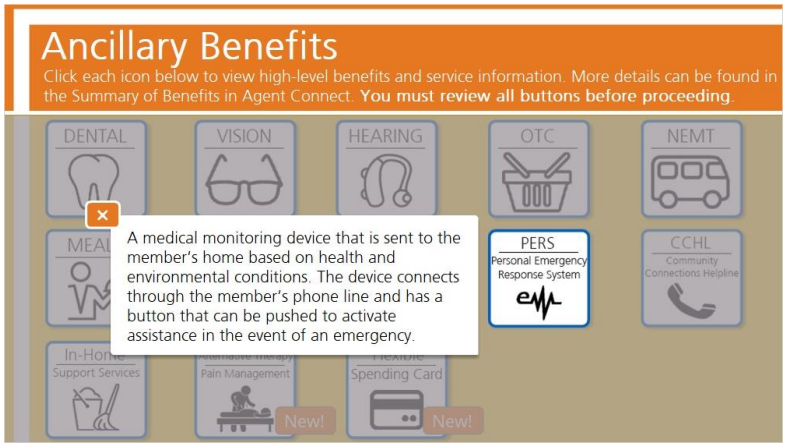


Fitness (Slide Layer)

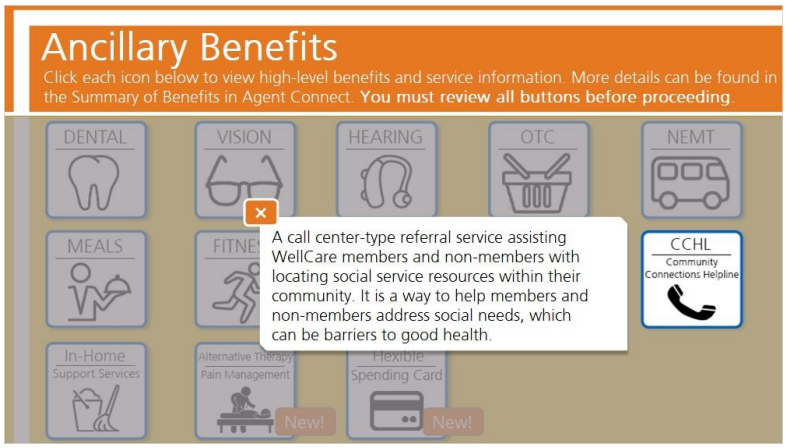
800# (Slide Layer)



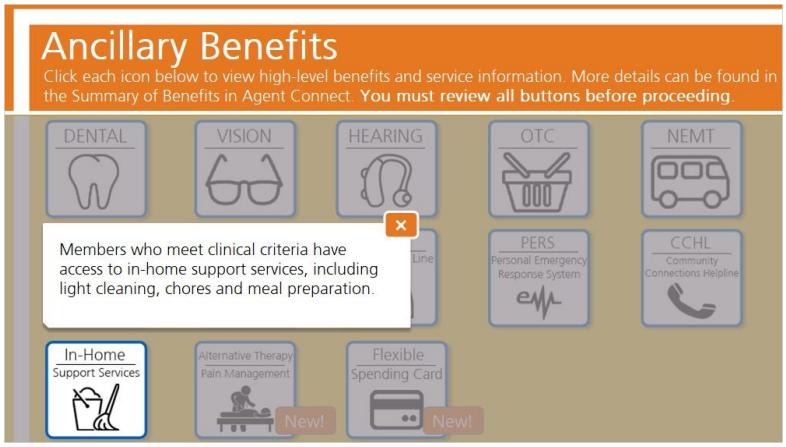
PERS (Slide Layer)



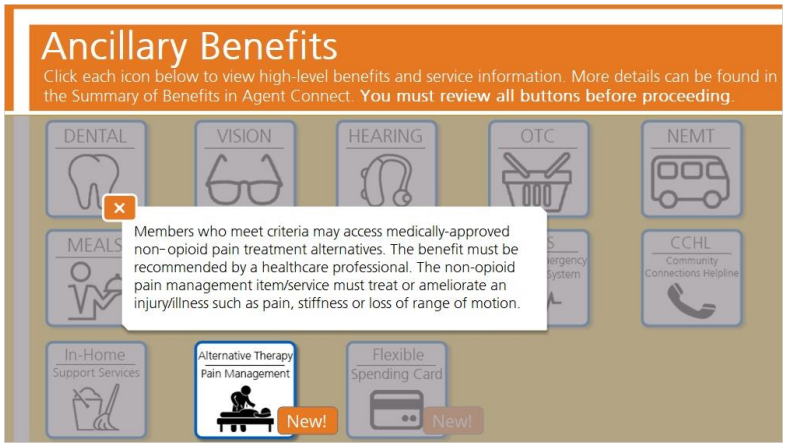
CAL (Slide Layer)



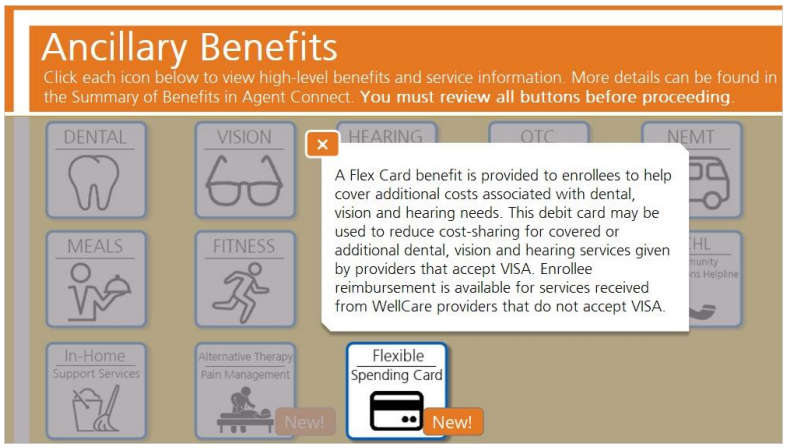
In-Home (Slide Layer)



Alternative Therapy (Slide Layer)



Flexible Spending Card (Slide Layer)

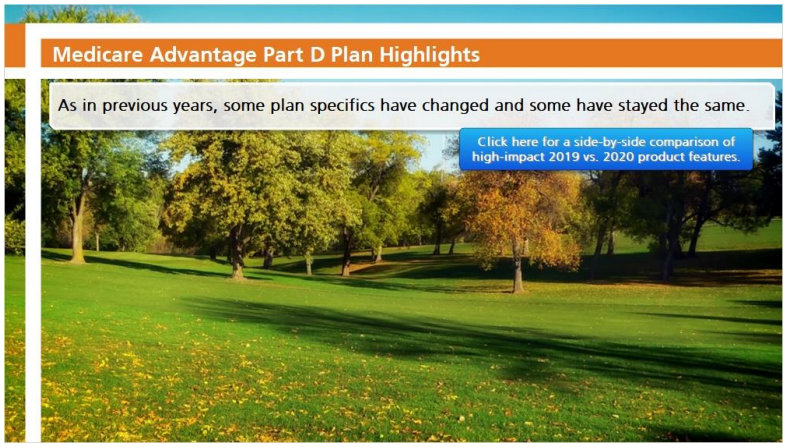


2.24 Medicare Advantage Prescription Drugs

Notes:

Medicare Advantage Prescription Drugs

2.25 Medicare Advantage Part D Plan Highlights



Notes:

As in previous years, some plan specifics have changed and some have stayed the same.

Click here to review a side-by-side comparison of high impact 2018 vs. 2019 product features.

What's Changing?

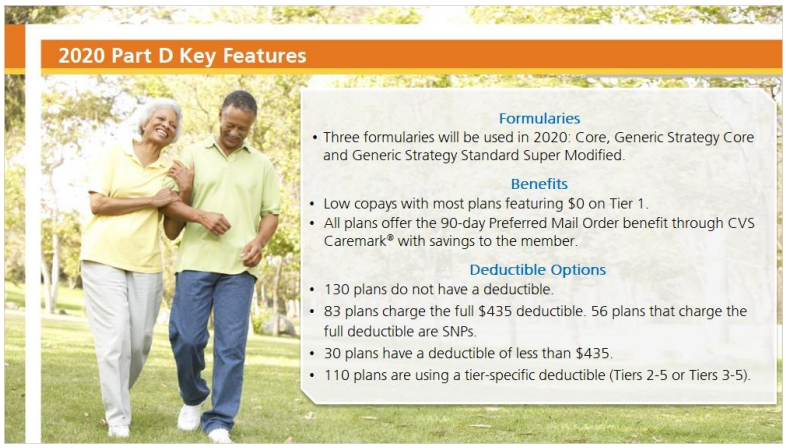
- Deductible options on plans to meet a variety of member needs ranging from $0 to $435.
- An expanded number of plans offer enhanced benefits or gap coverage.
- Meridian plans will use Core or Generic Strategy Core formularies for 2020.

What Stays the Same?

- There are three formularies. Most plans have the same formulary for 2020 as in 2019.
- Many plans have a $0 copay for prescriptions on Tier 1.
- All plans continue to offer a 90-day preferred mail order benefit.

2019 vs. 2020 (Slide Layer)

2.26 2020 Part D Key Features



Notes:

Formularies

- Three formularies will be used in 2020: Core, Generic Strategy Core and Generic Strategy Standard Super Modified

Benefits

- Low copays with most plans featuring $0 on Tier 1.
- All plans offer the 90-day Preferred Mail Order benefit through CVS Caremark® with savings to the member.

Deductible Options

- 130 plans do not have a deductible.
- 83 plans charge the full $435 deductible. 56 plans that charge the full deductible are SNPs.
- 30 plans have a deductible of less than $435.

- 110 plans are using a tier-specific deductible (Tiers 2-5 or Tiers 3-5).

2.27 2020 Part D Product Design for MAPD

Notes:

Excluded Drugs

- Additional coverage of excluded drugs with 49 plans offering one of the following options:
    - All strengths of brand and generic Viagra (sildenafil) on Tier 2
    - All strengths of brand and generic Viagra (sildenafil) and Levitra (vardenafil) on Tier 1
    - All strengths of brand and generic Viagra (sildenafil) and Levitra (vardenafil) on Tier 2
    - All strengths of brand and generic Viagra (sildenafil) and Levitra (vardenafil) on Tier 3
    - Select strengths of brand and generic Viagra (sildenafil) and Levitra (vardenafil) on Tier 3

Coverage Gap

- Additional coverage in the gap with 94 plans offering one of the following options:
    - Adherence medications on Tier 1 **(19 plans)**
    - Full coverage in Tier 1 **(60 plans)**
    - Full coverage in Tiers 1 & 2, partial coverage in Tier 3 **(15 plans)**

2.28 Medication Home Delivery Overview

Notes:

Mail service is included with plans that have Part D coverage. WellCare offers this benefit through the CVS Caremark® Medication Home Delivery.

Tier: 1

Member Payment for a Three-Month Supply: $0 copay

Tier: 2

Member Payment for a Three-Month Supply: $0 copay

Tier: 3

Member Payment for a Three-Month Supply: 2x 30-day retail copay

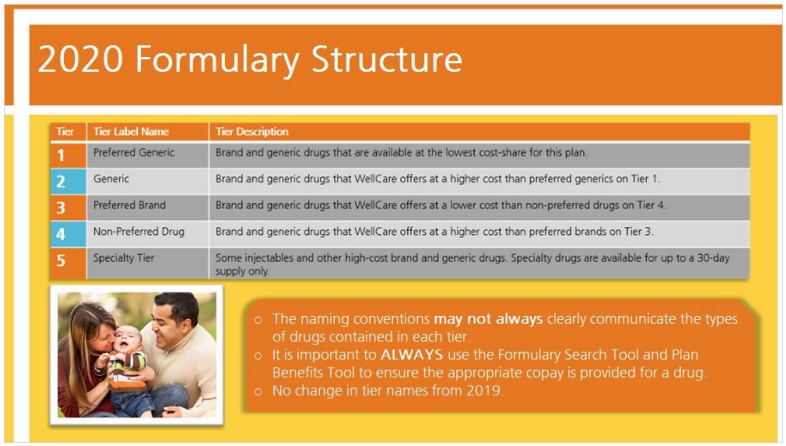
Tier: 4

Member Payment for a Three-Month Supply: 2x 30-day retail copay when applicable

Tier: 5

Member Payment for a Three-Month Supply: Coinsurance applies; limited to 30-day supplies

2.29 2020 Formulary Structure

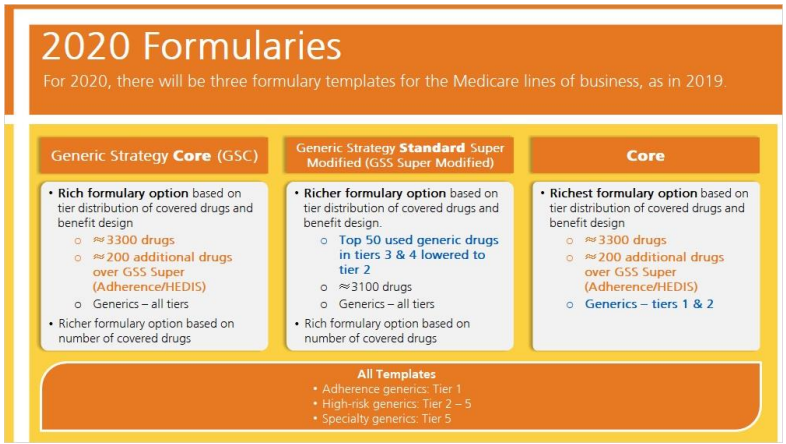


Notes:

Tier
Tier Label Name
Tier Description

- The naming conventions may not always clearly communicate the types of drugs contained in each tier.
- It is important to ALWAYS utilize the Formulary Search Tool and Plan Benefits Tool to ensure the appropriate copay is provided for a drug.
- No change in Tier names from 2018.

2.30 2020 Formularies



Notes:

For 2019, the formularies for the Medicare line of business streamlined to three templates *(down from six templates in 2018)*. You must review all before proceeding with your training.

Generic Strategy Core

- Rich formulary option based on tier distribution of covered drugs and benefit design
  - ≈3300 drugs
  - ≈200 additional drugs over GSS Super (Adherence/HEDIS)
  - Generics - all tiers
- Richer formulary option based on number of covered drugs

Generic Strategy Standard Super Mod

- Richer formulary option based on tier distribution of covered drugs and benefit design.
  - Top 50 used generic drugs in tiers 3 & 4 lowered to tier 2
  - ≈3100 drugs
  - Generics - all tiers
- Rich formulary option based on number of covered drugs

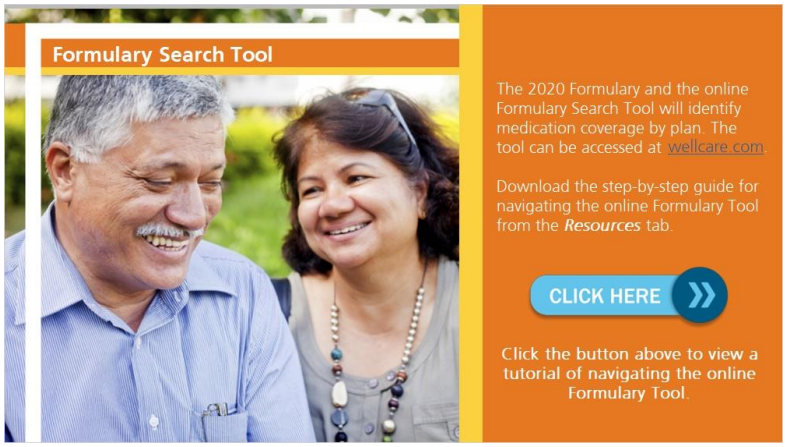
Core

- Richest formulary option based on tier distribution of covered drugs and benefit design
  - ≈3300 drugs
  - ≈200 additional drugs over GSS Super (Adherence/HEDIS)
  - Generics - tiers 1 & 2
  -

All Templates

- Adherence generics: Tier 1
- High-risk generics: Tier 2 - 5
- Specialty generics: Tier 5

2.31 Formulary Tool



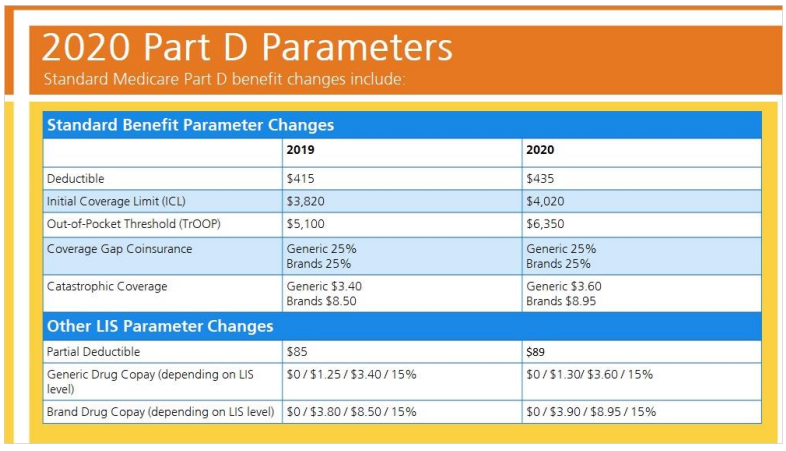
Notes:

The 2020 Formulary and the online Formulary tool will identify medication coverage by plan. The tool can be accessed at wellcare.com.

Download the step-by-step guide for navigating the online Formulary tool from the *Resources* tab.

Click the button above to view a tutorial of navigating the online Formulary Tool.

2.32 2020 Part D Parameters



Standard Benefit Parameter Changes		
	2019	**2020**
Deductible	$415	$435
Initial Coverage Limit (ICL)	$3,820	$4,020
Out-of-Pocket Threshold (TrOOP)	$5,100	$6,350
Coverage Gap Coinsurance	Generic 25% Brands 25%	Generic 25% Brands 25%
Catastrophic Coverage	Generic $3.40 Brands $8.50	Generic $3.60 Brands $8.95
Other LIS Parameter Changes		
Partial Deductible	$85	$89
Generic Drug Copay (depending on LIS level)	$0 / $1.25 / $3.40 / 15%	$0 / $1.30/ $3.60 / 15%
Brand Drug Copay (depending on LIS level)	$0 / $3.80 / $8.50 / 15%	$0 / $3.90 / $8.95 / 15%

Notes:

Standard Medicare Part D benefit changes include:

Standard Benefit Parameter Changes

Other LIS Parameter Changes

2.33 Drug Payment Stages

Notes:

A member moves through four stages of drug payment through the plan year. Click the buttons to learn more about each stage. You must review all before proceeding with your training.

Deductible

For plans with a deductible, members or someone on the members' behalf must pay full price for their Part D drugs until they meet their plan's required amount.

Initial Coverage

- The member has met their deductible (if applicable) but the total drug cost has not reached the initial coverage limit ($4,020) for the year.
- The member pays plan copays/coinsurance until the total cost of drugs reaches the Initial Coverage Limit (ICL).

Coverage Gap

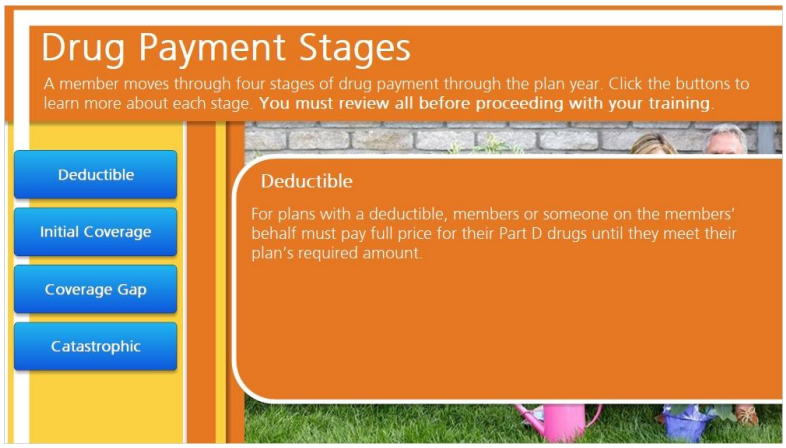
- Total drug cost has reached the initial coverage limit ($4,020).
- Non-subsidized members pay 25% of the cost of generic drugs and 25% of the cost of brand drugs as part of the coverage gap discount program.

- LIS members will not experience a coverage gap.
- Resources help determine the LIS member's specific cost-share amounts.

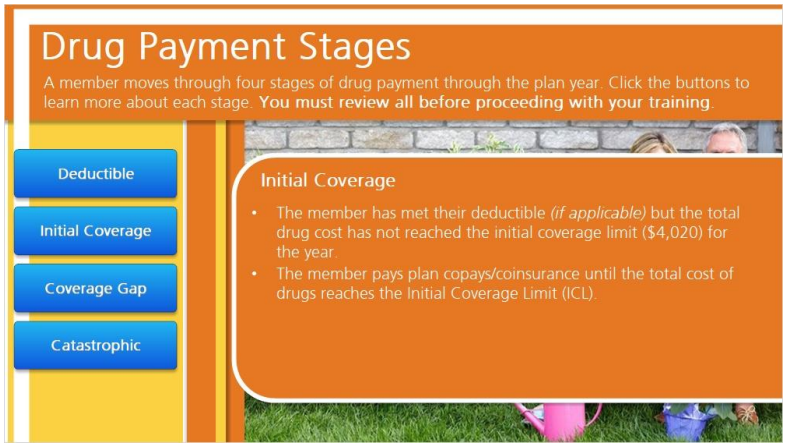
Catastrophic

- **True-Out-of-Pocket (TrOOP)** costs paid by the member or other qualified parties on the member's behalf (e.g., SPAPs, LIS, etc.) reaches **$6,350** in 2020 for covered drugs during the coverage year.
- The member remains in this stage for the remainder of the year with a low copayment or coinsurance for their drugs.

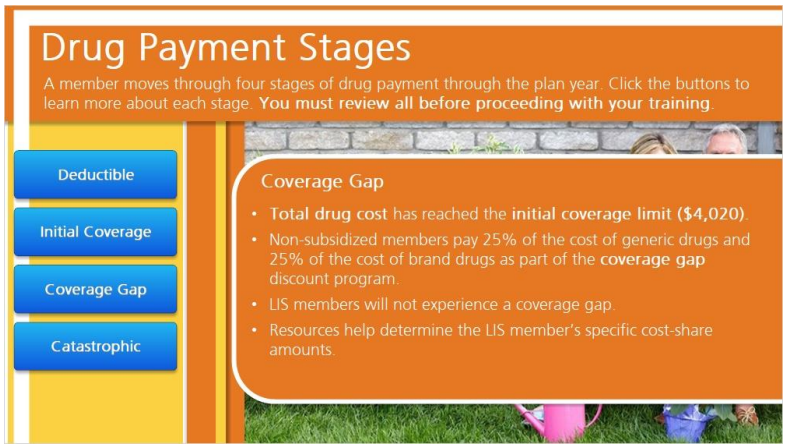
Deductible (Slide Layer)



Initial Coverage (Slide Layer)



Coverage Gap (Slide Layer)



Catastrophic (Slide Layer)

2.34 Medicare Advantage Member Materials

Notes:

Medicare Advantage Member Materials

2.35 Benefits and Materials Timeline

Notes:

Let's review the timeline for 2019 benefits and materials that the member receives.
NOTE: Most items are received at the end of the prior plan year, but many can be requested stand-alone as well.

Late September

2020 Medicare and You Handbooks mailed to members per CMS.

09/30/2019

ANOC received by existing members no later than 9/30/19.

10/01/2019

2020 benefits published on Medicare.gov and WellCare's websites. Prospective members can now meet with a Sales Representative and/or be transferred to Pre-Enrollment.

10/15/2019

Annual Enrollment Period begins enrolling members.

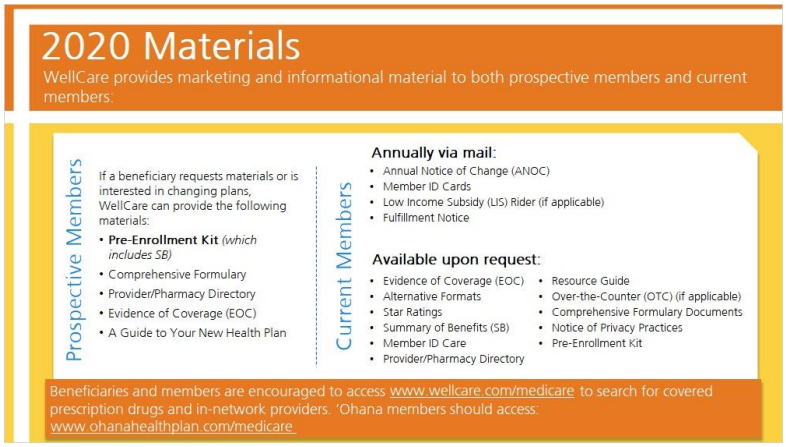
12/07/2019

Annual Enrollment Period ends.

01/01/2020

2020 Benefits are effective.

2.36 2020 Materials



Notes:

WellCare provides marketing and informational material to both prospective members and current members:

Prospective Members

If a beneficiary requests materials or is interested in changing plans, WellCare can provide the following materials:

- Pre-Enrollment Kit (which includes SB)
- Comprehensive Formulary
- Provider/Pharmacy Directory
- Evidence of Coverage (EOC)
- A Guide to Your New Health Plan

Current Members

Annually via mail:

- Annual Notice of Change (ANOC)
- Member ID Cards
- Low Income Subsidy (LIS) Rider (if applicable)
- Fulfillment Notice

Available upon request:

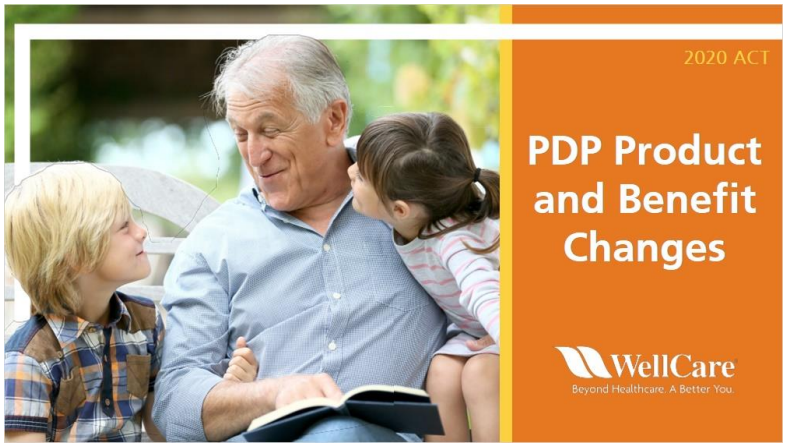
- Evidence of Coverage (EOC)
- Alternative Formats
- Star Ratings

- Summary of Benefits (SB)
- Member ID Care
- Provider/Pharmacy Directory
- Resource Guide
- Over-the-Counter (OTC) (if applicable)
- Comprehensive Formulary Documents
- Notice of Privacy Practices
- Pre-Enrollment Kit

Beneficiaries and members are encouraged to access www.wellcare.com/medicare to search for covered prescription drugs and in-network providers. 'Ohana members should access: www.ohanahealthplan.com/medicare

3. PDP Product and Benefit Changes

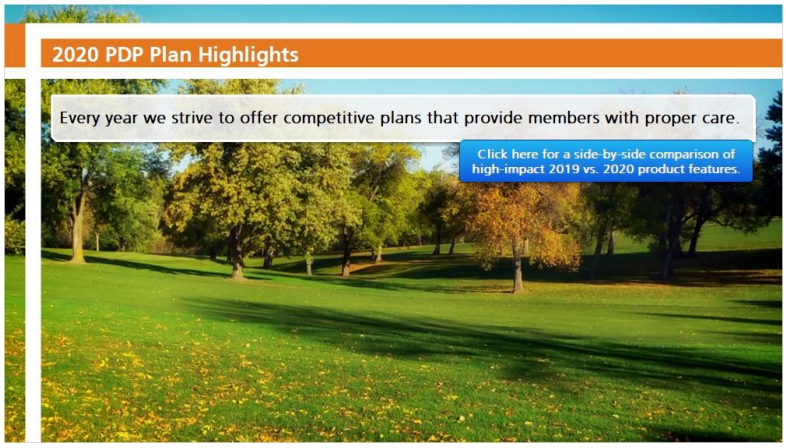
3.1 PDP Product and Benefits



Notes:

PDP Product and Benefit Changes

3.2 2020 PDP Plan Highlights



Notes:

Every year we strive to offer competitive plans that provide members with proper care.

Click here to review a side-by-side comparison of high impact 2019 vs. 2020 product features.

What's Changing?

- Addition of three legacy Aetna PDP plans in all regions. All plans will be rebranded as WellCare.

- Launching NEW low-premium WellCare Wellness Rx plan.

- Consolidating WellCare Extra into Aetna Value Plus plan.

- No plan will offer additional coverage in the gap.

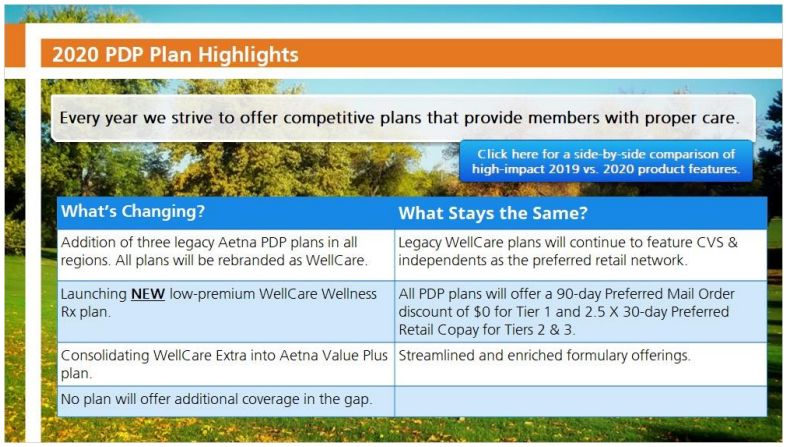
What Stays the Same?

- Legacy WellCare plans will continue to feature CVS & independents as the preferred retail network.

- All PDP plans will offer a 90-day Preferred Mail Order discount of $0 for Tier 1 and 2.5 X 30-day Preferred Retail Copay for Tiers 2 & 3.

- Streamlined and enriched formulary offerings.

2019 vs. 2020 (Slide Layer)



3.3 2020 What's New: Prescription Drug Plan (PDP)

Notes:

Benchmark

- We plan to bid under the benchmark in most regions *(under the benchmark = eligible for CMS auto assignment).*

Formulary

- Four formulary options:
  - Classic plans offer the Select formulary.
  - Value Script and Wellness Rx plans offer the Generic Strategy (GS) Core (Super Mod) formulary.
  - Saver plans offer the Select (AET Mod) formulary.
  - Select plans offer the Generic Strategy (GS) Core (AET Mod) formulary.

3.4 2020 What's New: Prescription Drug Plan (PDP) (Cont.)

Notes:

Networks

- We will continue with the preferred cost-share network. Chains included in each network will vary by plan.
- The preferred pharmacy network for the Wellness Rx plan (NEW) includes Walmart and some large grocery chains.

Plan Design *(Plan Count: 204)*

- Plans designed for minimal member disruption.
- Addition of three Aetna PDP plans rebranded as WellCare.
- Addition of low-premium WellCare Wellness Rx plan with Walmart.
- Removing gap coverage from all products.

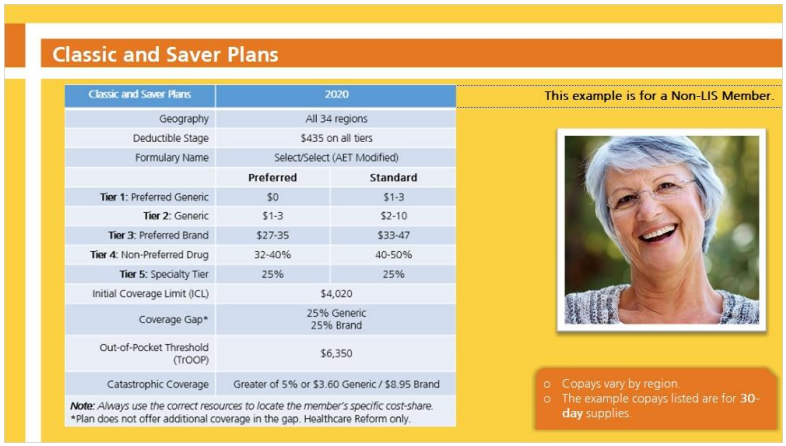
3.5 Value to Our Members

Notes:

2020 plans offer:

- **Low premiums** on the Value Plus and Wellness Rx plans.
- **Minimal premium increases** on the Classic plans.
- **No deductible** on the Value Plus Plan.
- A **preferred pharmacy network** design where members will pay a lower cost-sharing at CVS, most independents and many regional chains.
- **Chains will vary by plan. Walmart pharmacies will be preferred for the Wellness Rx Plan.*

3.6 Classic and Saver Plans



Classic and Saver Plans	2020	
Geography	All 34 regions	
Deductible Stage	$435 on all tiers	
Formulary Name	Select/Select (AET Modified)	
	Preferred	**Standard**
Tier 1: Preferred Generic	$0	$1-3
Tier 2: Generic	$1-3	$2-10
Tier 3: Preferred Brand	$27-35	$33-47
Tier 4: Non-Preferred Drug	32-40%	40-50%
Tier 5: Specialty Tier	25%	25%
Initial Coverage Limit (ICL)	$4,020	
Coverage Gap*	25% Generic 25% Brand	
Out-of-Pocket Threshold (TrOOP)	$6,350	
Catastrophic Coverage	Greater of 5% or $3.60 Generic / $8.95 Brand	

Note: *Always use the correct resources to locate the member's specific cost-share.*
*Plan does not offer additional coverage in the gap. Healthcare Reform only.

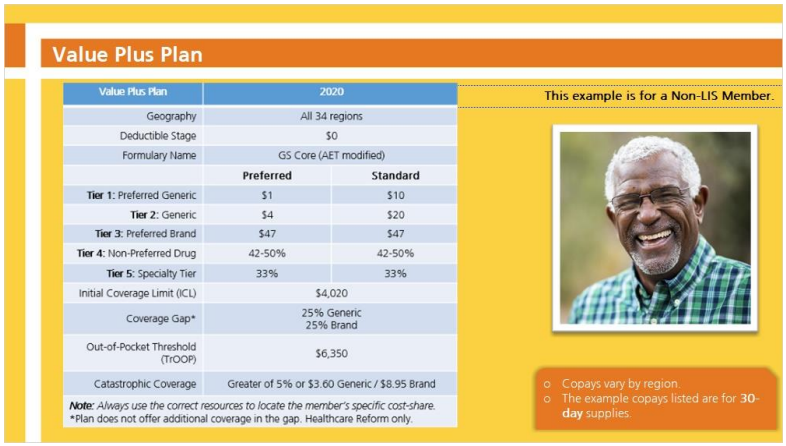
Notes:

Classic and Saver Plans

This example is for a Non-LIS Member.

- Copays vary by region.
- The example copays listed are for 30-day supplies.

3.7 Value Plus Plan



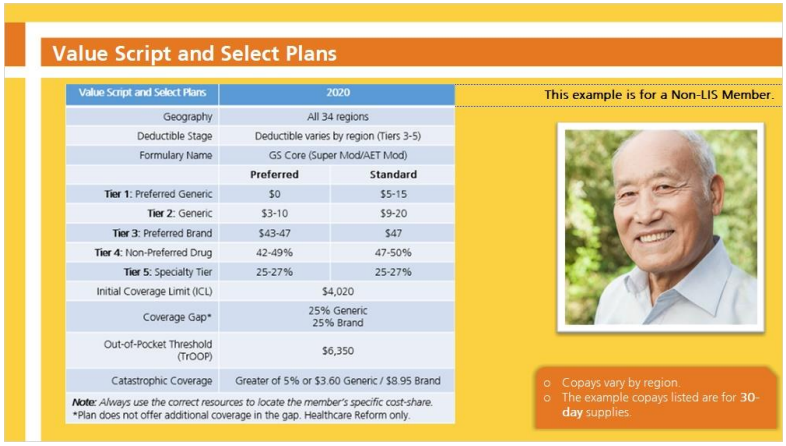
Notes:

Value Plus Plan

This example is for a Non-LIS Member.

- Copays vary by region.
- The example copays listed are for 30-day supplies.

3.8 Value Script and Select Plans



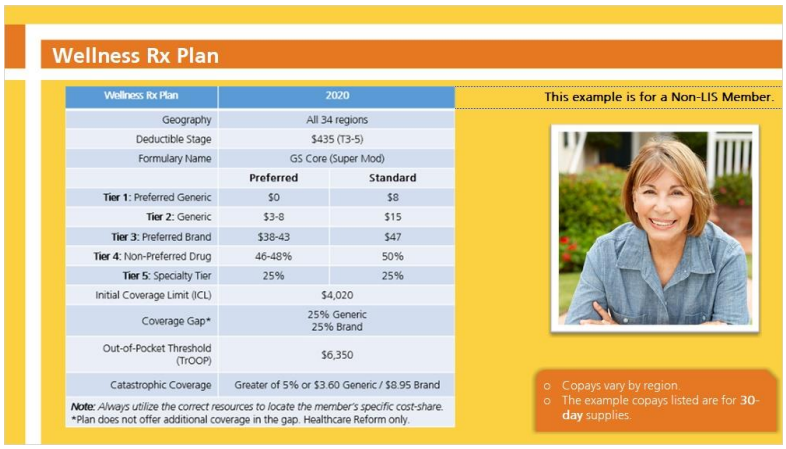
Notes:

Value Script and Select Plans

This example is for a Non-LIS Member.

- Copays vary by region.
- The example copays listed are for 30-day supplies.

3.9 Wellness Rx Plan



Notes:

Wellness Rx Plan

This example is for a Non-LIS Member.

- Copays vary by region.
- The example copays listed are for 30-day supplies.

3.10 Plan Choice

Notes:

Not every plan will be a good fit for each of our members. Click the buttons to review the type of member each plan is best suited for. You must review all before proceeding with your training.

Classic/Saver *(Dual)*

James is 100% subsidized. In this plan, he will have a $0 premium.

This is a good fit.

Value Script/Select *(Non-Dual)*

Jeannette doesn't take any prescriptions regularly yet, but wants the peace of mind of having Medicare drug coverage in the event it is needed and would like a low premium.

This is a good fit.

Value Plus *(Non-Dual)*

Jorge takes several prescriptions each month. He is willing to pay a higher premium for enhanced Part D benefits to cover his medications.

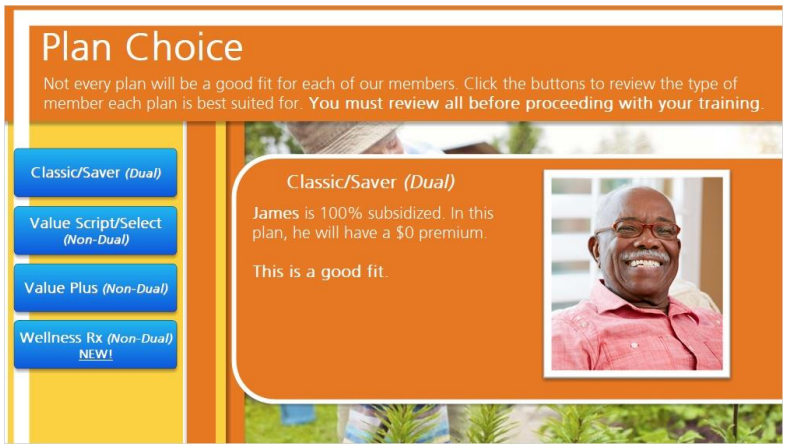
This is a good fit.

Wellness Rx *(Non-Dual)*

Julia takes very few prescriptions and has picked them up at Walmart for years. She would like a low premium.

This is a good fit.

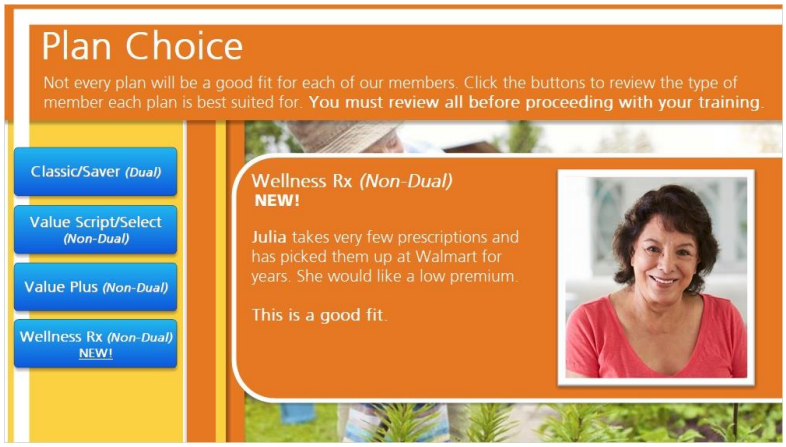
Classic/Saver (Dual) (Slide Layer)



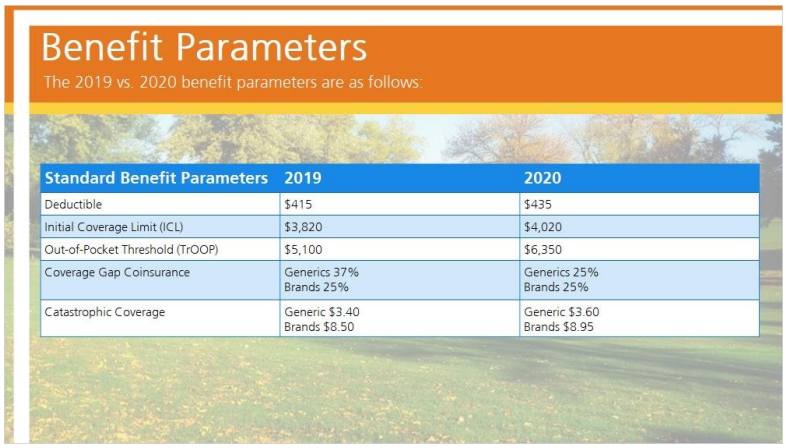
Value Script/Select (Non-Dual) (Slide Layer)

Value Plus (Non-Dual) (Slide Layer)

WellCare RX (Non-Dual) - Copy (Slide Layer)



3.11 Benefit Parameters



Notes:

The 2019 vs. 2020 benefit parameters are as follows:

Deductible

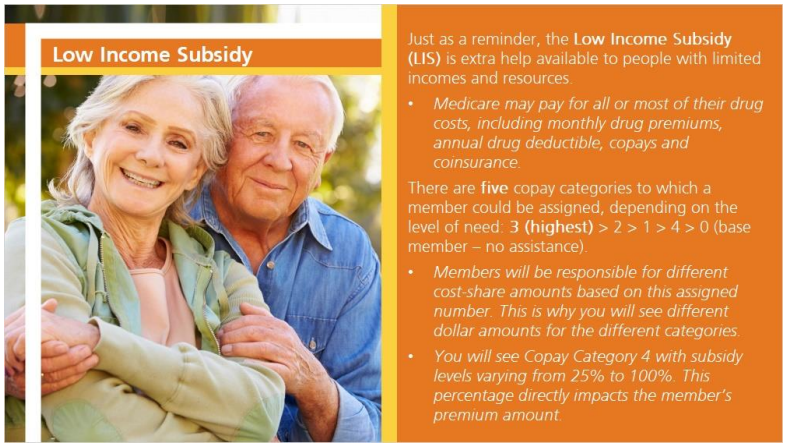
Initial Coverage Limit (ICL)

TrOOP

Coverage Gap Coinsurance

Catastrophic

3.12 Low Income Subsidy



Notes:

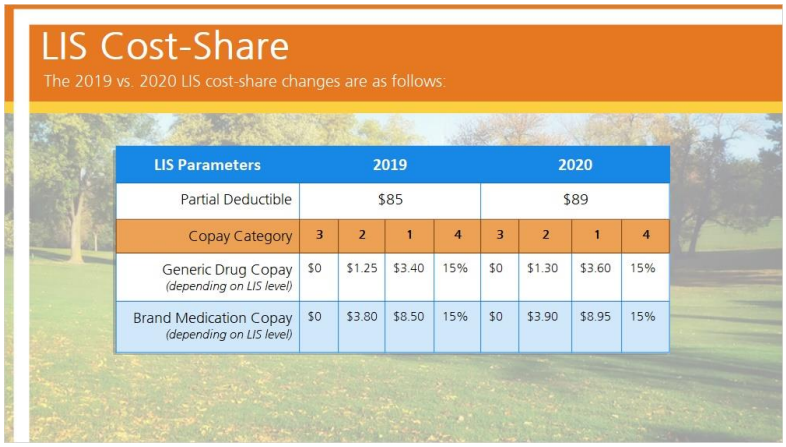
Just as a reminder, the Low Income Subsidy (LIS) is extra help available to people with limited incomes and resources.

- *Medicare may pay for all or most of their drug costs, including monthly drug premiums, annual drug deductible, copays and coinsurance.*

There are five copay categories to which a member could be assigned, depending on the level of need: 3 (highest) > 2 > 1 > 4 > 0 (base member - no assistance).

- *Members will be responsible for different cost-share amounts based on this assigned number. This is why you will see different dollar amounts for the different categories.*
- *You will see Copay Category 4 with subsidy levels varying from 25% to 100%. This percentage directly impacts the member's premium amount.*

3.13 LIS Cost-Share



LIS Parameters	2019				2020			
Partial Deductible	$85				$89			
Copay Category	3	2	1	4	3	2	1	4
Generic Drug Copay *(depending on LIS level)*	$0	$1.25	$3.40	15%	$0	$1.30	$3.60	15%
Brand Medication Copay *(depending on LIS level)*	$0	$3.80	$8.50	15%	$0	$3.90	$8.95	15%

Notes:

The 2019 vs. 2020 LIS cost-share changes are as follows:

LIS Parameters
Partial Deductible
Copay Category
Generic Drug Copay
Brand Medication Copay

3.14 Drug Payment Stages

Notes:

A member moves through four stages of drug payment through the plan year. Click the buttons to learn more about each stage. **You must review all before proceeding with your training.**

Deductible

For plans with a deductible, members or someone on the members' behalf must pay full price for their Part D drugs until they meet their plan's required amount.

Initial Coverage

- The member has met their deductible (if applicable) but the total drug cost has not reached the initial coverage limit ($4,020) for the year.
- The member pays plan copays/coinsurance until the total cost of drugs reach the Initial Coverage Limit (ICL).

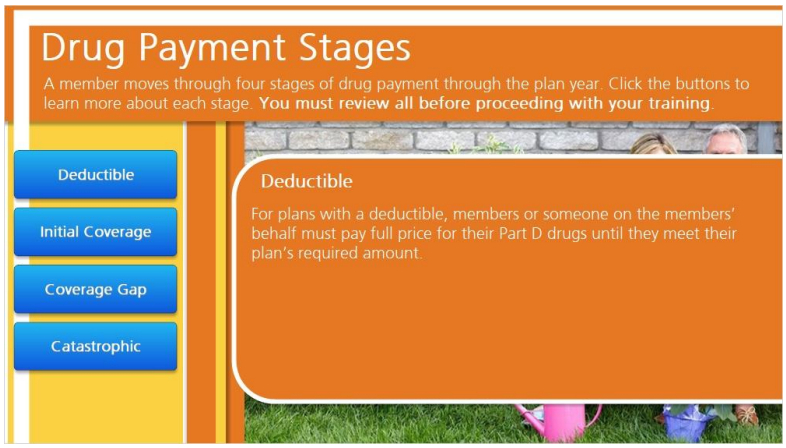
Coverage Gap

- **Total drug cost** has reached the **initial coverage limit ($4,020).**
- Non-subsidized members pay 25% of the cost of generic drugs and 25% of the cost of brand drugs as part of the **coverage gap** discount program.
- LIS members will not experience a coverage gap.
- Resources help determine the LIS member's specific cost-share amounts.

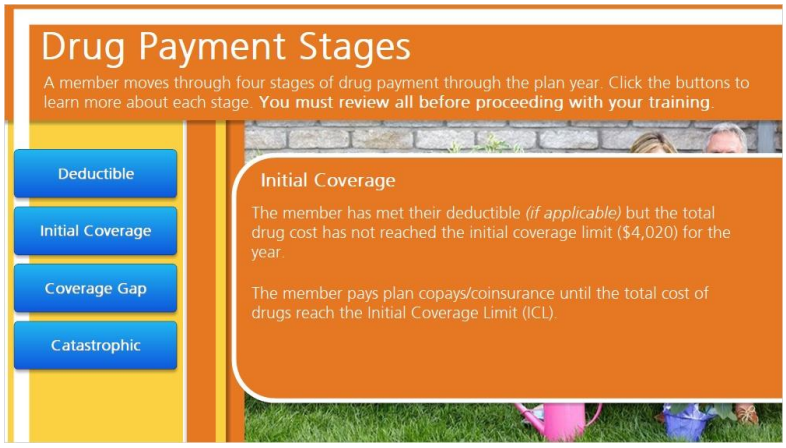
Catastrophic

- **True-Out-of-Pocket (TrOOP**) costs paid by the member or other qualified parties on the member's behalf (e.g., SPAPs, LIS, etc.) reaches **$6,350** in 2020 for covered drugs during the coverage year.
- The member remains in this stage for the remainder of the year with a low copayment or coinsurance for their drugs.

Deductible (Slide Layer)

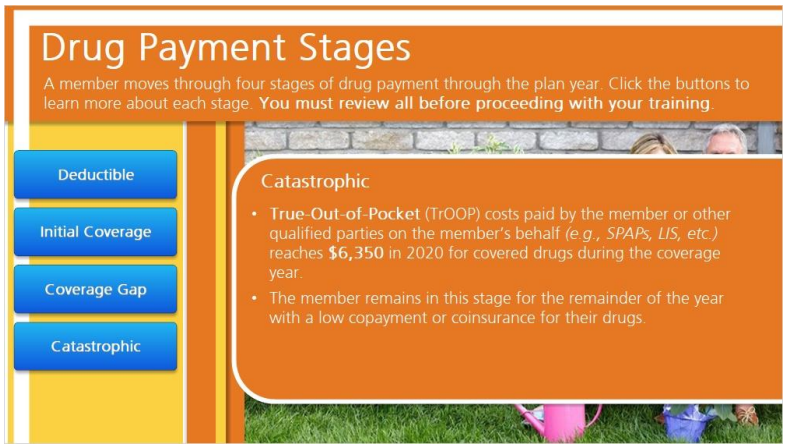


Initial Coverage (Slide Layer)



Coverage Gap (Slide Layer)

Catastrophic (Slide Layer)



3.15 2020 Part D Tiers and Naming Conventions

Notes:

Tier
Tier Label Name
Tier Description

- The naming conventions may not always clearly communicate the types of drugs contained in each tier.
- It is important to ALWAYS utilize the Formulary Search Tool and Plan Benefits Tool to ensure the appropriate copay is provided for a drug.
- No change in Tier names from 2018.

3.16 Pharmacy Network Changes

Notes:

As stated, in 2020, the PDP plans will offer preferred cost-sharing at select pharmacies *(both retail and mail service)* and will offer standard cost-sharing at all other participating pharmacies.
Members can still go to their favorite in-network pharmacy, even if it isn't preferred. They will just pay the regular, standard cost-share amounts. If they decide to change to a preferred pharmacy, they can receive this discount.
Members can use the Find a Provider/Pharmacy tool online to locate a pharmacy which offers preferred cost-sharing in their area.

3.17 Medication Home Delivery Overview

Notes:

WellCare will continue to offer preferred cost-sharing through CVS Caremark® Medication

Home Delivery. This is the only mail service which has preferred cost-sharing.

Tier: 1

Member Payment for a Three-Month Supply: $0 copay

Tier: 2

Member Payment for a Three-Month Supply: $0 copay

Tier: 3

Member Payment for a Three-Month Supply: 2x 30-day retail copay

Tier: 4

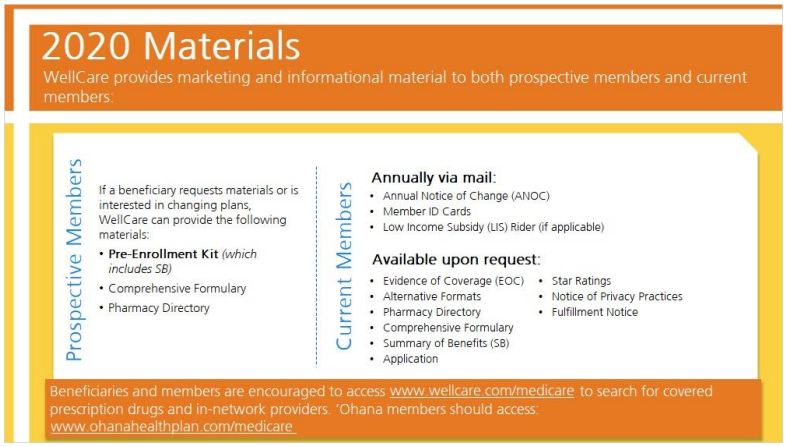
Member Payment for a Three-Month Supply: 2x 30-day retail copay when applicable

Tier: 5

Member Payment for a Three-Month Supply: Coinsurance applies; limited to 30-day supplies

Note: Members are still able to acquire their medications through other mail service pharmacies, but they will pay standard cost-sharing. CVS is the only mail service which offers preferred cost-sharing at this time.

3.18 2020 Materials



Notes:

WellCare provides marketing and informational material to both prospective members and current members:

Prospective Members
If a beneficiary requests materials or is interested in changing plans, WellCare can provide the following materials:
- Pre-Enrollment Kit (which includes SB)
- Comprehensive Formulary
- Pharmacy Directory

Current Members
Annually via mail:
- Annual Notice of Change (ANOC)
- Member ID Cards
- Low Income Subsidy (LIS) Rider (if applicable)

Available upon request:
- Evidence of Coverage (EOC)
- Alternative Formats
- Pharmacy Directory
- Comprehensive Formulary
- Summary of Benefits (SB)
- Application
- Star Ratings
- Notice of Privacy Practices
- Fulfillment Notice

Beneficiaries and members are encouraged to access www.wellcare.com/medicare to

search for covered prescription drugs and in-network providers. ‘Ohana members should access: www.ohanahealthplan.com/medicare

4. Plans by State

4.1 Plans by State

Notes:

As mentioned in the previous slides, we offer different product types across the country.

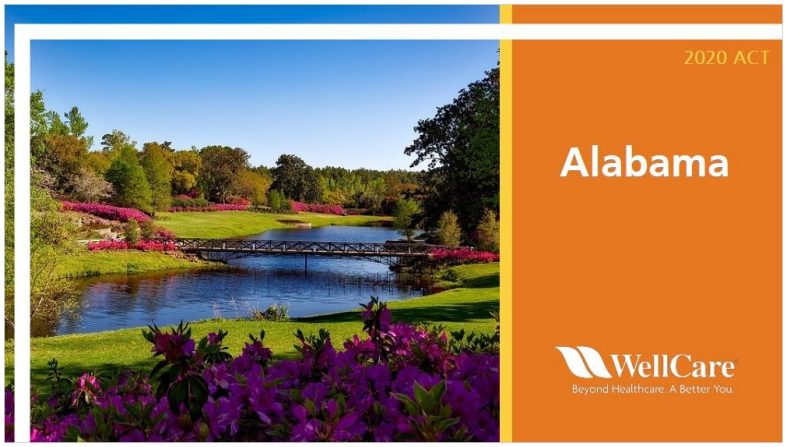
Click the state you plan to market/sell product in.

Click here if you are in a prescription drug only state.

Note! You will have the option to select another state later in the training.

5. Alabama

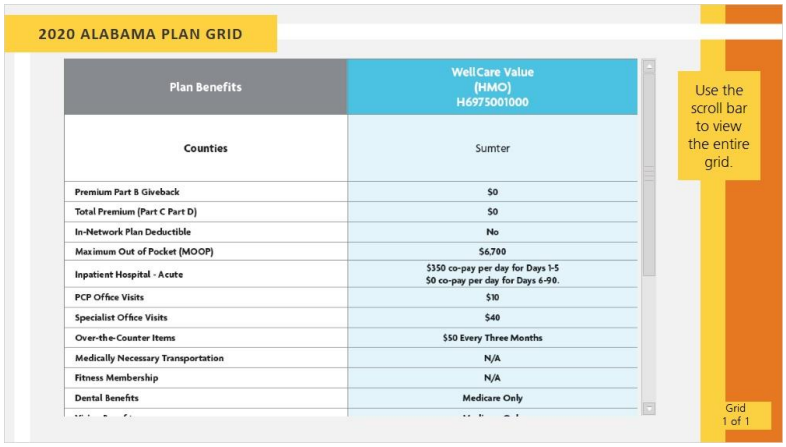
5.1 Alabama



Notes:

Alabama

5.2 2020 Alabama Plan Grid

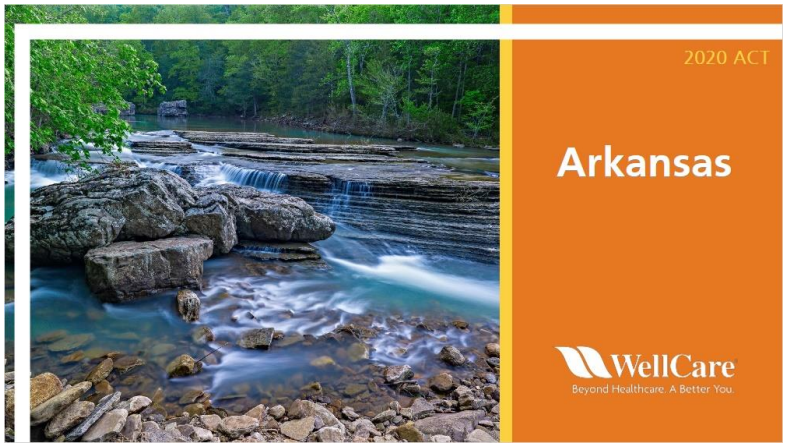


Notes:

Use the scroll bar to view the entire grid.

6. Arkansas

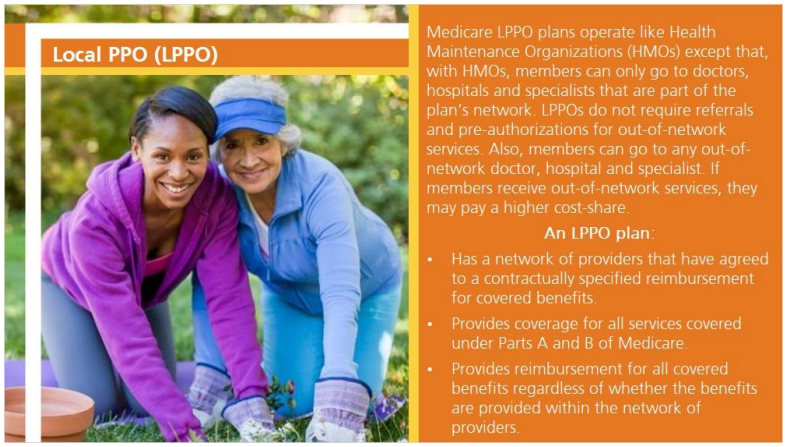
6.1 Arkansas



Notes:

Arkansas

6.2 Local PPO (LPPO)



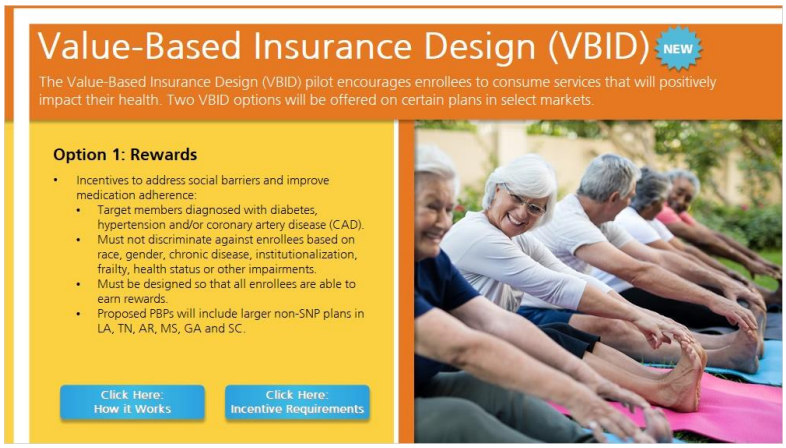
Notes:

Medicare LPPO plans operate like Health Maintenance Organizations (HMOs) except that, with HMOs, members can only go to doctors, hospitals and specialists that are part of the plan's network. LPPOs do not require referrals and pre-authorizations for out-of-network services. Also, members can go to any out-of-network doctor, hospital and specialist. If members receive out-of-network services, they may pay a higher cost-share.

An LPPO plan:

- Has a network of providers that have agreed to a contractually specified reimbursement for covered benefits.
- Provides coverage for all services covered under Parts A and B of Medicare.
- Provides reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.

6.3 Value-Based Insurance Design (VBID)



Notes:

The Value-Based Insurance Design (VBID) pilot encourages enrollees to consume services that will positively impact their health. Two VBID options will be offered on certain plans in select markets.

Option 1: Rewards

- Incentives to address social barriers and improve medication adherence:
  - Target members diagnosed with diabetes, hypertension and/or coronary artery disease (CAD).
  - Must not discriminate against enrollees based on race, gender, chronic disease,institutionalization, frailty, health status or other impairments.
  - Must be designed so that all enrollees are able to earn rewards.
  - Proposed PBPs will include larger non-SNP plans in LA, TN, AR, MS, GA and SC.
-

How it Works

- In conjunction with pharmacy efforts, WellCare will incentivize members to call the **Community Connections Helpline (CCHL)** to complete a social needs assessment.
- Once complete, the Community Connections team will connect members with resources in their community to help remove social barriers that may exist.

- Offer disease management education, phone outreach by pharmacy experts and incentives to encourage behavior change and to improve medication adherence.
- WellCare will use **Novu** to socialize the program and administer incentives.
-

Incentive Requirements

- Rewards and incentives associated with the RI Program must:
  - Be offered in connection with the entire service or activity;
  - Be offered to all eligible enrollees without discrimination;
  - Have a value that may be expected to affect enrollee behavior, but not exceed the value of the health-related service or activity itself; and
  - Otherwise comply with all relevant fraud and abuse laws, including, when applicable, the anti-kickback statute and civil money penalty prohibiting inducements to enrollees.

Details (Slide Layer)

Incentive Requirements (Slide Layer)

6.4 Value-Based Insurance Design (VBID)

Notes:

The Value-Based Insurance Design (VBID) pilot encourages enrollees to consume services that will positively impact their health. Two VBID options will be offered on certain plans in select markets.

Option 2: Socioeconomic Barriers

- Supplemental benefits and community resources to overcome social determinants of health in low income population
- Benefits will include home-delivered meals and non-medical transportation
- Focus will be on WellCare Access and Liberty Plans in AR and LA.
-

How it Works

- Beneficiaries enrolled in participating PBPs can contact WellCare's **Community Connections Helpline (CCHL)** to complete a social needs assessment.
- Once the assessment is complete, members will be eligible for the additional benefits on an annual basis.
- The Community Connections team will connect members with resources in their community to help remove social barriers.
- If the member exhausts their regular transporation and meal benefits, then the Community Connections team will connect them to additional non-benefitted services.

Details (Slide Layer)

6.5 2020 Arkansas Plan Grid

Plan Benefits	WellCare Dividend (HMO) H1416064000	WellCare Preferred (HMO) H1416055000
Counties	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell
Premium Part B Giveback	$60	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	$6,000
Inpatient Hospital - Acute	$475 co-pay per day for Days 1-4 $0 co-pay per day for Days 5-90.	$350 co-pay per day for Days 1-4 $0 co-pay per day for Days 5-90.
PCP Office Visits	$5	$0
Specialist Office Visits	$50	$35
Over-the-Counter Items	$35 Every Three Months	$100 Every Three Months
Medically Necessary Transportation	N/A	N/A

Notes:

Use the scroll bar to view the entire grid.

6.6 2020 Arkansas Plan Grid

2020 ARKANSAS PLAN GRID

Plan Benefits	WellCare Rx (HMO) H1416041000
Counties	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell
Premium Part B Giveback	$0
Total Premium (Part C Part D)	$13.10
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	$6,700
Inpatient Hospital - Acute	$310 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0
Specialist Office Visits	$30
Over-the-Counter Items	$80 Every Three Months
Medically Necessary Transportation	20 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Dental 1000

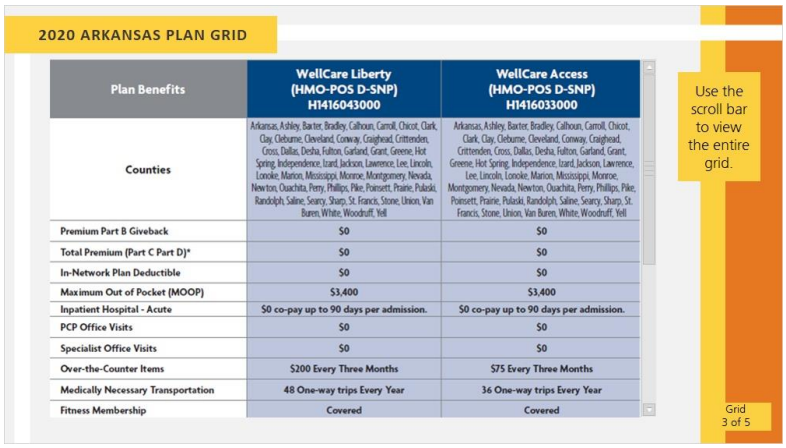
Use the scroll bar to view the entire grid.

Grid 2 of 5

Notes:

Use the scroll bar to view the entire grid.

6.7 2020 Arkansas Plan Grid



2020 ARKANSAS PLAN GRID

Plan Benefits	WellCare Liberty (HMO-POS D-SNP) H1416043000	WellCare Access (HMO-POS D-SNP) H1416033000
Counties	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$0
In-Network Plan Deductible	$0	$0
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$0
Over-the-Counter Items	$200 Every Three Months	$75 Every Three Months
Medically Necessary Transportation	48 One-way trips Every Year	36 One-way trips Every Year
Fitness Membership	Covered	Covered

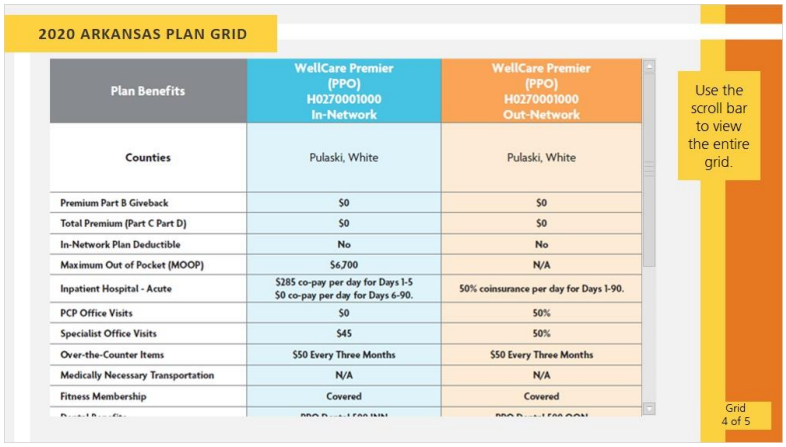
Use the scroll bar to view the entire grid.

Grid 3 of 5

Notes:

Use the scroll bar to view the entire grid.

6.8 2020 Arkansas Plan Grid



2020 ARKANSAS PLAN GRID

Plan Benefits	WellCare Premier (PPO) H0270001000 In-Network	WellCare Premier (PPO) H0270001000 Out-Network
Counties	Pulaski, White	Pulaski, White
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	N/A
Inpatient Hospital - Acute	$285 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	50% coinsurance per day for Days 1-90.
PCP Office Visits	$0	50%
Specialist Office Visits	$45	50%
Over-the-Counter Items	$50 Every Three Months	$50 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

Use the scroll bar to view the entire grid.

Grid 4 of 5

Notes:

Use the scroll bar to view the entire grid.

6.9 2020 Arkansas Plan Grid

2020 ARKANSAS PLAN GRID

Plan Benefits	WellCare Advance (HMO-POS) H1416058000	WellCare Value (HMO-POS) H1416032000
Counties	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell	Arkansas, Ashley, Baxter, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Conway, Craighead, Crittenden, Cross, Dallas, Desha, Fulton, Garland, Grant, Greene, Hot Spring, Independence, Izard, Jackson, Lawrence, Lee, Lincoln, Lonoke, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Prairie, Pulaski, Randolph, Saline, Searcy, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff, Yell
Premium Part B Giveback	$40	$0
Total Premium (Part C Part D)	$0	$30
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$4,500	$6,700
Inpatient Hospital - Acute	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$295 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$35	$25
Over-the-Counter Items	$75 Every Three Months	$60 Every Three Months
Medically Necessary Transportation	24 One-way trips Every Year	N/A

Use the scroll bar to view the entire grid.

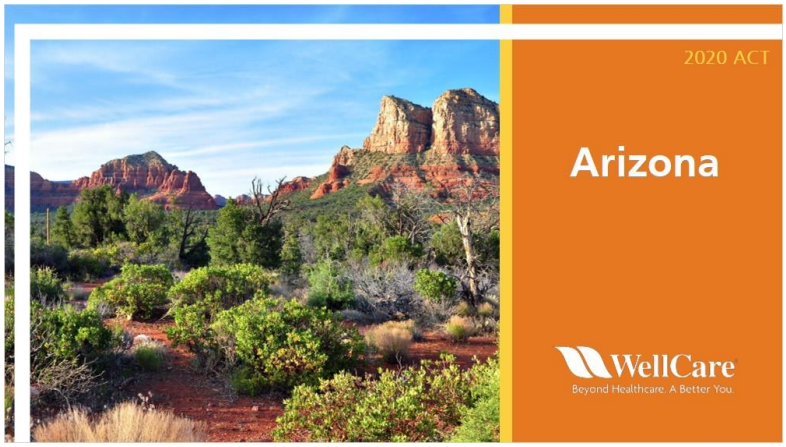
Grid 5 of 5

Notes:

Use the scroll bar to view the entire grid.

7. Arizona

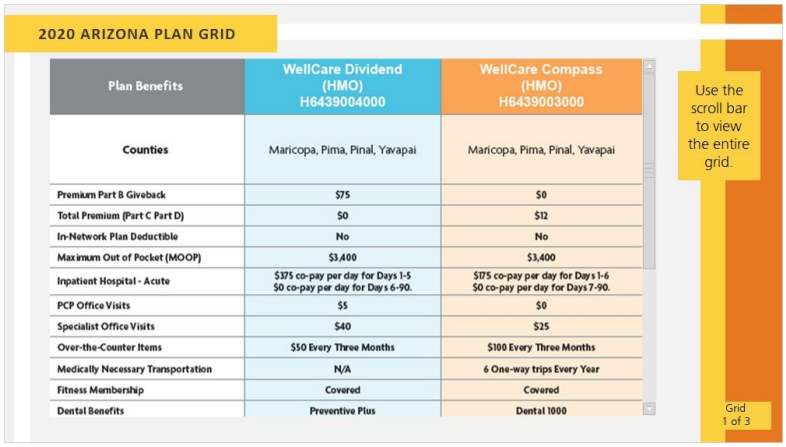
7.1 Arizona



Notes:

Arizona

7.2 2020 Arizona Plan Grid

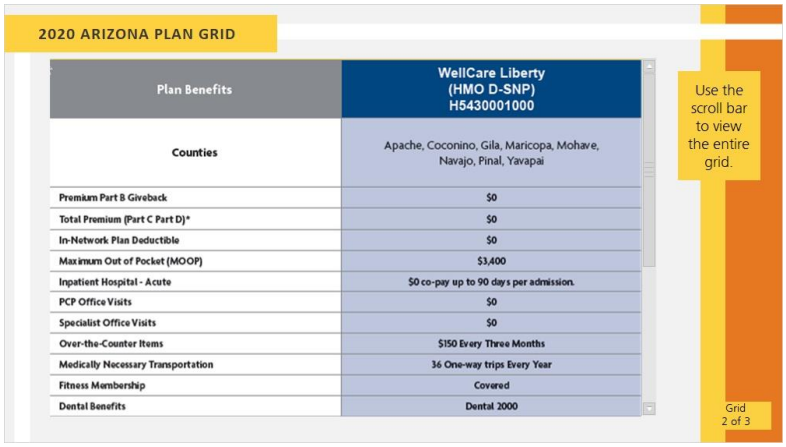


Plan Benefits	WellCare Dividend (HMO) H6439004000	WellCare Compass (HMO) H6439003000
Counties	Maricopa, Pima, Pinal, Yavapai	Maricopa, Pima, Pinal, Yavapai
Premium Part B Giveback	$75	$0
Total Premium (Part C Part D)	$0	$12
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$375 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$175 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.
PCP Office Visits	$5	$0
Specialist Office Visits	$40	$25
Over-the-Counter Items	$50 Every Three Months	$100 Every Three Months
Medically Necessary Transportation	N/A	6 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Preventive Plus	Dental 1000

Notes:

Use the scroll bar to view the entire grid.

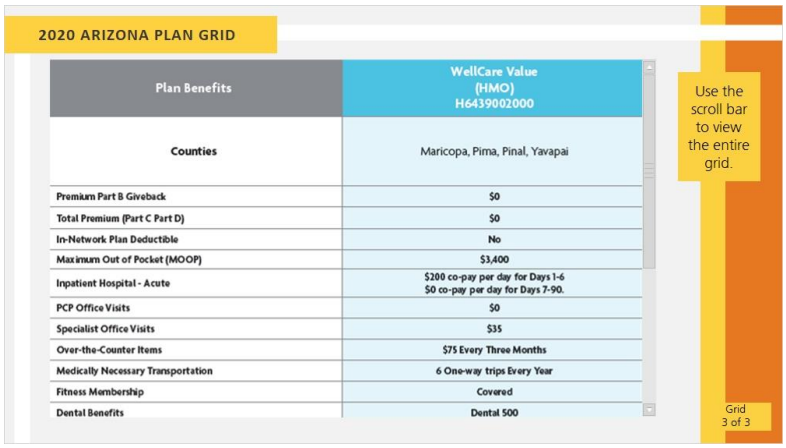
7.3 2020 Arizona Plan Grid



Notes:

Use the scroll bar to view the entire grid.

7.4 2020 Arizona Plan Grid



Notes:

Use the scroll bar to view the entire grid.

8. California

8.1 California

Notes:

California

8.2 WellCare Brand

Notes:

All Medicare Advantage products in California will be marketed as WellCare in 2020.

8.3 2020 California Plan Grid

2020 CALIFORNIA PLAN GRID

Plan Benefits	WellCare Dividend (HMO) H5087025000	WellCare Best (HMO) H5087005000
Counties	Los Angeles, Orange, Riverside, San Bernardino, Ventura	Los Angeles, Orange
Premium Part B Giveback	$115	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$2,500
Inpatient Hospital - Acute	$125 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$5	$0
Over-the-Counter Items	$25 Every Month	$35 Every Month
Medically Necessary Transportation	24 One-way trips Every Year	Unlimited One-way trips every year
Fitness Membership	Covered	Covered
Dental Benefits	CA Dental	CA Dental

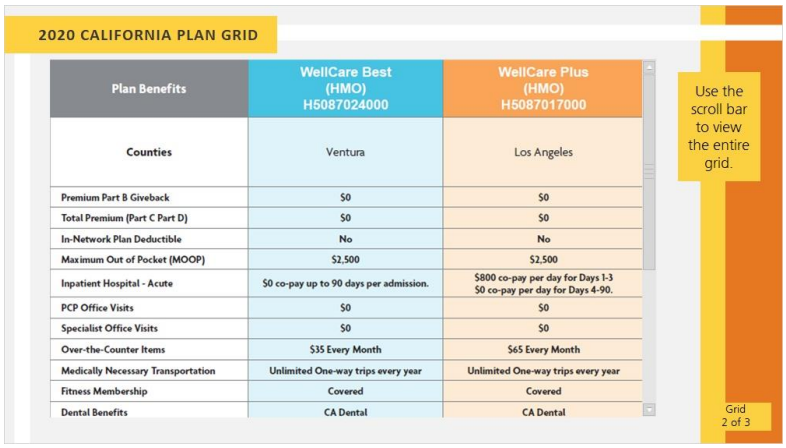
Use the scroll bar to view the entire grid.

Grid 1 of 3

Notes:

Use the scroll bar to view the entire grid.

8.4 2020 California Plan Grid



2020 CALIFORNIA PLAN GRID

Plan Benefits	WellCare Best (HMO) H5087024000	WellCare Plus (HMO) H5087017000
Counties	Ventura	Los Angeles
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$2,500	$2,500
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$800 co-pay per day for Days 1-3 $0 co-pay per day for Days 4-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$0
Over-the-Counter Items	$35 Every Month	$65 Every Month
Medically Necessary Transportation	Unlimited One-way trips every year	Unlimited One-way trips every year
Fitness Membership	Covered	Covered
Dental Benefits	CA Dental	CA Dental

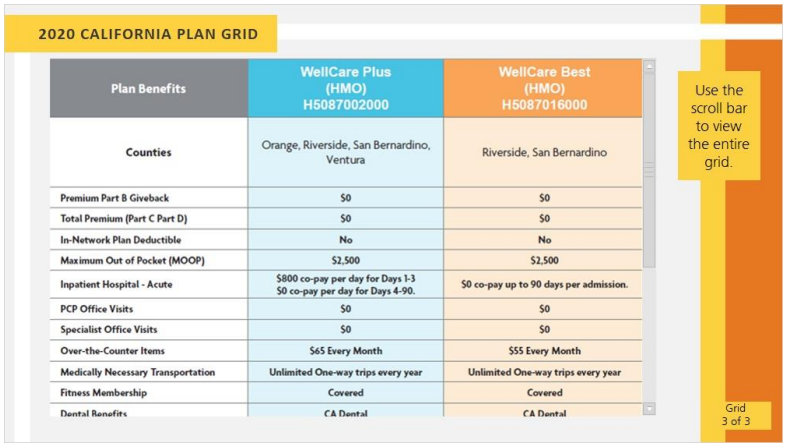
Use the scroll bar to view the entire grid.

Grid 2 of 3

Notes:

Use the scroll bar to view the entire grid.

8.5 2020 California Plan Grid



Plan Benefits	WellCare Plus (HMO) H5087002000	WellCare Best (HMO) H5087016000
Counties	Orange, Riverside, San Bernardino, Ventura	Riverside, San Bernardino
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$2,500	$2,500
Inpatient Hospital - Acute	$800 co-pay per day for Days 1-3 $0 co-pay per day for Days 4-90.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$0
Over-the-Counter Items	$65 Every Month	$55 Every Month
Medically Necessary Transportation	Unlimited One-way trips every year	Unlimited One-way trips every year
Fitness Membership	Covered	Covered
Dental Benefits	CA Dental	CA Dental

Notes:

Use the scroll bar to view the entire grid.

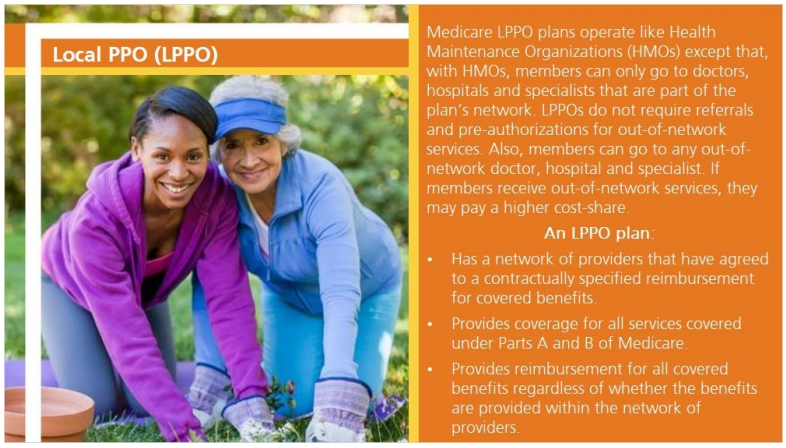
9. Connecticut

9.1 Connecticut

Notes:

Connecticut

9.2 Local PPO (LPPO)



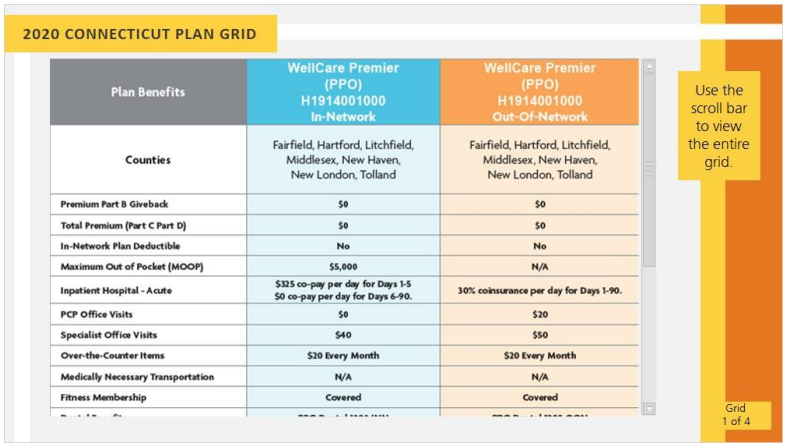
Notes:

Medicare LPPO plans operate like Health Maintenance Organizations (HMOs) except that, with HMOs, members can only go to doctors, hospitals and specialists that are part of the plan's network. LPPOs do not require referrals and pre-authorizations for out-of-network services. Also, members can go to any out-of-network doctor, hospital and specialist. If members receive out-of-network services, they may pay a higher cost-share.

An LPPO plan:

- Has a network of providers that have agreed to a contractually specified reimbursement for covered benefits.
- Provides coverage for all services covered under Parts A and B of Medicare.
- Provides reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.

9.3 2020 Connecticut Plan Grid



2020 CONNECTICUT PLAN GRID

Plan Benefits	WellCare Premier (PPO) H1914001000 In-Network	WellCare Premier (PPO) H1914001000 Out-Of-Network
Counties	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$5,000	N/A
Inpatient Hospital - Acute	$325 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	30% coinsurance per day for Days 1-90.
PCP Office Visits	$0	$20
Specialist Office Visits	$40	$50
Over-the-Counter Items	$20 Every Month	$20 Every Month
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

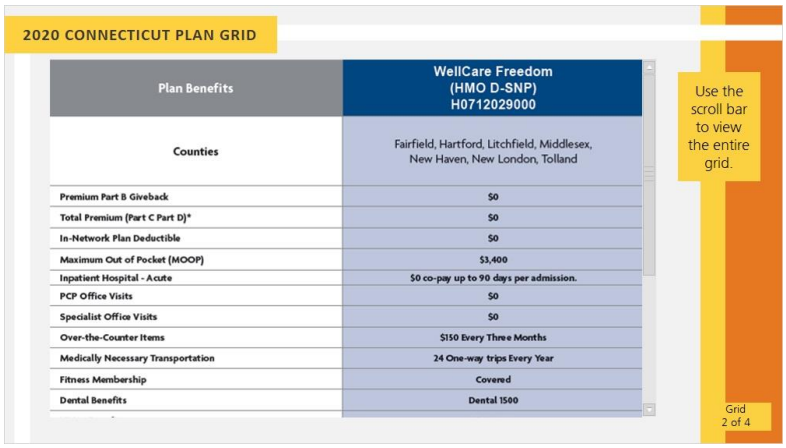
Use the scroll bar to view the entire grid.

Grid 1 of 4

Notes:

Use the scroll bar to view the entire grid.

9.4 2020 Connecticut Plan Grid



2020 CONNECTICUT PLAN GRID

Plan Benefits	WellCare Freedom (HMO D-SNP) H0712029000
Counties	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland
Premium Part B Giveback	$0
Total Premium (Part C Part D)*	$0
In-Network Plan Deductible	$0
Maximum Out of Pocket (MOOP)	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0
Specialist Office Visits	$0
Over-the-Counter Items	$150 Every Three Months
Medically Necessary Transportation	24 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Dental 1500

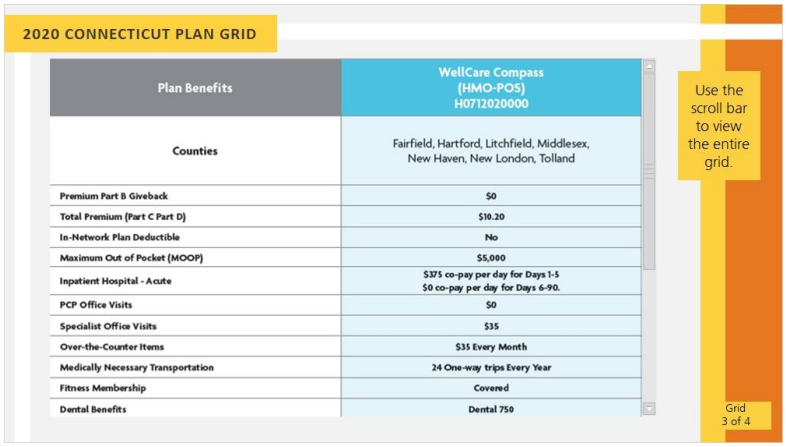
Use the scroll bar to view the entire grid.

Grid 2 of 4

Notes:

Use the scroll bar to view the entire grid.

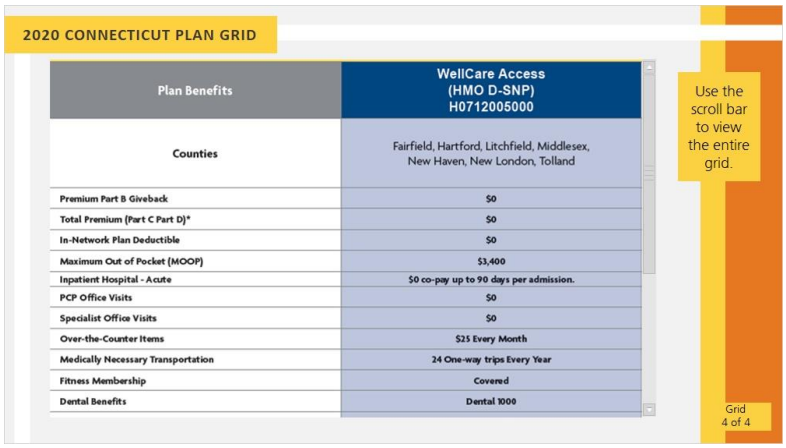
9.5 2020 Connecticut Plan Grid



Notes:

Use the scroll bar to view the entire grid.

9.6 2020 Connecticut Plan Grid



Notes:

Use the scroll bar to view the entire grid.

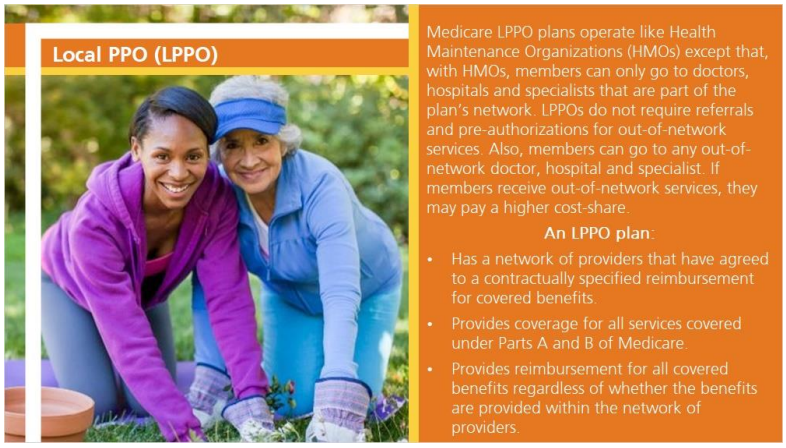
10. Florida

10.1 Florida

Notes:

Florida

10.2 Local PPO (LPPO)



Notes:

Medicare LPPO plans operate like Health Maintenance Organizations (HMOs) except that, with HMOs, members can only go to doctors, hospitals and specialists that are part of the plan's network. LPPOs do not require referrals and pre-authorizations for out-of-network services. Also, members can go to any out-of-network doctor, hospital and specialist. If members receive out-of-network services, they may pay a higher cost-share.

An LPPO plan:

- Has a network of providers that have agreed to a contractually specified reimbursement for covered benefits.
- Provides coverage for all services covered under Parts A and B of Medicare.
- Provides reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.

10.3 Chronic Special Needs Plans (CSNPs)

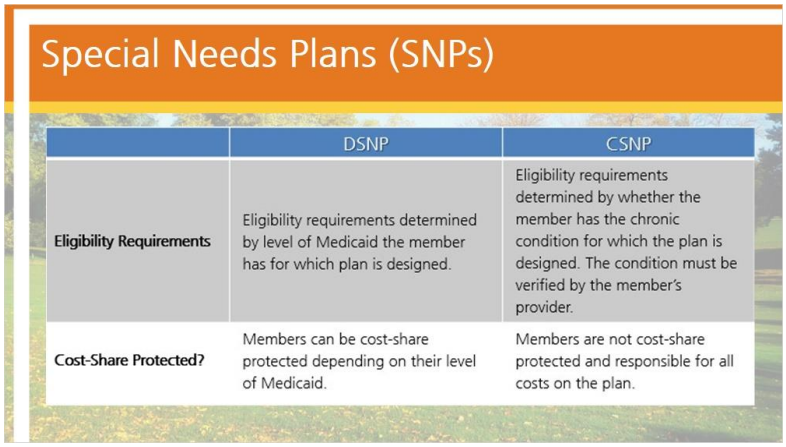
Notes:

Chronic SNPs (CSNPs) are SNPs that restrict enrollment to special needs individuals with specific severe or disabling chronic conditions. Individuals eligible for these plans have one or more co-morbid and medically complex chronic conditions that are substantially disabling or life-threatening, have high risk of hospitalization or other significant adverse health outcomes, and require specialized delivery systems across domains of care.

WellCare CSNPs:

- Cover cardiovascular disease, congestive heart failure, and diabetes.
- Are designed to go beyond the provision of basic Medicare Parts A and B services and care coordination that is required of all Coordinated Care Plans (CCPs).
- Are traditional Medicare products. They are not for the dual population, although there is a Model of Care/Quality Improvement program, same as with DSNP.

10.4 Special Needs Plans (SNPs)



Notes:

DSNP

Eligibility Requirements - Eligibility requirements determined by level of Medicaid the member has for which plan is designed.

Cost-Share Protected? - Members can be cost-share protected depending on their level of Medicaid.

CSNP

Eligibility Requirements - Eligibility requirements determined by whether the member has the chronic condition for which the plan is designed. The condition must be verified by the member's provider.

Cost-Share Protected? - Members are not cost-share protected and responsible for all costs on the plan.

10.5 Special Needs Plans (SNPs)

Notes:

CSNPs are SNP plans that restrict enrollment to special needs individuals with one or more specific severe or disabling chronic conditions requiring coordination of care among:

Primary Providers

Medical & Mental Health Specialists

Inpatient & Outpatient Facilities

Extensive ancillary services related to diagnostic testing and therapeutic management

To qualify for a WellCare CSNP, a member must have at least one of the following conditions: diabetes only or diabetes, chronic heart failure and/or cardiovascular disease. Covered conditions vary by plan.

10.6 Chronic Special Needs Plan (CSNP)

Notes:

GUARDIAN & CHAMPION PLANS

Prospective members who qualify for these plans may enroll year round.
Members of this plan will select a PCP who will coordinate the care from other providers.
Members will work with a Case Manager, a partner who will create a care plan to address each member's unique health care needs and offer tips to help members reach their best level of health.
Members in some plans also receive a giveback of all of the member's Part B premium.

10.7 Chronic Special Needs Plan (CSNP)

Notes:

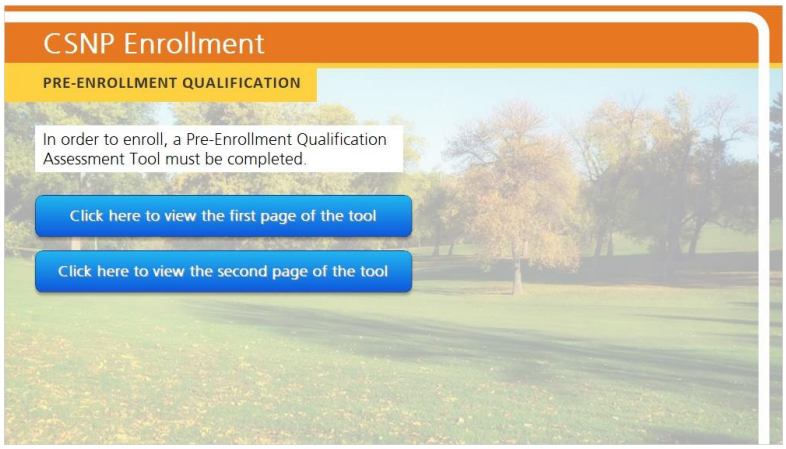
Chronic conditions that qualify a beneficiary for a CSNP vary by plan. Diabetes only or diabetes, chronic heart failure and/or congestive heart failure. Keep these three points in mind when enrolling a new member.

If a member is eligible to enroll in the CSNP plan (as a result of having one of the covered conditions for which the plan is designed), then the member will need to fill out a Pre-Enrollment Qualification Assessment Tool form.

The items on the form highlighted in red *must* be filled in for the form to be considered complete. Once the form is complete, it will be sent to the member's provider to confirm the member's condition.

If the provider has returned the verification form within the first 30 days of enrollment, then the member will remain active in the plan.

10.8 CSNP Enrollment



Notes:

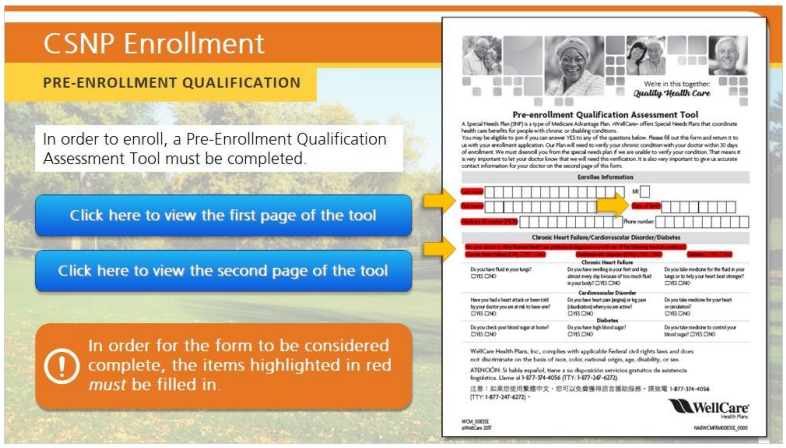
In order to enroll, a Pre-Enrollment Qualification Assessment Tool must be completed.

Click here to view the first page of the tool

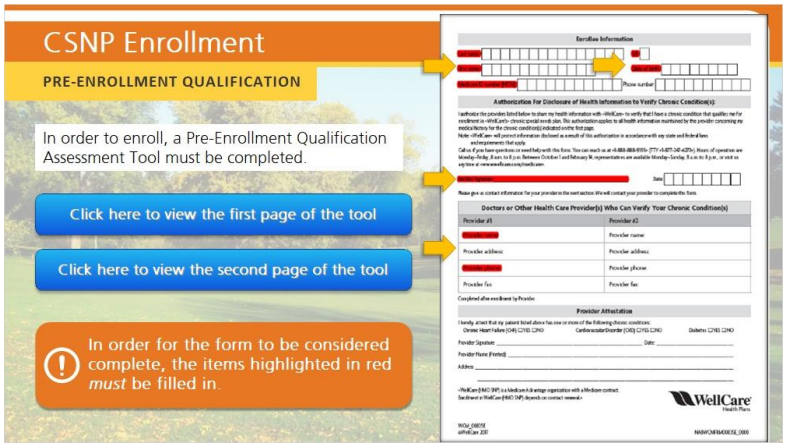
Click here to view the second page of the tool

In order for the form to be considered complete, the items highlighted in red *must* be filled in.

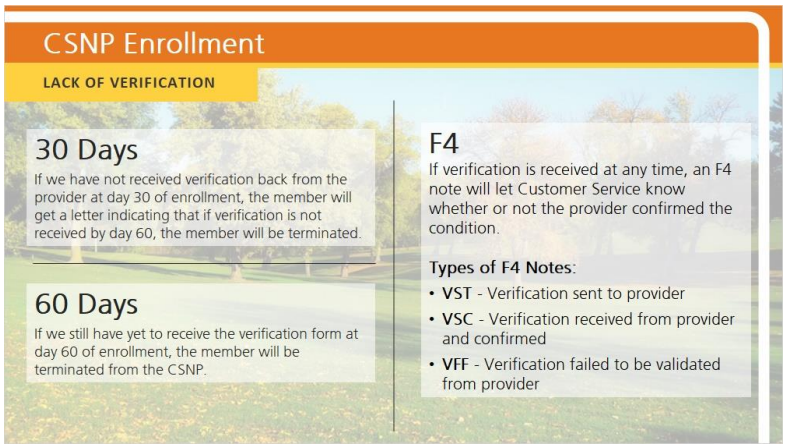
Page 1 (Slide Layer)



Page 2 (Slide Layer)



10.9 CSNP Enrollment



Notes:

LACK OF VERIFICATION

30 Days

If we have not received verification back from the provider at day 30 of enrollment, the member will get a letter indicating that if verification is not received by day 60, the member will be terminated.

60 Days

If we still have yet to receive the verification form at day 60 of enrollment, the member will be terminated from the CSNP.

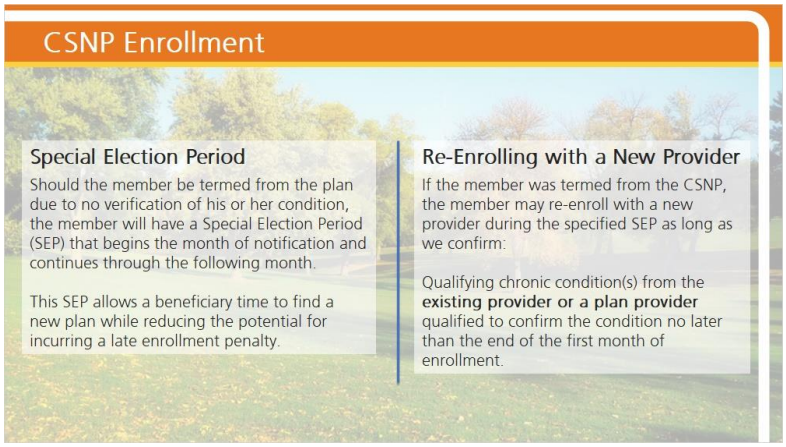
F4

If verification is received at any time, an F4 note will let Customer Service know whether or not the provider confirmed the condition.

Types of F4 Notes:

- VST - Verification sent to provider
- VSC - Verification received from provider and confirmed
- VFF - Verification failed to be validated from provider

10.10 CSNP Enrollment



Notes:

Special Election Period

Should the member be termed from the plan due to no verification of his or her condition, the member will have a Special Election Period (SEP) that begins the month of notification and continues through the following month.

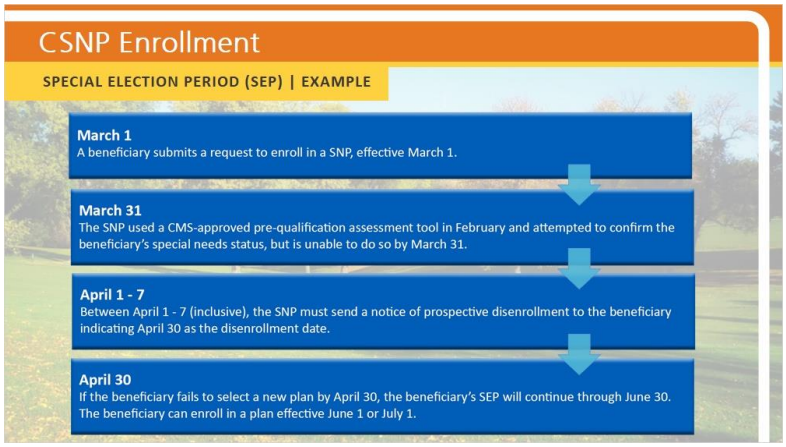
This SEP allows a beneficiary time to find a new plan while reducing the potential for incurring a late enrollment penalty.

Re-Enrolling with a New Provider

If the member was termed from the CSNP, the member may re-enroll with a new provider during the specified SEP as long as we confirm:

Qualifying chronic condition(s) from the existing provider or a plan provider qualified to confirm the condition no later than the end of the first month of enrollment.

10.11 CSNP Enrollment



Notes:

Special Election Period (SEP) l Example

March 1

A beneficiary submits a request to enroll in an SNP effective March 1.

March 31

The SNP used a CMS-approved pre-qualification assessment tool in February and attempted to confirm the beneficiary's special needs status, but is unable to do so by March 31.

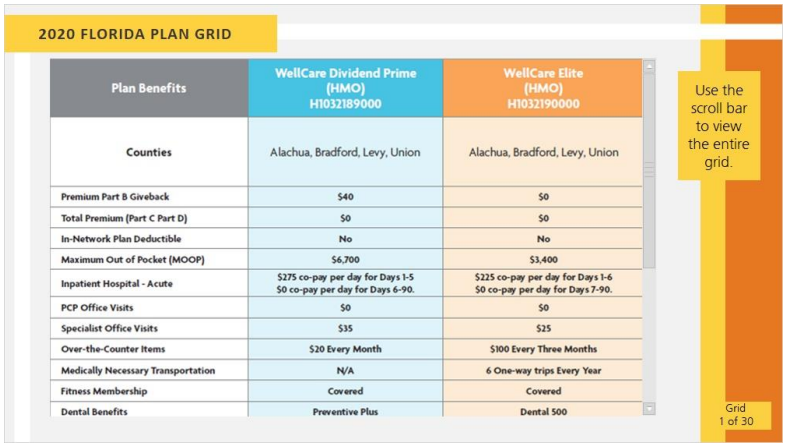
April 1-7

Between April 1 and April 7 (inclusive), the SNP must send a notice of prospective disenrollment to the beneficiary indicating April 30th as the disenrollment date.

April 30

If the beneficiary fails to select a new plan by April 30, his/her SEP will continue through June 30. The beneficiary can enroll in a plan effective June 1 or July 1.

10.12 2020 Florida Plan Grid

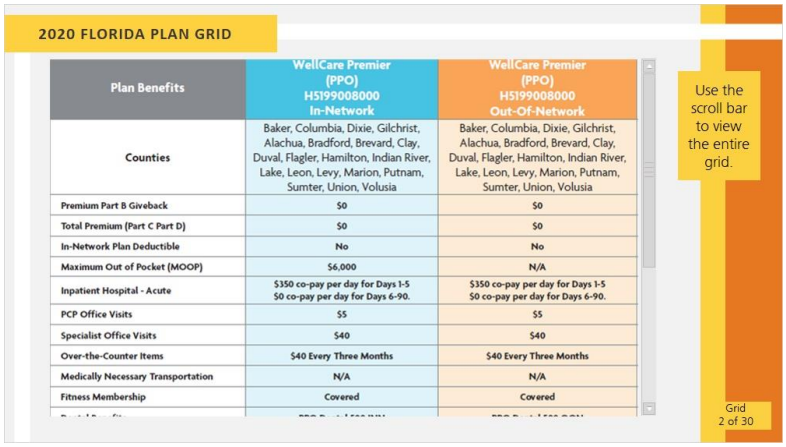


Plan Benefits	WellCare Dividend Prime (HMO) H1032189000	WellCare Elite (HMO) H1032190000
Counties	Alachua, Bradford, Levy, Union	Alachua, Bradford, Levy, Union
Premium Part B Giveback	$40	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	$3,400
Inpatient Hospital - Acute	$275 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$225 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$35	$25
Over-the-Counter Items	$20 Every Month	$100 Every Three Months
Medically Necessary Transportation	N/A	6 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Preventive Plus	Dental 500

Notes:

Use the scroll bar to view the entire grid.

10.13 2020 Florida Plan Grid

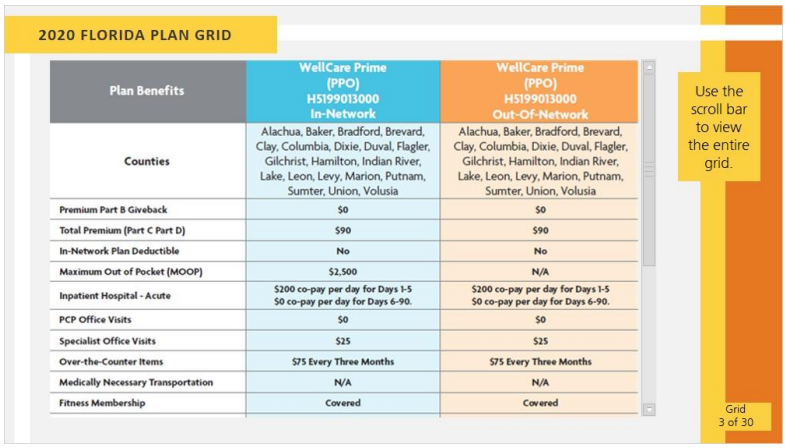


Plan Benefits	WellCare Premier (PPO) H5199008000 In-Network	WellCare Premier (PPO) H5199008000 Out-Of-Network
Counties	Baker, Columbia, Dixie, Gilchrist, Alachua, Bradford, Brevard, Clay, Duval, Flagler, Hamilton, Indian River, Lake, Leon, Levy, Marion, Putnam, Sumter, Union, Volusia	Baker, Columbia, Dixie, Gilchrist, Alachua, Bradford, Brevard, Clay, Duval, Flagler, Hamilton, Indian River, Lake, Leon, Levy, Marion, Putnam, Sumter, Union, Volusia
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,000	N/A
Inpatient Hospital - Acute	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$5	$5
Specialist Office Visits	$40	$40
Over-the-Counter Items	$40 Every Three Months	$40 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

10.14 2020 Florida Plan Grid

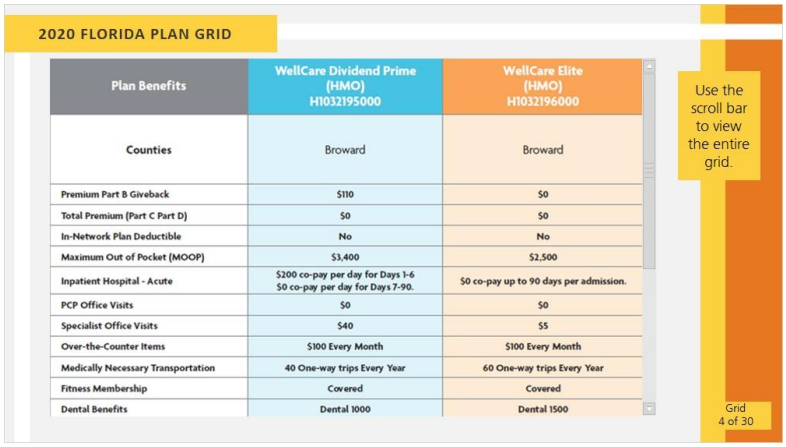


Plan Benefits	WellCare Prime (PPO) H5199013000 In-Network	WellCare Prime (PPO) H5199013000 Out-Of-Network
Counties	Alachua, Baker, Bradford, Brevard, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Indian River, Lake, Leon, Levy, Marion, Putnam, Sumter, Union, Volusia	Alachua, Baker, Bradford, Brevard, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Indian River, Lake, Leon, Levy, Marion, Putnam, Sumter, Union, Volusia
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$90	$90
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$2,500	N/A
Inpatient Hospital - Acute	$200 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$200 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$25	$25
Over-the-Counter Items	$75 Every Three Months	$75 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

10.15 2020 Florida Plan Grid

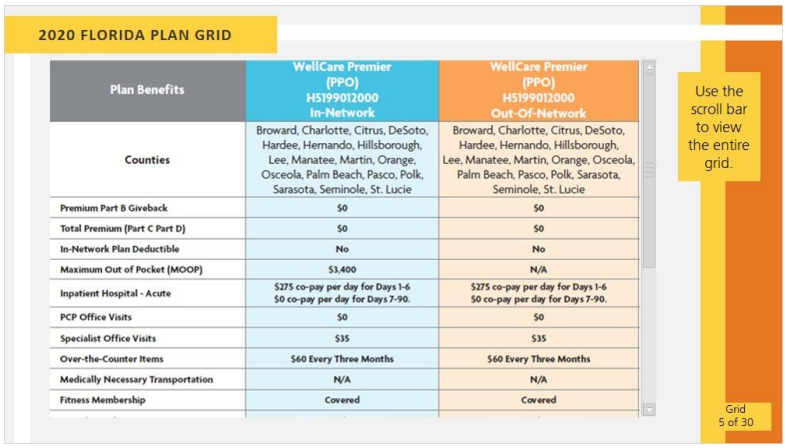


Plan Benefits	WellCare Dividend Prime (HMO) H1032195000	WellCare Elite (HMO) H1032196000
Counties	Broward	Broward
Premium Part B Giveback	$110	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$2,500
Inpatient Hospital - Acute	$200 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$40	$5
Over-the-Counter Items	$100 Every Month	$100 Every Month
Medically Necessary Transportation	40 One-way trips Every Year	60 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 1000	Dental 1500

Notes:

Use the scroll bar to view the entire grid.

10.16 2020 Florida Plan Grid

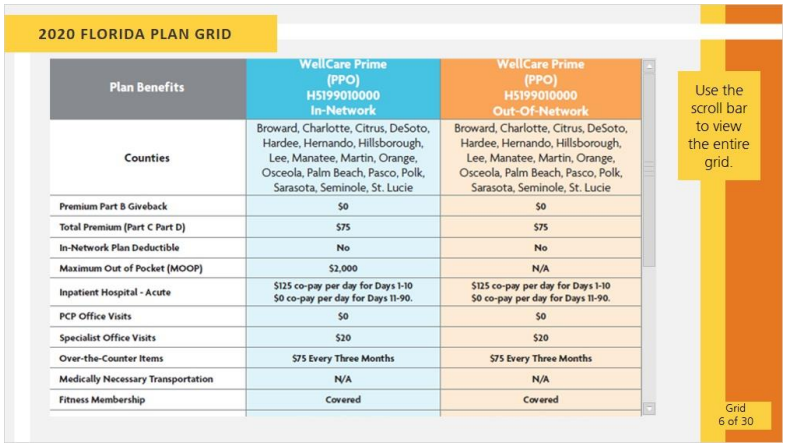


Plan Benefits	WellCare Premier (PPO) H5199012000 In-Network	WellCare Premier (PPO) H5199012000 Out-Of-Network
Counties	Broward, Charlotte, Citrus, DeSoto, Hardee, Hernando, Hillsborough, Lee, Manatee, Martin, Orange, Osceola, Palm Beach, Pasco, Polk, Sarasota, Seminole, St. Lucie	Broward, Charlotte, Citrus, DeSoto, Hardee, Hernando, Hillsborough, Lee, Manatee, Martin, Orange, Osceola, Palm Beach, Pasco, Polk, Sarasota, Seminole, St. Lucie
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	N/A
Inpatient Hospital - Acute	$275 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$275 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$35	$35
Over-the-Counter Items	$60 Every Three Months	$60 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

10.17 2020 Florida Plan Grid



2020 FLORIDA PLAN GRID

Plan Benefits	WellCare Prime (PPO) H5199010000 In-Network	WellCare Prime (PPO) H5199010000 Out-Of-Network
Counties	Broward, Charlotte, Citrus, DeSoto, Hardee, Hernando, Hillsborough, Lee, Manatee, Martin, Orange, Osceola, Palm Beach, Pasco, Polk, Sarasota, Seminole, St. Lucie	Broward, Charlotte, Citrus, DeSoto, Hardee, Hernando, Hillsborough, Lee, Manatee, Martin, Orange, Osceola, Palm Beach, Pasco, Polk, Sarasota, Seminole, St. Lucie
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$75	$75
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$2,000	N/A
Inpatient Hospital - Acute	$125 co-pay per day for Days 1-10 $0 co-pay per day for Days 11-90.	$125 co-pay per day for Days 1-10 $0 co-pay per day for Days 11-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$20	$20
Over-the-Counter Items	$75 Every Three Months	$75 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

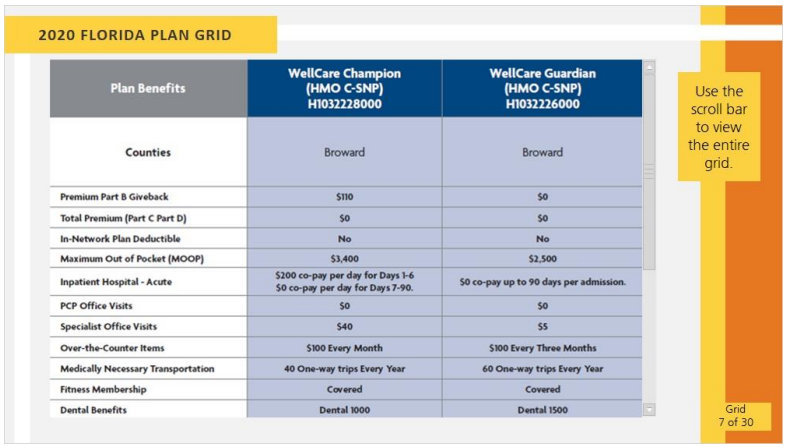
Use the scroll bar to view the entire grid.

Grid 6 of 30

Notes:

Use the scroll bar to view the entire grid.

10.18 2020 Florida Plan Grid



2020 FLORIDA PLAN GRID

Plan Benefits	WellCare Champion (HMO C-SNP) H1032228000	WellCare Guardian (HMO C-SNP) H1032226000
Counties	Broward	Broward
Premium Part B Giveback	$110	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$2,500
Inpatient Hospital - Acute	$200 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$40	$5
Over-the-Counter Items	$100 Every Month	$100 Every Three Months
Medically Necessary Transportation	40 One-way trips Every Year	60 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 1000	Dental 1500

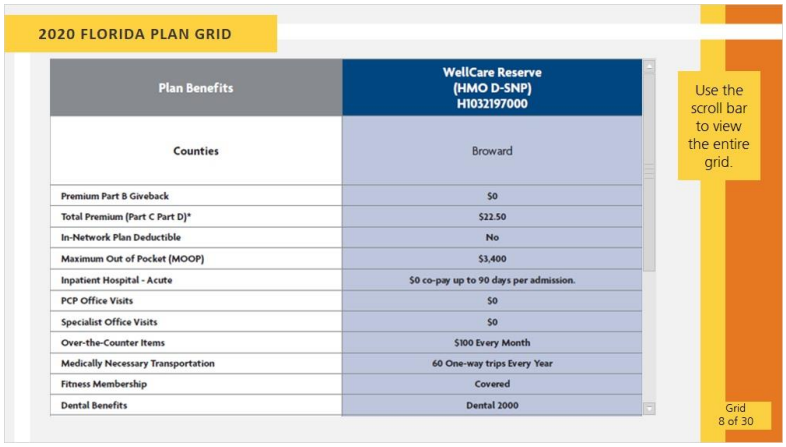
Use the scroll bar to view the entire grid.

Grid 7 of 30

Notes:

Use the scroll bar to view the entire grid.

10.19 2020 Florida Plan Grid

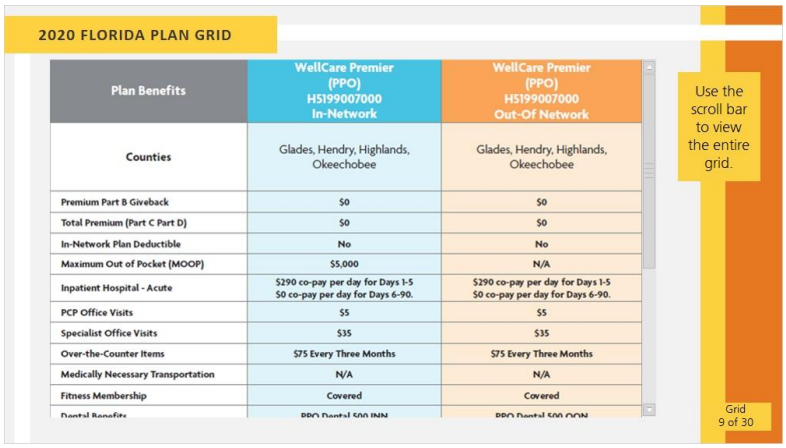


Plan Benefits	WellCare Reserve (HMO D-SNP) H1032197000
Counties	Broward
Premium Part B Giveback	$0
Total Premium (Part C Part D)*	$22.50
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0
Specialist Office Visits	$0
Over-the-Counter Items	$100 Every Month
Medically Necessary Transportation	60 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Dental 2000

Notes:

Use the scroll bar to view the entire grid.

10.20 2020 Florida Plan Grid



Plan Benefits	WellCare Premier (PPO) H5199007000 In-Network	WellCare Premier (PPO) H5199007000 Out-Of Network
Counties	Glades, Hendry, Highlands, Okeechobee	Glades, Hendry, Highlands, Okeechobee
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$5,000	N/A
Inpatient Hospital - Acute	$290 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$290 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$5	$5
Specialist Office Visits	$35	$35
Over-the-Counter Items	$75 Every Three Months	$75 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	PPO Dental 500 INN	PPO Dental 500 OON

Notes:

Use the scroll bar to view the entire grid.

10.21 2020 Florida Plan Grid

2020 FLORIDA PLAN GRID

Plan Benefits	WellCare Dividend Prime (HMO) H1032204000	WellCare Elite (HMO) H1032205000
Counties	Duval, Flagler, St. Johns	Duval, Flagler, St. Johns
Premium Part B Giveback	$80	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$150 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$40	$20
Over-the-Counter Items	$40 Every Month	$100 Every Three Months
Medically Necessary Transportation	N/A	48 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 750	Dental 1000

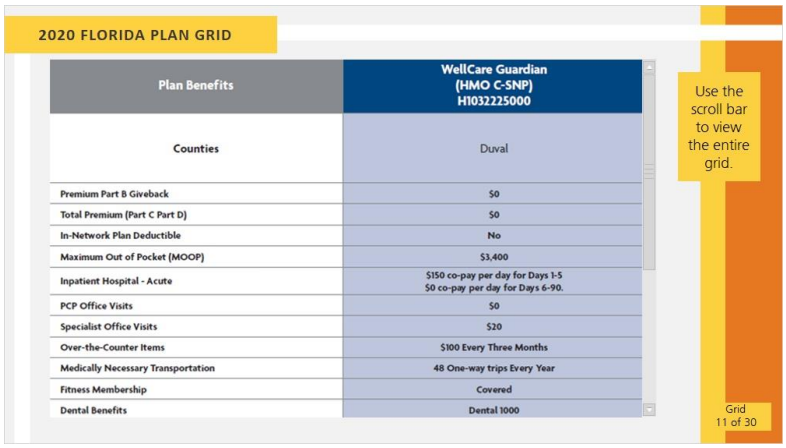
Use the scroll bar to view the entire grid.

Grid 10 of 30

Notes:

Use the scroll bar to view the entire grid.

10.22 2020 Florida Plan Grid



2020 FLORIDA PLAN GRID

Plan Benefits	WellCare Guardian (HMO C-SNP) H1032225000
Counties	Duval
Premium Part B Giveback	$0
Total Premium (Part C Part D)	$0
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	$3,400
Inpatient Hospital - Acute	$150 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0
Specialist Office Visits	$20
Over-the-Counter Items	$100 Every Three Months
Medically Necessary Transportation	48 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Dental 1000

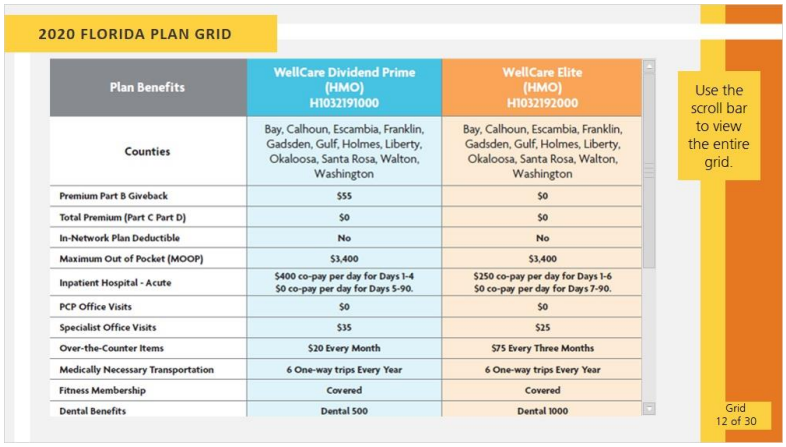
Use the scroll bar to view the entire grid.

Grid 11 of 30

Notes:

Use the scroll bar to view the entire grid.

10.23 2020 Florida Plan Grid

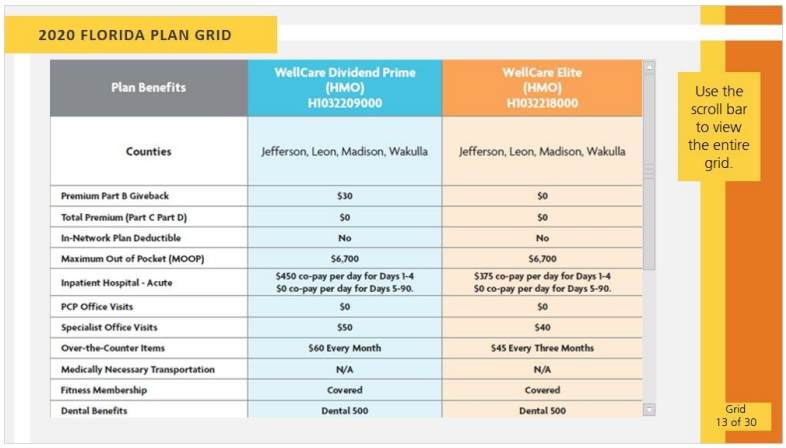


Plan Benefits	WellCare Dividend Prime (HMO) H1032191000	WellCare Elite (HMO) H1032192000
Counties	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Liberty, Okaloosa, Santa Rosa, Walton, Washington	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Liberty, Okaloosa, Santa Rosa, Walton, Washington
Premium Part B Giveback	$55	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$400 co-pay per day for Days 1-4 $0 co-pay per day for Days 5-90.	$250 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$35	$25
Over-the-Counter Items	$20 Every Month	$75 Every Three Months
Medically Necessary Transportation	6 One-way trips Every Year	6 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 500	Dental 1000

Notes:

Use the scroll bar to view the entire grid.

10.24 2020 Florida Plan Grid



Plan Benefits	WellCare Dividend Prime (HMO) H1032209000	WellCare Elite (HMO) H1032218000
Counties	Jefferson, Leon, Madison, Wakulla	Jefferson, Leon, Madison, Wakulla
Premium Part B Giveback	$30	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	$6,700
Inpatient Hospital - Acute	$450 co-pay per day for Days 1-4 $0 co-pay per day for Days 5-90.	$375 co-pay per day for Days 1-4 $0 co-pay per day for Days 5-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$50	$40
Over-the-Counter Items	$60 Every Month	$45 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	Dental 500	Dental 500

Notes:

Use the scroll bar to view the entire grid.

10.25 2020 Florida Plan Grid

2020 FLORIDA PLAN GRID

Plan Benefits	WellCare Dividend Prime (HMO) H1032210000	WellCare Elite (HMO) H1032211000
Counties	Martin, St. Lucie	Martin, St. Lucie
Premium Part B Giveback	$90	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,000
Inpatient Hospital - Acute	$275 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$95 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$40	$25
Over-the-Counter Items	$55 Every Month	$100 Every Three Months
Medically Necessary Transportation	6 One-way trips Every Year	30 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 500	Dental 1000

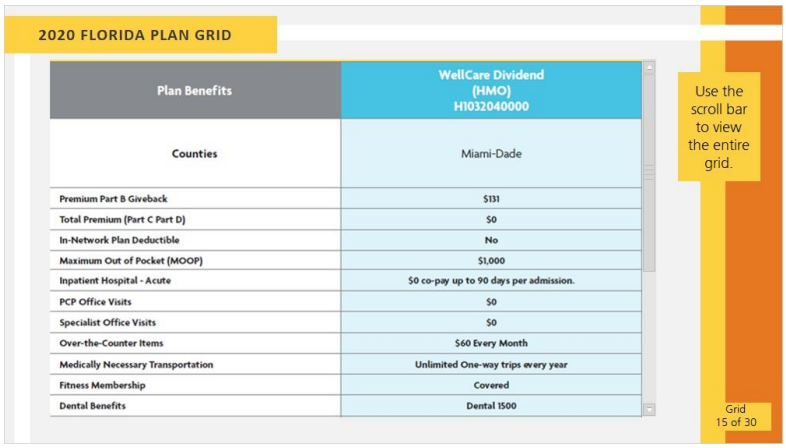
Use the scroll bar to view the entire grid.

Grid 14 of 30

Notes:

Use the scroll bar to view the entire grid.

10.26 2020 Florida Plan Grid



2020 FLORIDA PLAN GRID

Plan Benefits	WellCare Dividend (HMO) H1032040000
Counties	Miami-Dade
Premium Part B Giveback	$131
Total Premium (Part C Part D)	$0
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	$1,000
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0
Specialist Office Visits	$0
Over-the-Counter Items	$60 Every Month
Medically Necessary Transportation	Unlimited One-way trips every year
Fitness Membership	Covered
Dental Benefits	Dental 1500

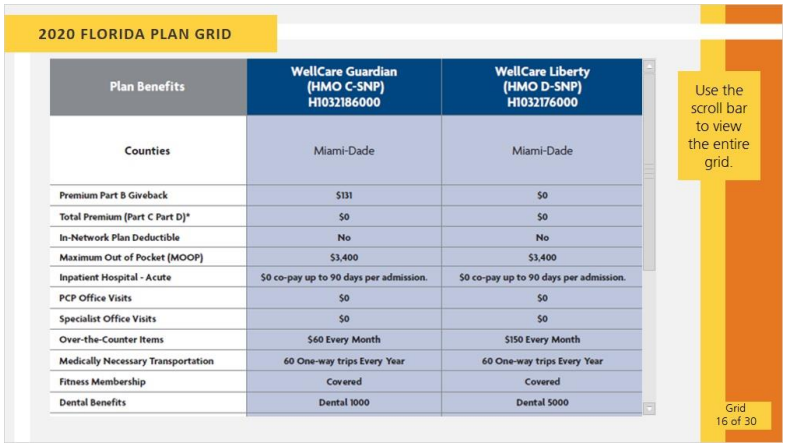
Use the scroll bar to view the entire grid.

Grid 15 of 30

Notes:

Use the scroll bar to view the entire grid.

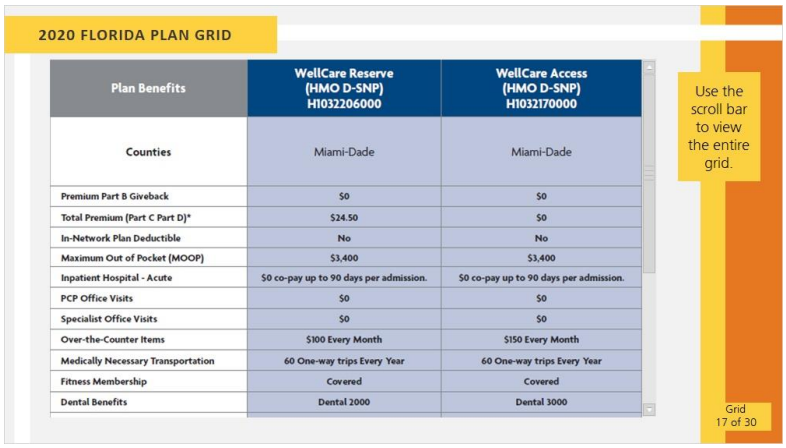
10.27 2020 Florida Plan Grid



Notes:

Use the scroll bar to view the entire grid.

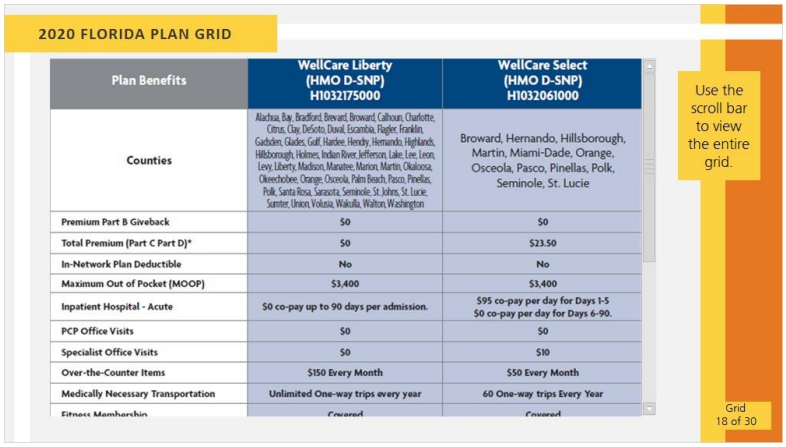
10.28 2020 Florida Plan Grid



Notes:

Use the scroll bar to view the entire grid.

10.29 2020 Florida Plan Grid



2020 FLORIDA PLAN GRID

Plan Benefits	WellCare Liberty (HMO D-SNP) H1032175000	WellCare Select (HMO D-SNP) H1032061000
Counties	Alachua, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, DeSoto, Duval, Escambia, Flagler, Franklin, Gadsden, Glades, Gulf, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jefferson, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Union, Volusia, Wakulla, Walton, Washington	Broward, Hernando, Hillsborough, Martin, Miami-Dade, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, St. Lucie
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$23.50
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$95 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$10
Over-the-Counter Items	$150 Every Month	$50 Every Month
Medically Necessary Transportation	Unlimited One-way trips every year	60 One-way trips Every Year
Fitness Membership	Covered	Covered

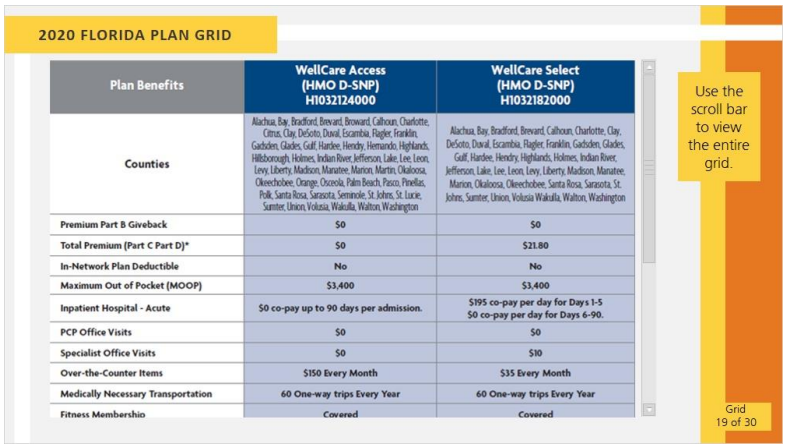
Use the scroll bar to view the entire grid.

Grid 18 of 30

Notes:

Use the scroll bar to view the entire grid.

10.30 2020 Florida Plan Grid



2020 FLORIDA PLAN GRID

Plan Benefits	WellCare Access (HMO D-SNP) H1032124000	WellCare Select (HMO D-SNP) H1032182000
Counties	Alachua, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, DeSoto, Duval, Escambia, Flagler, Franklin, Gadsden, Glades, Gulf, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jefferson, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Union, Volusia, Wakulla, Walton, Washington	Alachua, Bay, Bradford, Brevard, Calhoun, Charlotte, Clay, DeSoto, Duval, Escambia, Flagler, Franklin, Gadsden, Glades, Gulf, Hardee, Hendry, Highlands, Holmes, Indian River, Jefferson, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Okaloosa, Okeechobee, Santa Rosa, Sarasota, St. Johns, Sumter, Union, Volusia Wakulla, Walton, Washington
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$21.80
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$195 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$10
Over-the-Counter Items	$150 Every Month	$35 Every Month
Medically Necessary Transportation	60 One-way trips Every Year	60 One-way trips Every Year
Fitness Membership	Covered	Covered

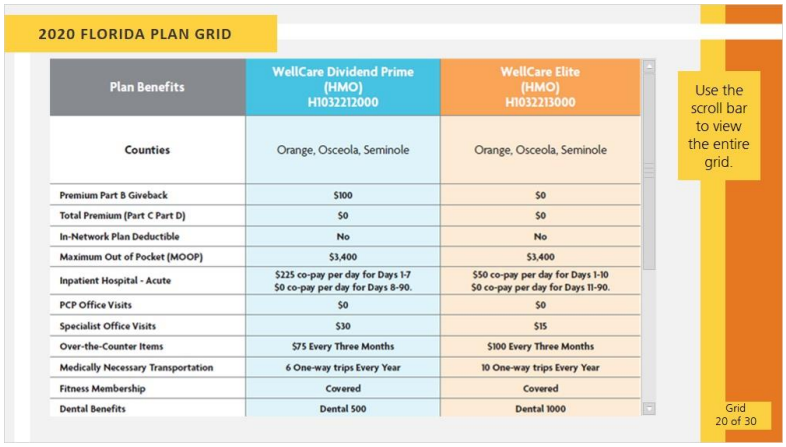
Use the scroll bar to view the entire grid.

Grid 19 of 30

Notes:

Use the scroll bar to view the entire grid.

10.31 2020 Florida Plan Grid

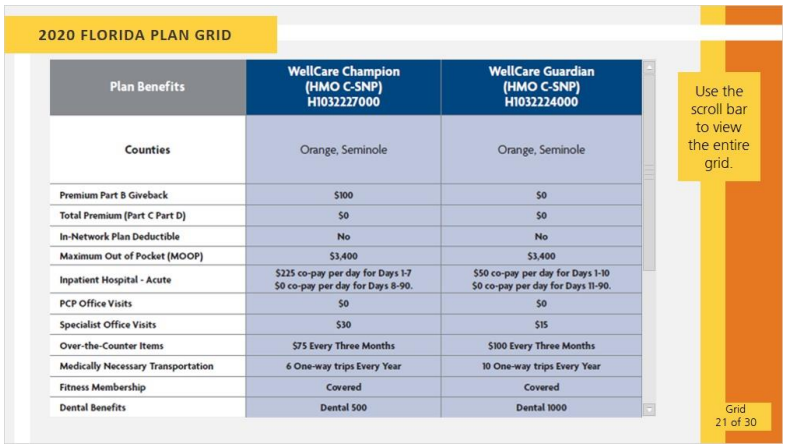


Plan Benefits	WellCare Dividend Prime (HMO) H1032212000	WellCare Elite (HMO) H1032213000
Counties	Orange, Osceola, Seminole	Orange, Osceola, Seminole
Premium Part B Giveback	$100	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$225 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.	$50 co-pay per day for Days 1-10 $0 co-pay per day for Days 11-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$30	$15
Over-the-Counter Items	$75 Every Three Months	$100 Every Three Months
Medically Necessary Transportation	6 One-way trips Every Year	10 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 500	Dental 1000

Notes:

Use the scroll bar to view the entire grid.

10.32 2020 Florida Plan Grid

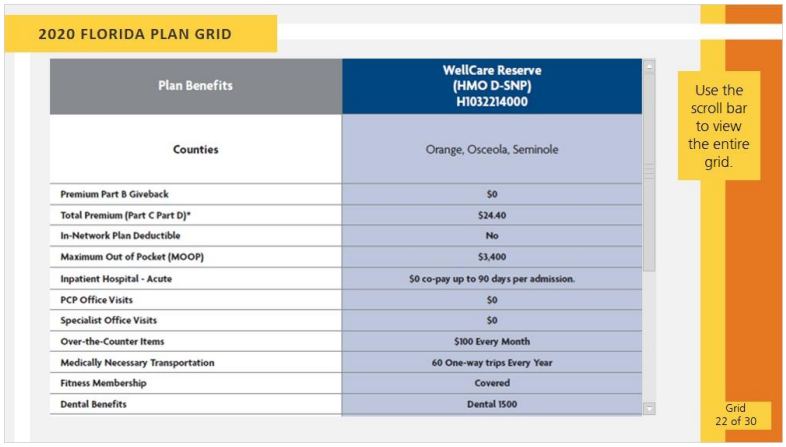


Plan Benefits	WellCare Champion (HMO C-SNP) H1032227000	WellCare Guardian (HMO C-SNP) H1032224000
Counties	Orange, Seminole	Orange, Seminole
Premium Part B Giveback	$100	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$225 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.	$50 co-pay per day for Days 1-10 $0 co-pay per day for Days 11-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$30	$15
Over-the-Counter Items	$75 Every Three Months	$100 Every Three Months
Medically Necessary Transportation	6 One-way trips Every Year	10 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 500	Dental 1000

Notes:

Use the scroll bar to view the entire grid.

10.33 2020 Florida Plan Grid



Notes:

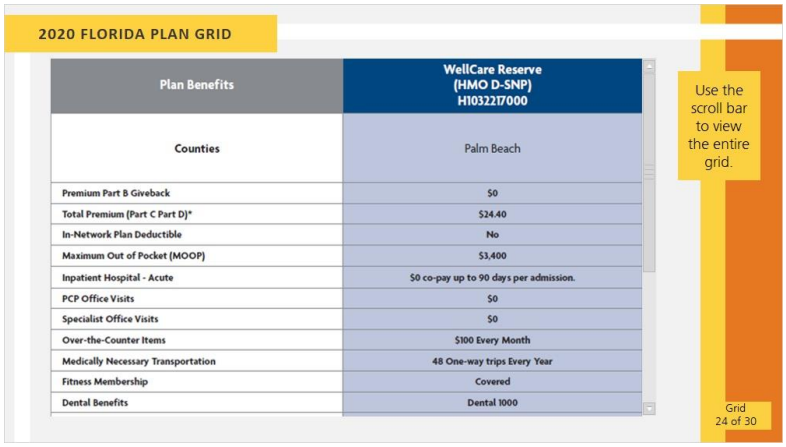
Use the scroll bar to view the entire grid.

10.34 2020 Florida Plan Grid

Notes:

Use the scroll bar to view the entire grid.

10.35 2020 Florida Plan Grid

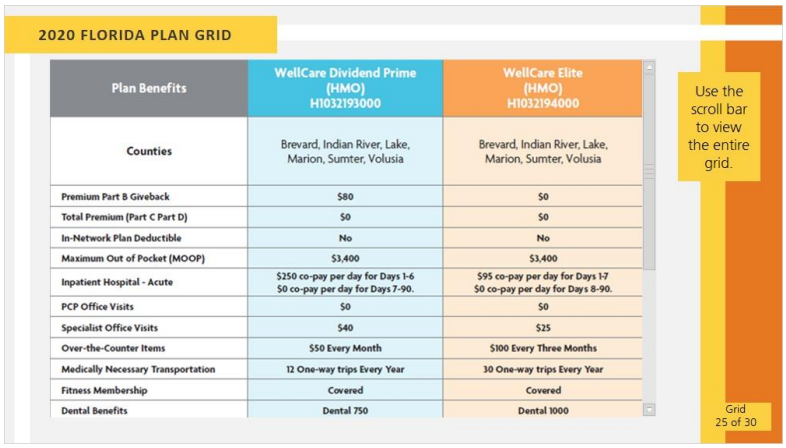


Plan Benefits	WellCare Reserve (HMO D-SNP) H1032217000
Counties	Palm Beach
Premium Part B Giveback	$0
Total Premium (Part C Part D)*	$24.40
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0
Specialist Office Visits	$0
Over-the-Counter Items	$100 Every Month
Medically Necessary Transportation	48 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Dental 1000

Notes:

Use the scroll bar to view the entire grid.

10.36 2020 Florida Plan Grid



Plan Benefits	WellCare Dividend Prime (HMO) H1032193000	WellCare Elite (HMO) H1032194000
Counties	Brevard, Indian River, Lake, Marion, Sumter, Volusia	Brevard, Indian River, Lake, Marion, Sumter, Volusia
Premium Part B Giveback	$80	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$250 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$95 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$40	$25
Over-the-Counter Items	$50 Every Month	$100 Every Three Months
Medically Necessary Transportation	12 One-way trips Every Year	30 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 750	Dental 1000

Notes:

Use the scroll bar to view the entire grid.

10.37 2020 Florida Plan Grid

Notes:

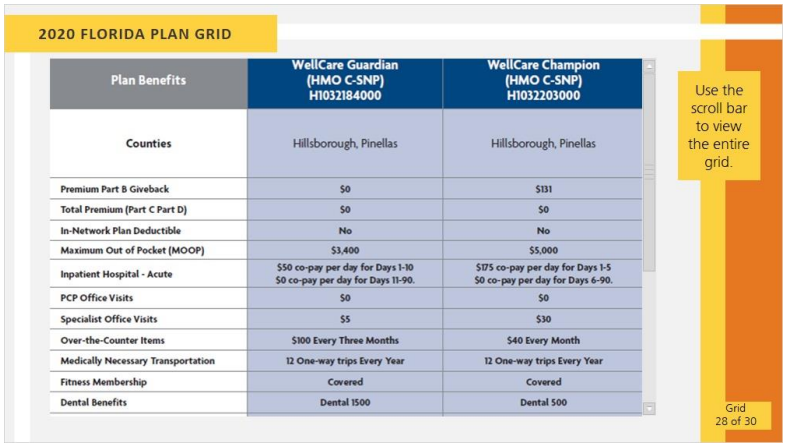
Use the scroll bar to view the entire grid.

10.38 2020 Florida Plan Grid

Notes:

Use the scroll bar to view the entire grid.

10.39 2020 Florida Plan Grid



2020 FLORIDA PLAN GRID

Plan Benefits	WellCare Guardian (HMO C-SNP) H1032184000	WellCare Champion (HMO C-SNP) H1032203000
Counties	Hillsborough, Pinellas	Hillsborough, Pinellas
Premium Part B Giveback	$0	$131
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$5,000
Inpatient Hospital - Acute	$50 co-pay per day for Days 1-10 $0 co-pay per day for Days 11-90.	$175 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$5	$30
Over-the-Counter Items	$100 Every Three Months	$40 Every Month
Medically Necessary Transportation	12 One-way trips Every Year	12 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 1500	Dental 500

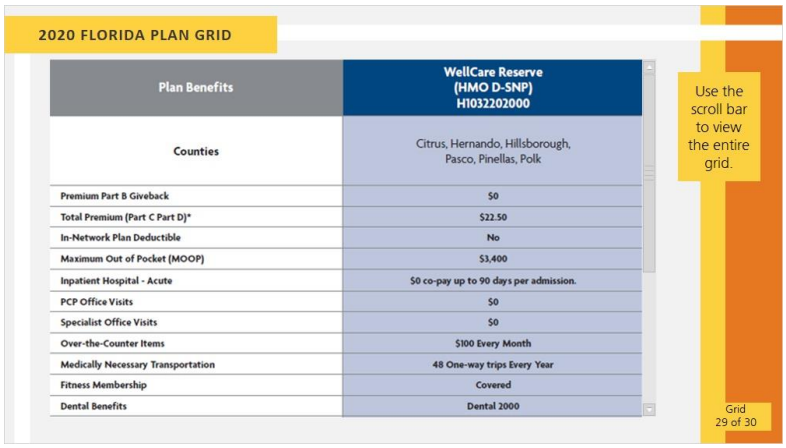
Use the scroll bar to view the entire grid.

Grid 28 of 30

Notes:

Use the scroll bar to view the entire grid.

10.40 2020 Florida Plan Grid



2020 FLORIDA PLAN GRID

Plan Benefits	WellCare Reserve (HMO D-SNP) H1032202000
Counties	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
Premium Part B Giveback	$0
Total Premium (Part C Part D)*	$22.50
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0
Specialist Office Visits	$0
Over-the-Counter Items	$100 Every Month
Medically Necessary Transportation	48 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Dental 2000

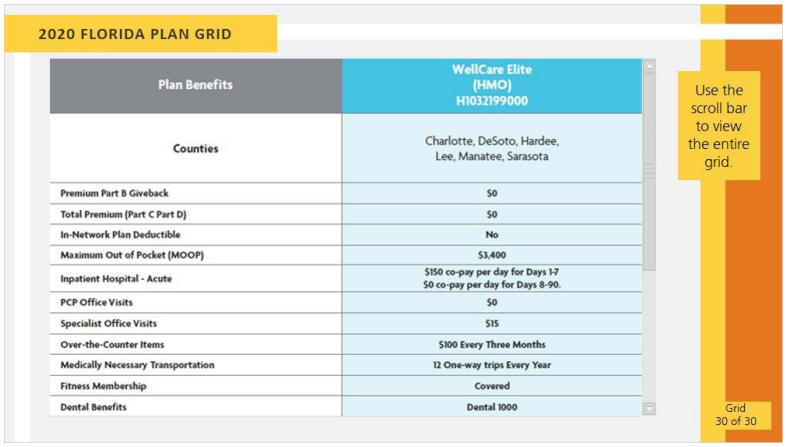
Use the scroll bar to view the entire grid.

Grid 29 of 30

Notes:

Use the scroll bar to view the entire grid.

10.41 2020 Florida Plan Grid



Notes:

Use the scroll bar to view the entire grid.

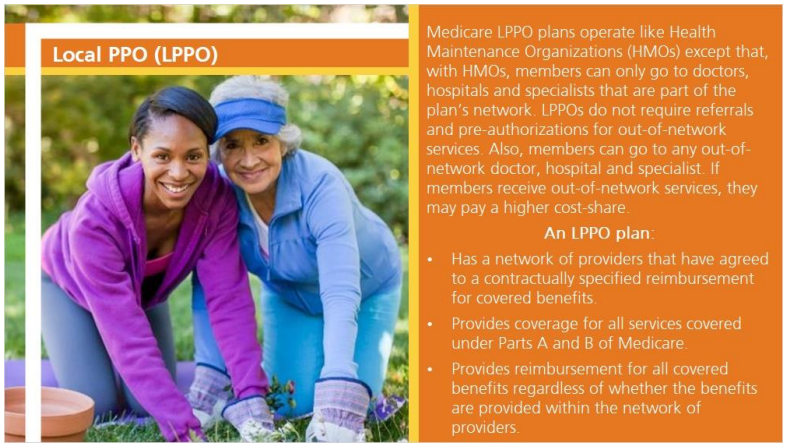
11. Georgia

11.1 Georgia

Notes:

Georgia

11.2 Local PPO (LPPO)

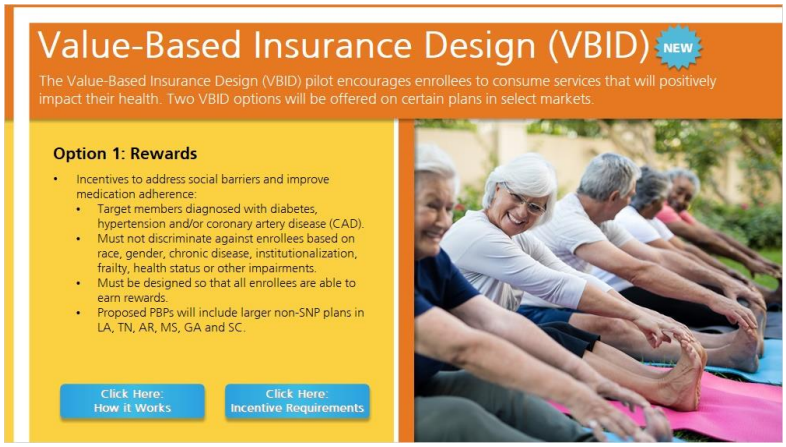


Notes:

Medicare LPPO plans operate like Health Maintenance Organizations (HMOs) except that, with HMOs, members can only go to doctors, hospitals and specialists that are part of the plan's network. LPPOs do not require referrals and pre-authorizations for out-of-network services. Also, members can go to any out-of-network doctor, hospital and specialist. If members receive out-of-network services, they may pay a higher cost-share.
An LPPO plan:

- Has a network of providers that have agreed to a contractually specified reimbursement for covered benefits.
- Provides coverage for all services covered under Parts A and B of Medicare.
- Provides reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.

11.3 Value-Based Insurance Design (VBID)



Notes:

The Value-Based Insurance Design (VBID) pilot encourages enrollees to consume services that will positively impact their health. Two VBID options will be offered on certain plans in select markets.

Option 1: Rewards

- Incentives to address social barriers and improve medication adherence:
  - Target members diagnosed with diabetes, hypertension and/or coronary artery disease (CAD).
  - Must not discriminate against enrollees based on race, gender, chronic disease,institutionalization, frailty, health status or other impairments.
  - Must be designed so that all enrollees are able to earn rewards.
  - Proposed PBPs will include larger non-SNP plans in LA, TN, AR, MS, GA and SC.
-

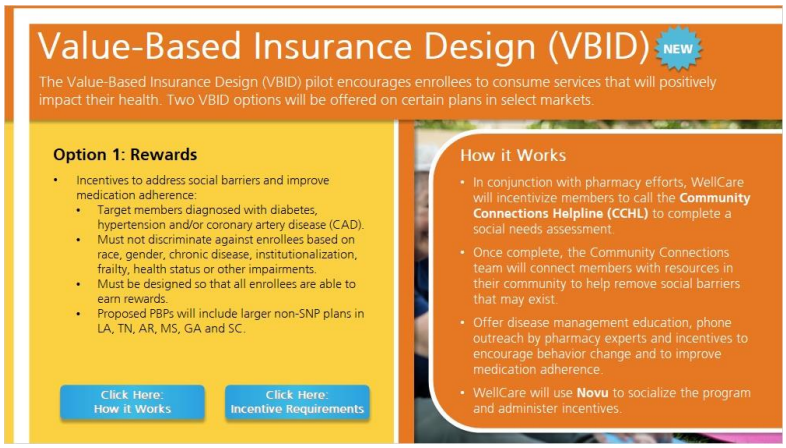
How it Works

- In conjunction with pharmacy efforts, WellCare will incentivize members to call the **Community Connections Helpline (CCHL)** to complete a social needs assessment.
- Once complete, the Community Connections team will connect members with resources in their community to help remove social barriers that may exist.
- Offer disease management education, phone outreach by pharmacy experts and incentives to encourage behavior change and to improve medication adherence.
- WellCare will use **Novu** to socialize the program and administer incentives.
-

Incentive Requirements

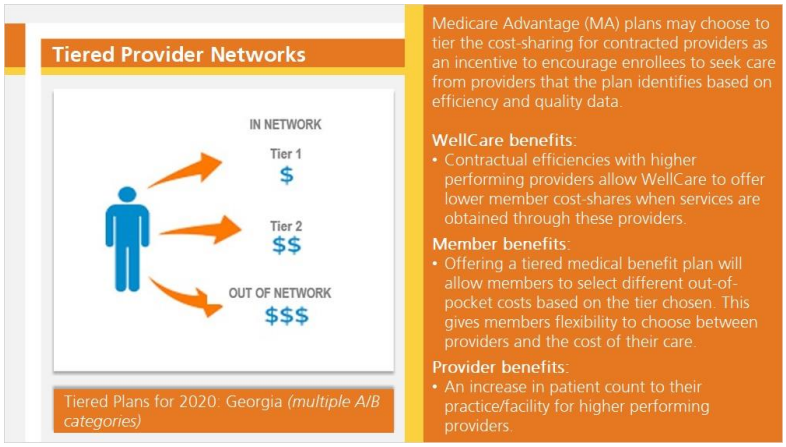
- Rewards and incentives associated with the RI Program must:
  - Be offered in connection with the entire service or activity;
  - Be offered to all eligible enrollees without discrimination;
  - Have a value that may be expected to affect enrollee behavior, but not exceed the value of the health-related service or activity itself; and
  - Otherwise comply with all relevant fraud and abuse laws, including, when applicable, the anti-kickback statute and civil money penalty prohibiting inducements to enrollees.

Details (Slide Layer)



Incentive Requirements (Slide Layer)

11.4 Tiered Provider Networks



Notes:

Medicare Advantage (MA) plans may choose to tier the cost-sharing for contracted providers as an incentive to encourage enrollees to seek care from providers that the plan identifies based on efficiency and quality data.

WellCare benefits:

- Contractual efficiencies with higher performing providers allow WellCare to offer lower member cost-shares when services are obtained through these providers.

Member benefits:

- Offering a tiered medical benefit plan will allow members to select different out-of-pocket costs based on the tier chosen. This gives members flexibility to choose between providers and the cost of their care.

Provider benefits:

- An increase in patient count to their practice/facility for higher performing providers.

Tiered Plans for 2020: Georgia *(multiple A/B categories)*

11.5 Chronic Special Needs Plans (CSNPs)

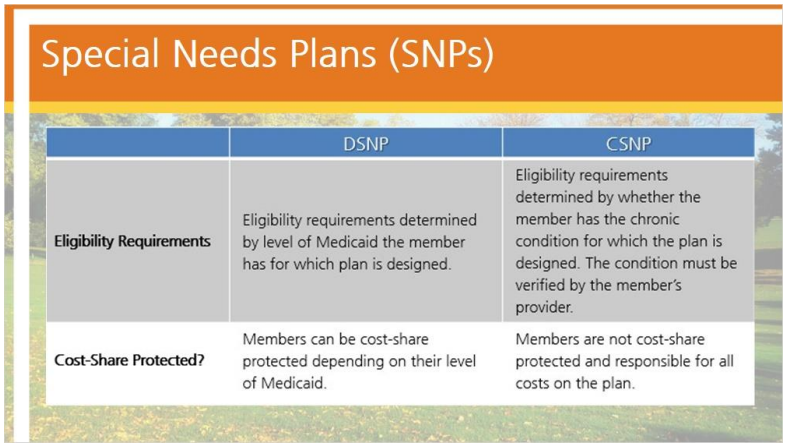
Notes:

Chronic SNPs (CSNPs) are SNPs that restrict enrollment to special needs individuals with specific severe or disabling chronic conditions. Individuals eligible for these plans have one or more co-morbid and medically complex chronic conditions that are substantially disabling or life-threatening, have high risk of hospitalization or other significant adverse health outcomes, and require specialized delivery systems across domains of care.

WellCare CSNPs:

- Cover cardiovascular disease, congestive heart failure, and diabetes.
- Are designed to go beyond the provision of basic Medicare Parts A and B services and care coordination that is required of all Coordinated Care Plans (CCPs).
- Are traditional Medicare products. They are not for the dual population, although there is a Model of Care/Quality Improvement program, same as with DSNP.

11.6 Special Needs Plans (SNPs)



Notes:

DSNP

Eligibility Requirements - Eligibility requirements determined by level of Medicaid the member has for which plan is designed.

Cost-Share Protected? - Members can be cost-share protected depending on their level of Medicaid.

CSNP

Eligibility Requirements - Eligibility requirements determined by whether the member has the chronic condition for which the plan is designed. The condition must be verified by the member's provider.

Cost-Share Protected? - Members are not cost-share protected and responsible for all costs on the plan.

11.7 Special Needs Plans (SNPs)

Notes:

CSNPs are SNP plans that restrict enrollment to special needs individuals with one or more specific severe or disabling chronic conditions requiring coordination of care among:

Primary Providers

Medical & Mental Health Specialists

Inpatient & Outpatient Facilities

Extensive ancillary services related to diagnostic testing and therapeutic management

To qualify for a WellCare CSNP, a member must have at least one of the following conditions: diabetes only or diabetes, chronic heart failure and/or cardiovascular disease. Covered conditions vary by plan.

11.8 Chronic Special Needs Plan (CSNP)

Notes:

GUARDIAN & CHAMPION PLANS

Prospective members who qualify for these plans may enroll year round.
Members of this plan will select a PCP who will coordinate the care from other providers.
Members will work with a Case Manager, a partner who will create a care plan to address each member's unique health care needs and offer tips to help members reach their best level of health.
Members in some plans also receive a giveback of all of the member's Part B premium.

11.9 Chronic Special Needs Plan (CSNP)

Notes:

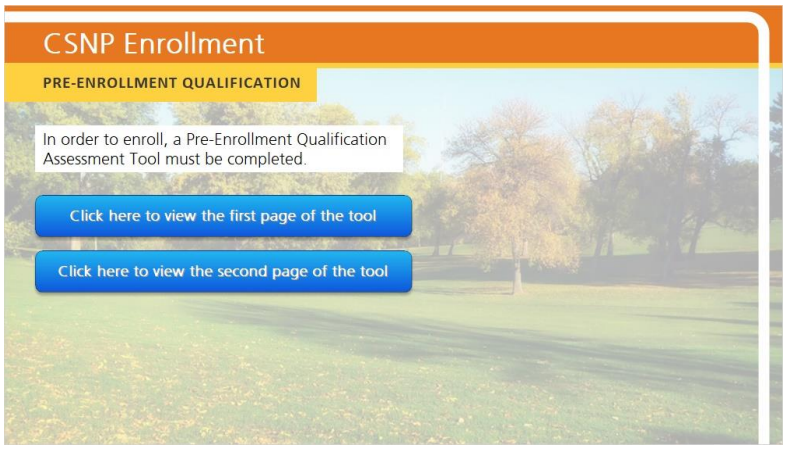
Chronic conditions that qualify a beneficiary for a CSNP vary by plan. Diabetes only or diabetes, chronic heart failure and/or congestive heart failure. Keep these three points in mind when enrolling a new member.

If a member is eligible to enroll in the CSNP plan (as a result of having one of the covered conditions for which the plan is designed), then the member will need to fill out a Pre-Enrollment Qualification Assessment Tool form.

The items on the form highlighted in red *must* be filled in for the form to be considered complete. Once the form is complete, it will be sent to the member's provider to confirm the member's condition.

If the provider has returned the verification form within the first 30 days of enrollment, then the member will remain active in the plan.

11.10 CSNP Enrollment



Notes:

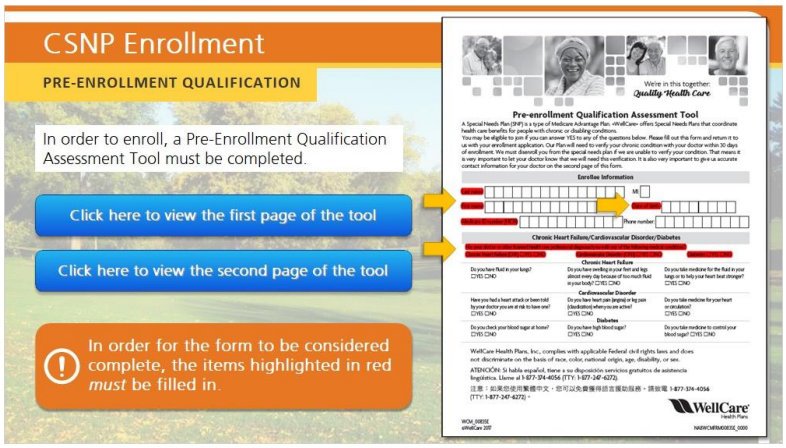
In order to enroll, a Pre-Enrollment Qualification Assessment Tool must be completed.

Click here to view the first page of the tool

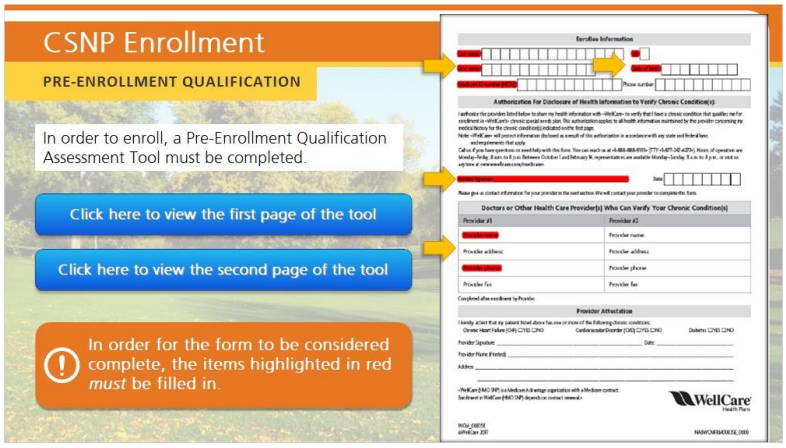
Click here to view the second page of the tool

In order for the form to be considered complete, the items highlighted in red *must* be filled in.

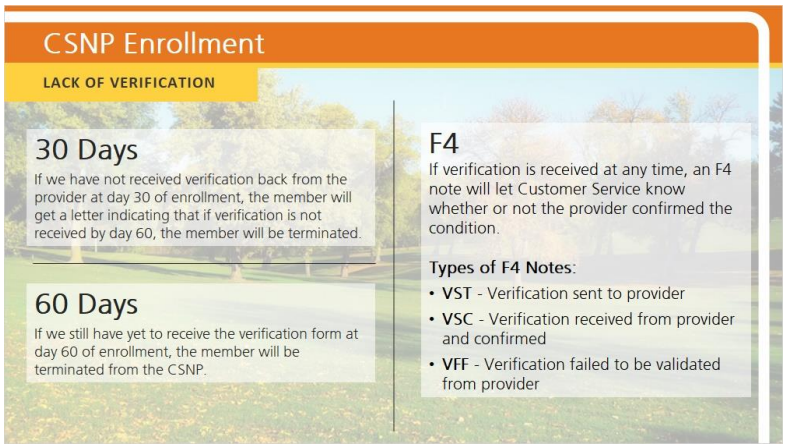
Page 1 (Slide Layer)



Page 2 (Slide Layer)



11.11 CSNP Enrollment



Notes:

LACK OF VERIFICATION

30 Days

If we have not received verification back from the provider at day 30 of enrollment, the member will get a letter indicating that if verification is not received by day 60, the member will be terminated.

60 Days

If we still have yet to receive the verification form at day 60 of enrollment, the member will be terminated from the CSNP.

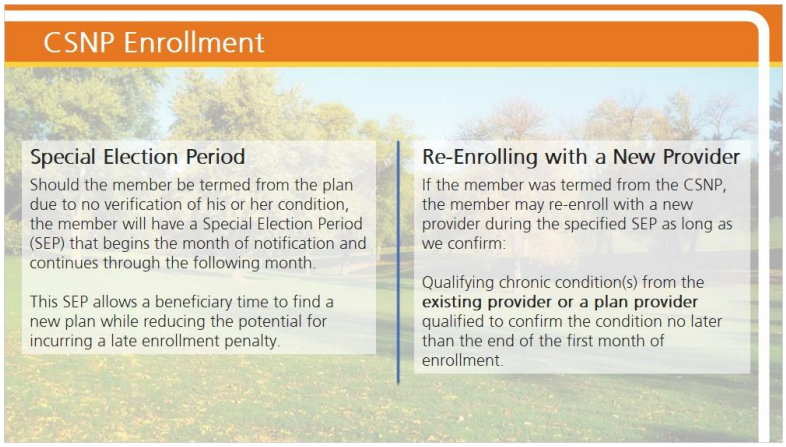
F4

If verification is received at any time, an F4 note will let Customer Service know whether or not the provider confirmed the condition.

Types of F4 Notes:

- VST - Verification sent to provider
- VSC - Verification received from provider and confirmed
- VFF - Verification failed to be validated from provider

11.12 CSNP Enrollment



Notes:

Special Election Period

Should the member be termed from the plan due to no verification of his or her condition, the member will have a Special Election Period (SEP) that begins the month of notification and continues through the following month.

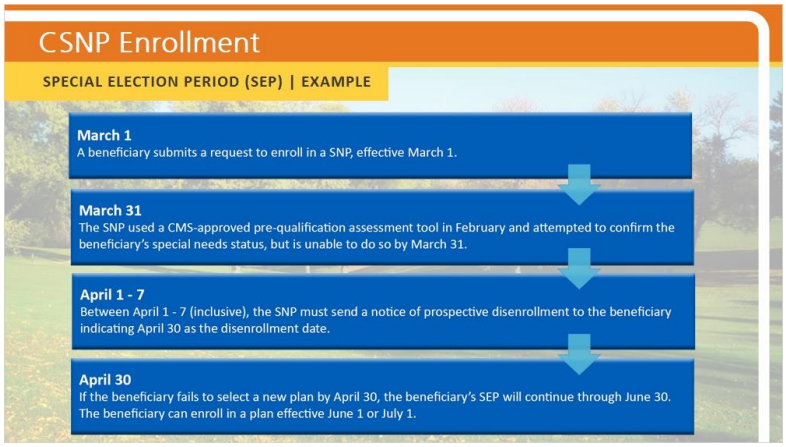
This SEP allows a beneficiary time to find a new plan while reducing the potential for incurring a late enrollment penalty.

Re-Enrolling with a New Provider

If the member was termed from the CSNP, the member may re-enroll with a new provider during the specified SEP as long as we confirm:

Qualifying chronic condition(s) from the existing provider or a plan provider qualified to confirm the condition no later than the end of the first month of enrollment.

11.13 CSNP Enrollment



Notes:

Special Election Period (SEP) l Example

March 1

A beneficiary submits a request to enroll in an SNP effective March 1.

March 31

The SNP used a CMS-approved pre-qualification assessment tool in February and attempted to confirm the beneficiary's special needs status, but is unable to do so by March 31.

April 1-7

Between April 1 and April 7 (inclusive), the SNP must send a notice of prospective disenrollment to the beneficiary indicating April 30th as the disenrollment date.

April 30

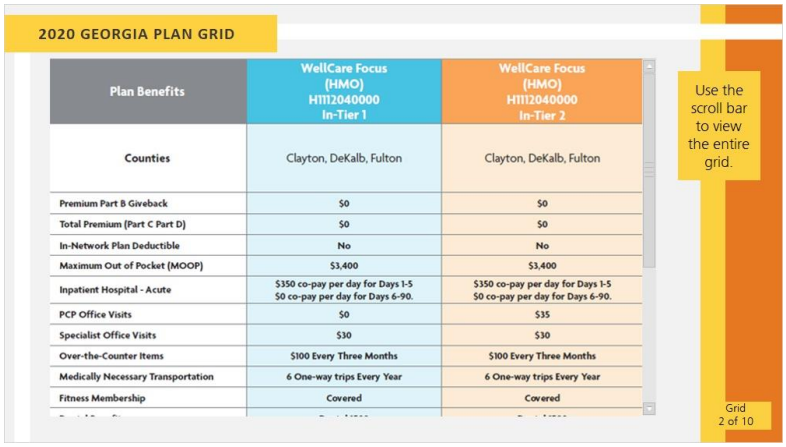
If the beneficiary fails to select a new plan by April 30, his/her SEP will continue through June 30. The beneficiary can enroll in a plan effective June 1 or July 1.

11.14 2020 Georgia Plan Grid

Notes:

Use the scroll bar to view the entire grid.

11.15 2020 Georgia Plan Grid



2020 GEORGIA PLAN GRID

Plan Benefits	WellCare Focus (HMO) H1112040000 In-Tier 1	WellCare Focus (HMO) H1112040000 In-Tier 2
Counties	Clayton, DeKalb, Fulton	Clayton, DeKalb, Fulton
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$35
Specialist Office Visits	$30	$30
Over-the-Counter Items	$100 Every Three Months	$100 Every Three Months
Medically Necessary Transportation	6 One-way trips Every Year	6 One-way trips Every Year
Fitness Membership	Covered	Covered

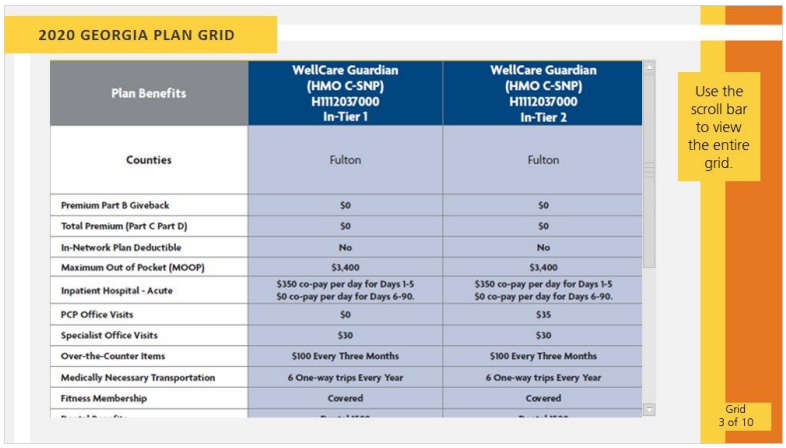
Use the scroll bar to view the entire grid.

Grid 2 of 10

Notes:

Use the scroll bar to view the entire grid.

11.16 2020 Georgia Plan Grid



2020 GEORGIA PLAN GRID

Plan Benefits	WellCare Guardian (HMO C-SNP) H1112037000 In-Tier 1	WellCare Guardian (HMO C-SNP) H1112037000 In-Tier 2
Counties	Fulton	Fulton
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$35
Specialist Office Visits	$30	$30
Over-the-Counter Items	$100 Every Three Months	$100 Every Three Months
Medically Necessary Transportation	6 One-way trips Every Year	6 One-way trips Every Year
Fitness Membership	Covered	Covered

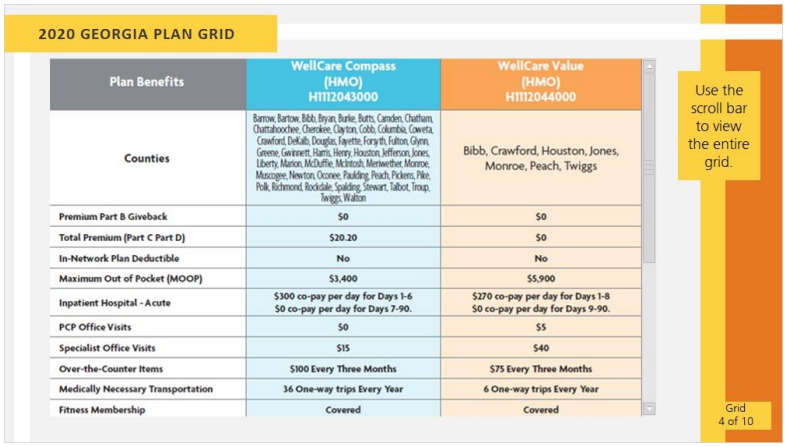
Use the scroll bar to view the entire grid.

Grid 3 of 10

Notes:

Use the scroll bar to view the entire grid.

11.17 2020 Georgia Plan Grid



2020 GEORGIA PLAN GRID

Plan Benefits	WellCare Compass (HMO) H1112043000	WellCare Value (HMO) H1112044000
Counties	Barrow, Bartow, Bibb, Bryan, Burke, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Troup, Twiggs, Walton	Bibb, Crawford, Houston, Jones, Monroe, Peach, Twiggs
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$20.20	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$5,900
Inpatient Hospital - Acute	$300 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$270 co-pay per day for Days 1-8 $0 co-pay per day for Days 9-90.
PCP Office Visits	$0	$5
Specialist Office Visits	$15	$40
Over-the-Counter Items	$100 Every Three Months	$75 Every Three Months
Medically Necessary Transportation	36 One-way trips Every Year	6 One-way trips Every Year
Fitness Membership	Covered	Covered

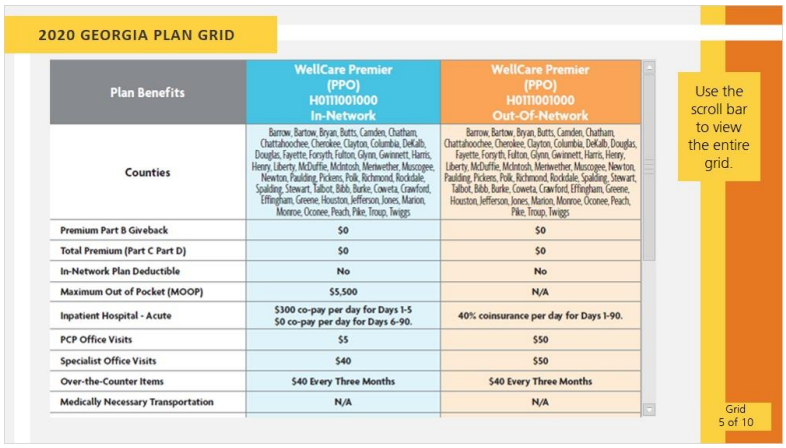
Use the scroll bar to view the entire grid.

Grid 4 of 10

Notes:

Use the scroll bar to view the entire grid.

11.18 2020 Georgia Plan Grid



2020 GEORGIA PLAN GRID

Plan Benefits	WellCare Premier (PPO) H0111001000 In-Network	WellCare Premier (PPO) H0111001000 Out-Of-Network
Counties	Barrow, Bartow, Bryan, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Columbia, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Gwinnett, Harris, Henry, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Newton, Paulding, Pickens, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Bibb, Burke, Coweta, Crawford, Effingham, Greene, Houston, Jefferson, Jones, Marion, Monroe, Oconee, Peach, Pike, Troup, Twiggs	Barrow, Bartow, Bryan, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Columbia, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Gwinnett, Harris, Henry, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Newton, Paulding, Pickens, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Bibb, Burke, Coweta, Crawford, Effingham, Greene, Houston, Jefferson, Jones, Marion, Monroe, Oconee, Peach, Pike, Troup, Twiggs
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$5,500	N/A
Inpatient Hospital - Acute	$300 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	40% coinsurance per day for Days 1-90.
PCP Office Visits	$5	$50
Specialist Office Visits	$40	$50
Over-the-Counter Items	$40 Every Three Months	$40 Every Three Months
Medically Necessary Transportation	N/A	N/A

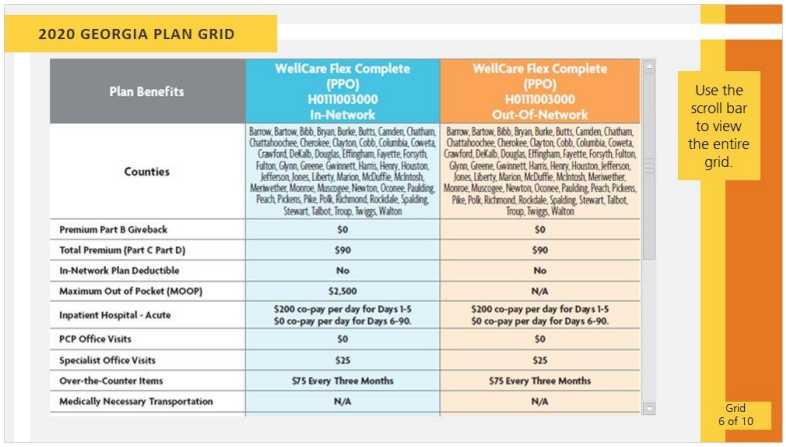
Use the scroll bar to view the entire grid.

Grid 5 of 10

Notes:

Use the scroll bar to view the entire grid.

11.19 2020 Georgia Plan Grid



2020 GEORGIA PLAN GRID

Plan Benefits	WellCare Flex Complete (PPO) H0111003000 In-Network	WellCare Flex Complete (PPO) H0111003000 Out-Of-Network
Counties	Barrow, Bartow, Bibb, Bryan, Burke, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Effingham, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Troup, Twiggs, Walton	Barrow, Bartow, Bibb, Bryan, Burke, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Effingham, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Troup, Twiggs, Walton
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$90	$90
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$2,500	N/A
Inpatient Hospital - Acute	$200 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$200 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$25	$25
Over-the-Counter Items	$75 Every Three Months	$75 Every Three Months
Medically Necessary Transportation	N/A	N/A

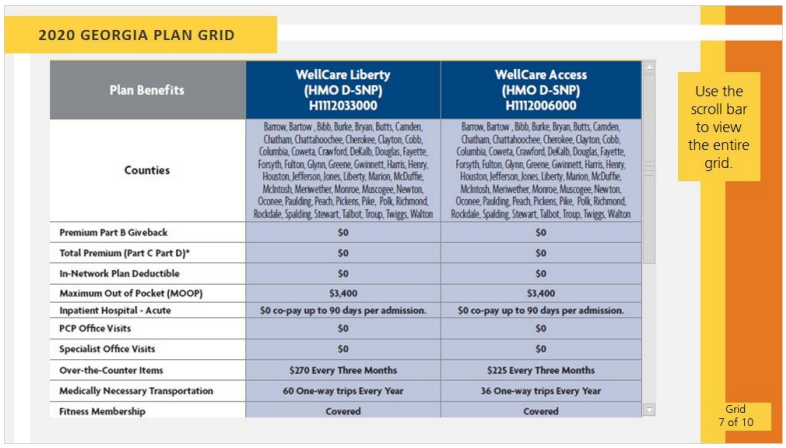
Use the scroll bar to view the entire grid.

Grid 6 of 10

Notes:

Use the scroll bar to view the entire grid.

11.20 2020 Georgia Plan Grid



2020 GEORGIA PLAN GRID

Plan Benefits	WellCare Liberty (HMO D-SNP) H1112033000	WellCare Access (HMO D-SNP) H1112006000
Counties	Barrow, Bartow , Bibb, Burke, Bryan, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Troup, Twiggs, Walton	Barrow, Bartow , Bibb, Burke, Bryan, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Troup, Twiggs, Walton
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$0
In-Network Plan Deductible	$0	$0
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$0
Over-the-Counter Items	$270 Every Three Months	$225 Every Three Months
Medically Necessary Transportation	60 One-way trips Every Year	36 One-way trips Every Year
Fitness Membership	Covered	Covered

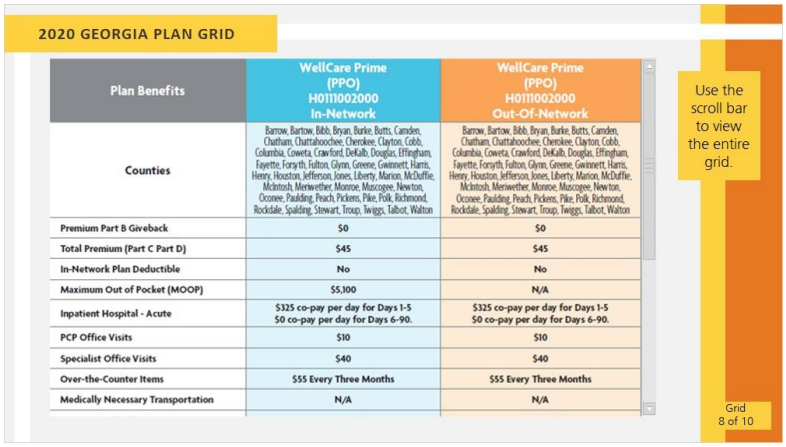
Use the scroll bar to view the entire grid.

Grid 7 of 10

Notes:

Use the scroll bar to view the entire grid.

11.21 2020 Georgia Plan Grid



2020 GEORGIA PLAN GRID

Plan Benefits	WellCare Prime (PPO) H0111002000 In-Network	WellCare Prime (PPO) H0111002000 Out-Of-Network
Counties	Barrow, Bartow, Bibb, Bryan, Burke, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Effingham, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Troup, Twiggs, Talbot, Walton	Barrow, Bartow, Bibb, Bryan, Burke, Butts, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Effingham, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Troup, Twiggs, Talbot, Walton
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$45	$45
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$5,100	N/A
Inpatient Hospital - Acute	$325 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$325 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$10	$10
Specialist Office Visits	$40	$40
Over-the-Counter Items	$55 Every Three Months	$55 Every Three Months
Medically Necessary Transportation	N/A	N/A

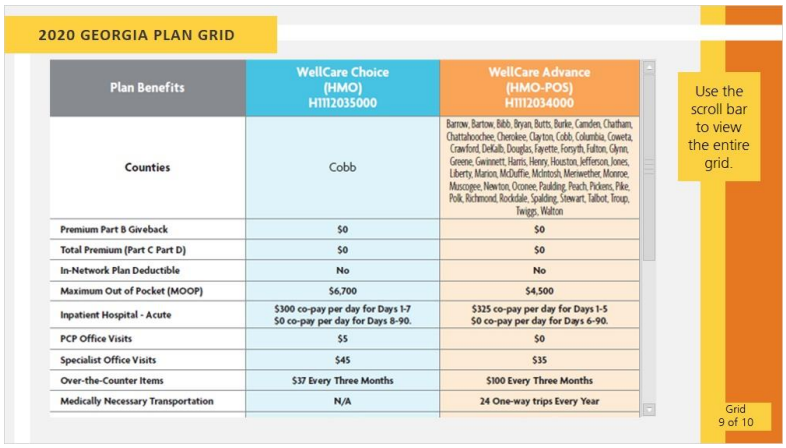
Use the scroll bar to view the entire grid.

Grid 8 of 10

Notes:

Use the scroll bar to view the entire grid.

11.22 2020 Georgia Plan Grid



2020 GEORGIA PLAN GRID

Plan Benefits	WellCare Choice (HMO) H1112035000	WellCare Advance (HMO-POS) H1112034000
Counties	Cobb	Barrow, Bartow, Bibb, Bryan, Butts, Burke, Camden, Chatham, Chattahoochee, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Fayette, Forsyth, Fulton, Glynn, Greene, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oconee, Paulding, Peach, Pickens, Pike, Polk, Richmond, Rockdale, Spalding, Stewart, Talbot, Troup, Twiggs, Walton
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	$4,500
Inpatient Hospital - Acute	$300 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.	$325 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$5	$0
Specialist Office Visits	$45	$35
Over-the-Counter Items	$37 Every Three Months	$100 Every Three Months
Medically Necessary Transportation	N/A	24 One-way trips Every Year

Use the scroll bar to view the entire grid.

Grid 9 of 10

Notes:

Use the scroll bar to view the entire grid.

11.23 2020 Georgia Plan Grid

Plan Benefits	WellCare Value (HMO) H1112038000	WellCare Value (HMO) H1112039000
Counties	Bryan, Camden, Chatham, Chattahoochee, Columbia, Glynn, Harris, Liberty, McDuffie, McIntosh, Meriwether, Muscogee, Richmond, Stewart, Talbot, Burke, Jefferson, Marion, Troup	Barrow, Bartow, Butts, Coweta, Cherokee, Clayton, DeKalb, Douglas, Fayette, Forsyth, Fulton, Greene, Gwinnett, Henry, Newton, Oconee, Paulding, Pickens, Pike, Polk, Rockdale, Spalding, Walton
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$340 co-pay per day for Days 1-8 $0 co-pay per day for Days 9-90.	$372 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$40	$40
Over-the-Counter Items	$37 Every Three Months	$37 Every Three Months
Medically Necessary Transportation	6 One-way trips Every Year	6 One-way trips Every Year
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

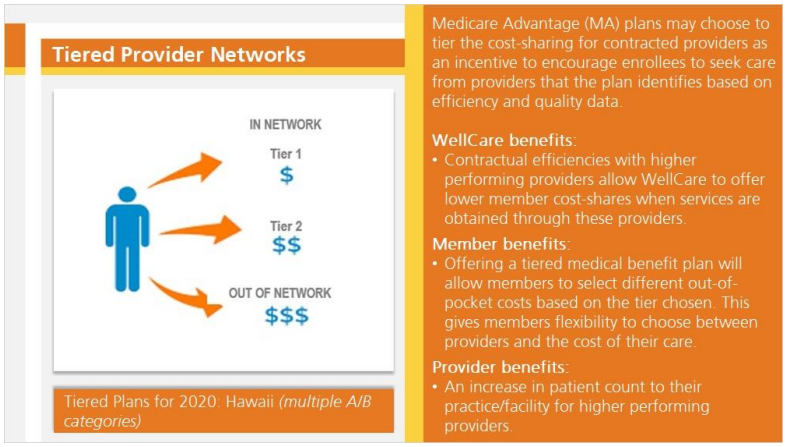
12. Hawaii

12.1 Hawaii

Notes:

Hawaii

12.2 Tiered Provider Networks



Notes:

Medicare Advantage (MA) plans may choose to tier the cost-sharing for contracted providers as an incentive to encourage enrollees to seek care from providers that the plan identifies based on efficiency and quality data.

WellCare benefits:

- Contractual efficiencies with higher performing providers allow WellCare to offer lower member cost-shares when services are obtained through these providers.

Member benefits:

- Offering a tiered medical benefit plan will allow members to select different out-of-pocket costs based on the tier chosen. This gives members flexibility to choose between providers and the cost of their care.

Provider benefits:

- An increase in patient count to their practice/facility for higher performing providers.

Tiered Plans for 2020: Hawaii *(multiple A/B categories)*

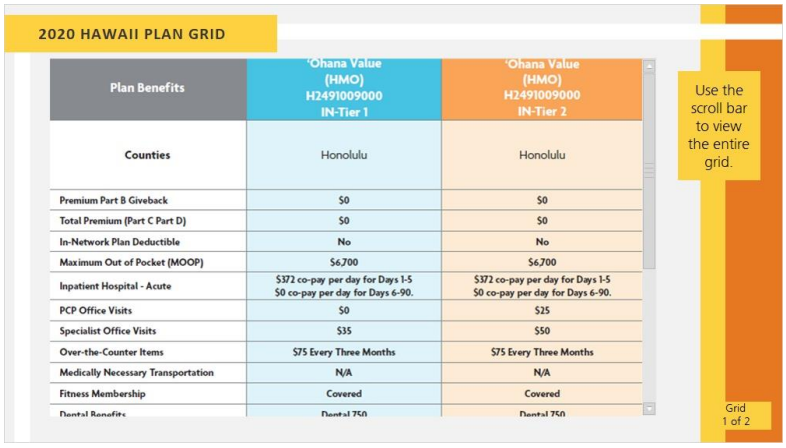
12.3 Part B Mail Service for Dual Members

Notes:

Dual members may call for assistance in receiving their Part B medications from CVS Caremark® Medication Home Delivery service.

All other dual plan members should not use CVS Caremark® Medication Home Delivery service for Part B medications and should be referred to a network pharmacy. If you receive a call from a member about this known issue, please follow the documented process to assist the member.

12.4 2020 Hawaii Plan Grid

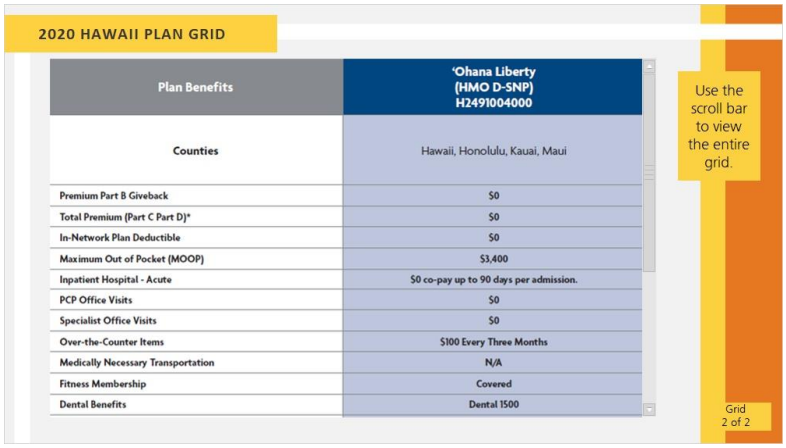


Plan Benefits	ʻOhana Value (HMO) H2491009000 IN-Tier 1	ʻOhana Value (HMO) H2491009000 IN-Tier 2
Counties	Honolulu	Honolulu
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	$6,700
Inpatient Hospital - Acute	$372 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$372 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$25
Specialist Office Visits	$35	$50
Over-the-Counter Items	$75 Every Three Months	$75 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	Dental 750	Dental 750

Notes:

Use the scroll bar to view the entire grid.

12.5 2020 Hawaii Plan Grid



Notes:

Use the scroll bar to view the entire grid.

13. Illinois

13.1 Illinois

Notes:

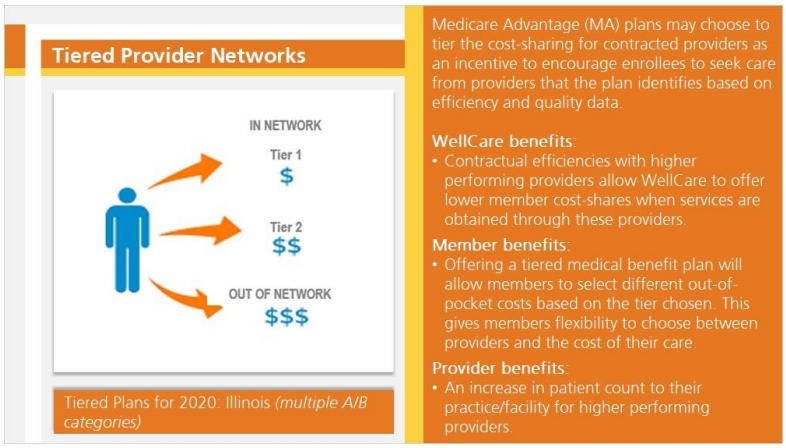
Illinois

13.2 WellCare Brand

Notes:

All products *(TMA, SNP, and PDP*) in Texas will be marketed as WellCare in 2019.

13.3 Tiered Provider Networks



Notes:

Medicare Advantage (MA) plans may choose to tier the cost-sharing for contracted providers as an incentive to encourage enrollees to seek care from providers that the plan identifies based on efficiency and quality data.

WellCare benefits:

- Contractual efficiencies with higher performing providers allow WellCare to offer lower member cost-shares when services are obtained through these providers.

Member benefits:

- Offering a tiered medical benefit plan will allow members to select different out-of-pocket costs based on the tier chosen. This gives members flexibility to choose between providers and the cost of their care.

Provider benefits:

- An increase in patient count to their practice/facility for higher performing providers.

Tiered Plans for 2020: Illinois *(multiple A/B categories)*

13.4 Part B Mail Service for Dual Members

Notes:

Dual members may call for assistance in receiving their Part B medications from CVS Caremark® Medication Home Delivery service.

All other dual plan members should not use CVS Caremark® Medication Home Delivery service for Part B medications and should be referred to a network pharmacy. If you receive a call from a member about this known issue, please follow the documented process to assist the member.

13.5 Chronic Special Needs Plans (CSNPs)

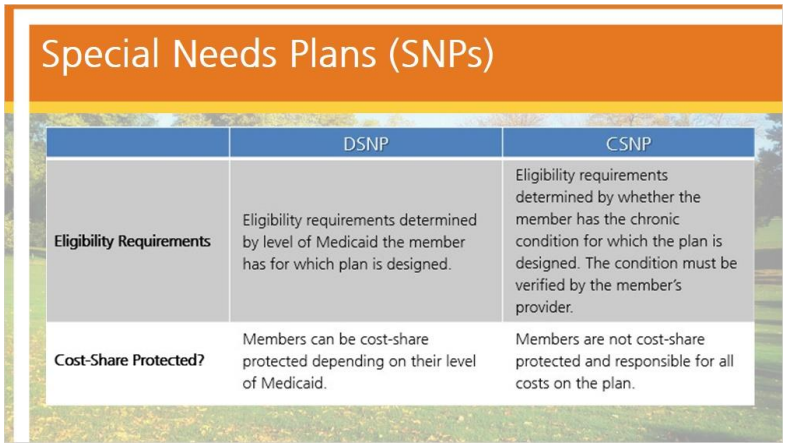
Notes:

Chronic SNPs (CSNPs) are SNPs that restrict enrollment to special needs individuals with specific severe or disabling chronic conditions. Individuals eligible for these plans have one or more co-morbid and medically complex chronic conditions that are substantially disabling or life-threatening, have high risk of hospitalization or other significant adverse health outcomes, and require specialized delivery systems across domains of care.

WellCare CSNPs:

- Cover cardiovascular disease, congestive heart failure, and diabetes.
- Are designed to go beyond the provision of basic Medicare Parts A and B services and care coordination that is required of all Coordinated Care Plans (CCPs).
- Are traditional Medicare products. They are not for the dual population, although there is a Model of Care/Quality Improvement program, same as with DSNP.

13.6 Special Needs Plans (SNPs)



Notes:

DSNP

Eligibility Requirements - Eligibility requirements determined by level of Medicaid the member has for which plan is designed.

Cost-Share Protected? - Members can be cost-share protected depending on their level of Medicaid.

CSNP

Eligibility Requirements - Eligibility requirements determined by whether the member has the chronic condition for which the plan is designed. The condition must be verified by the member's provider.

Cost-Share Protected? - Members are not cost-share protected and responsible for all costs on the plan.

13.7 Special Needs Plans (SNPs)

Notes:

CSNPs are SNP plans that restrict enrollment to special needs individuals with one or more specific severe or disabling chronic conditions requiring coordination of care among:

Primary Providers

Medical & Mental Health Specialists

Inpatient & Outpatient Facilities

Extensive ancillary services related to diagnostic testing and therapeutic management

To qualify for a WellCare CSNP, a member must have at least one of the following conditions: diabetes only or diabetes, chronic heart failure and/or cardiovascular disease. Covered conditions vary by plan.

13.8 Chronic Special Needs Plan (CSNP)

Notes:

GUARDIAN & CHAMPION PLANS

Prospective members who qualify for these plans may enroll year round.
Members of this plan will select a PCP who will coordinate the care from other providers.
Members will work with a Case Manager, a partner who will create a care plan to address each member's unique health care needs and offer tips to help members reach their best level of health.
Members in some plans also receive a giveback of all of the member's Part B premium.

13.9 Chronic Special Needs Plan (CSNP)

Notes:

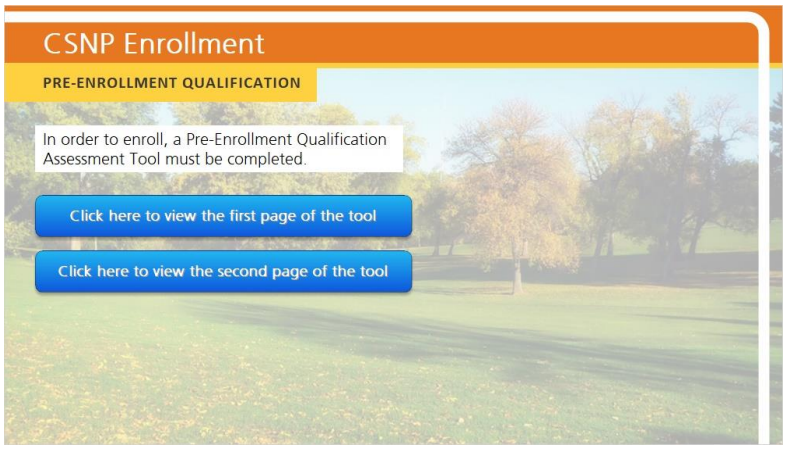
Chronic conditions that qualify a beneficiary for a CSNP vary by plan. Diabetes only or diabetes, chronic heart failure and/or congestive heart failure. Keep these three points in mind when enrolling a new member.

If a member is eligible to enroll in the CSNP plan (as a result of having one of the covered conditions for which the plan is designed), then the member will need to fill out a Pre-Enrollment Qualification Assessment Tool form.

The items on the form highlighted in red *must* be filled in for the form to be considered complete. Once the form is complete, it will be sent to the member's provider to confirm the member's condition.

If the provider has returned the verification form within the first 30 days of enrollment, then the member will remain active in the plan.

13.10 CSNP Enrollment



Notes:

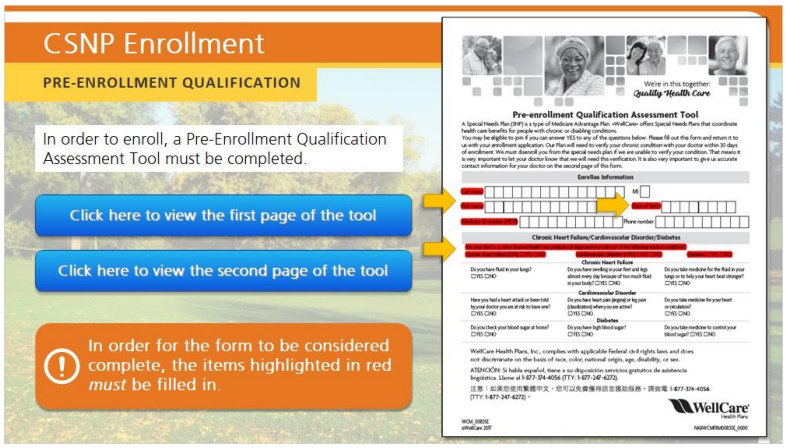
In order to enroll, a Pre-Enrollment Qualification Assessment Tool must be completed.

Click here to view the first page of the tool

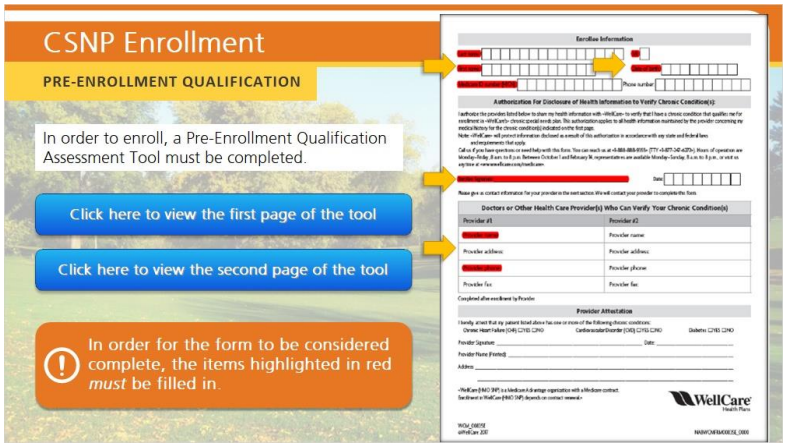
Click here to view the second page of the tool

In order for the form to be considered complete, the items highlighted in red *must* be filled in.

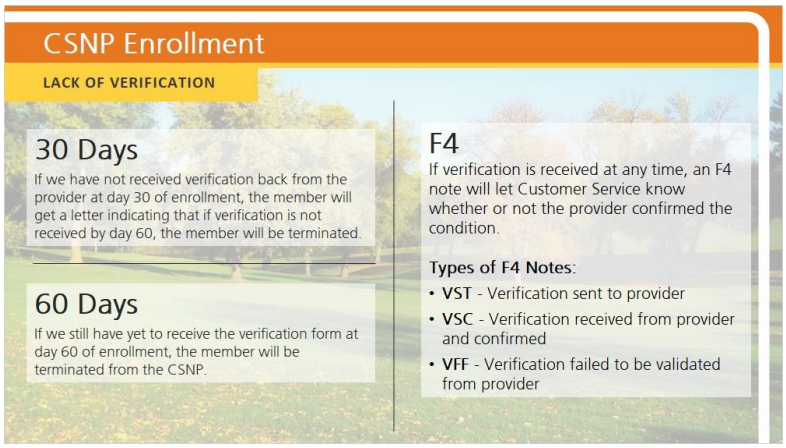
Page 1 (Slide Layer)



Page 2 (Slide Layer)



13.11 CSNP Enrollment



Notes:

LACK OF VERIFICATION

30 Days

If we have not received verification back from the provider at day 30 of enrollment, the member will get a letter indicating that if verification is not received by day 60, the member will be terminated.

60 Days

If we still have yet to receive the verification form at day 60 of enrollment, the member will be terminated from the CSNP.

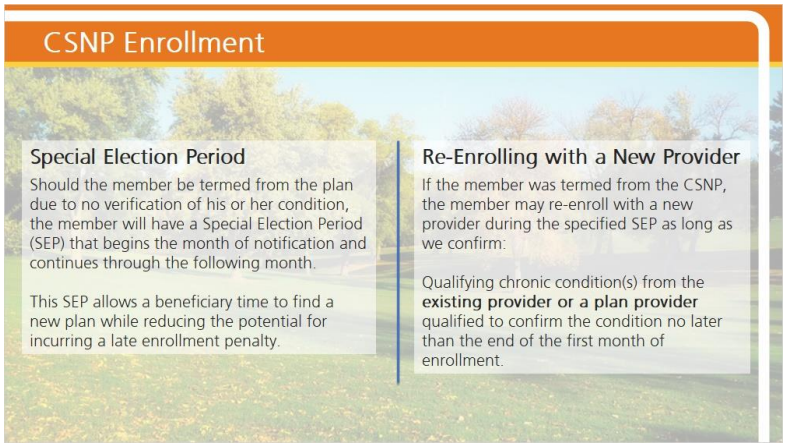
F4

If verification is received at any time, an F4 note will let Customer Service know whether or not the provider confirmed the condition.

Types of F4 Notes:

- VST - Verification sent to provider
- VSC - Verification received from provider and confirmed
- VFF - Verification failed to be validated from provider

13.12 CSNP Enrollment



Notes:

Special Election Period

Should the member be termed from the plan due to no verification of his or her condition, the member will have a Special Election Period (SEP) that begins the month of notification and continues through the following month.

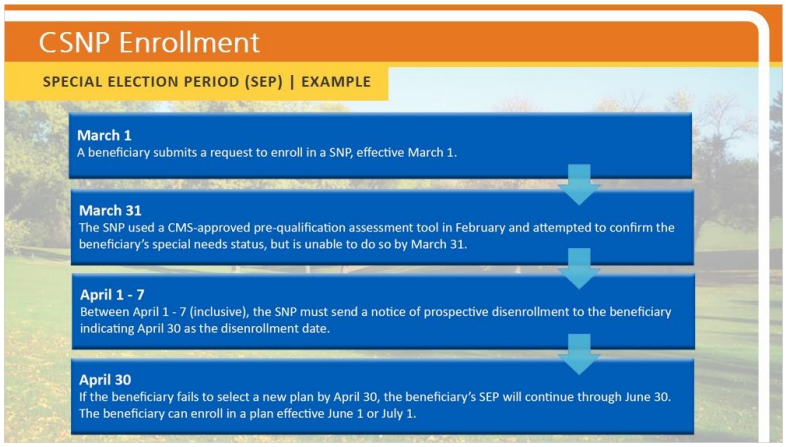
This SEP allows a beneficiary time to find a new plan while reducing the potential for incurring a late enrollment penalty.

Re-Enrolling with a New Provider

If the member was termed from the CSNP, the member may re-enroll with a new provider during the specified SEP as long as we confirm:

Qualifying chronic condition(s) from the existing provider or a plan provider qualified to confirm the condition no later than the end of the first month of enrollment.

13.13 CSNP Enrollment



Notes:

Special Election Period (SEP) l Example

March 1

A beneficiary submits a request to enroll in an SNP effective March 1.

March 31

The SNP used a CMS-approved pre-qualification assessment tool in February and attempted to confirm the beneficiary's special needs status, but is unable to do so by March 31.

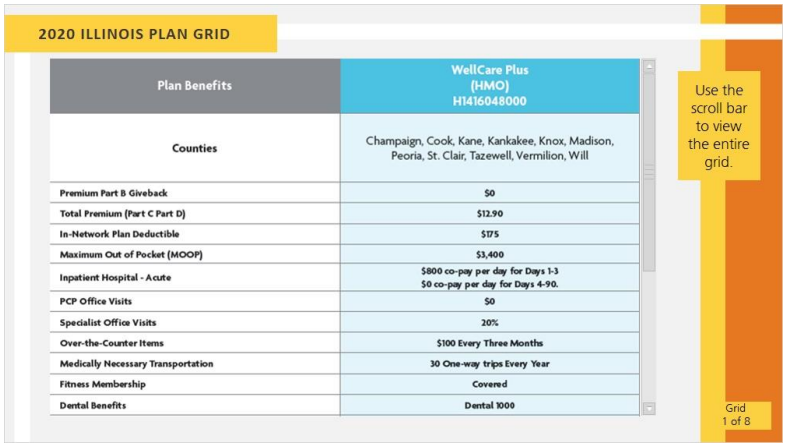
April 1-7

Between April 1 and April 7 (inclusive), the SNP must send a notice of prospective disenrollment to the beneficiary indicating April 30th as the disenrollment date.

April 30

If the beneficiary fails to select a new plan by April 30, his/her SEP will continue through June 30. The beneficiary can enroll in a plan effective June 1 or July 1.

13.14 2020 Illinois Plan Grid



Notes:

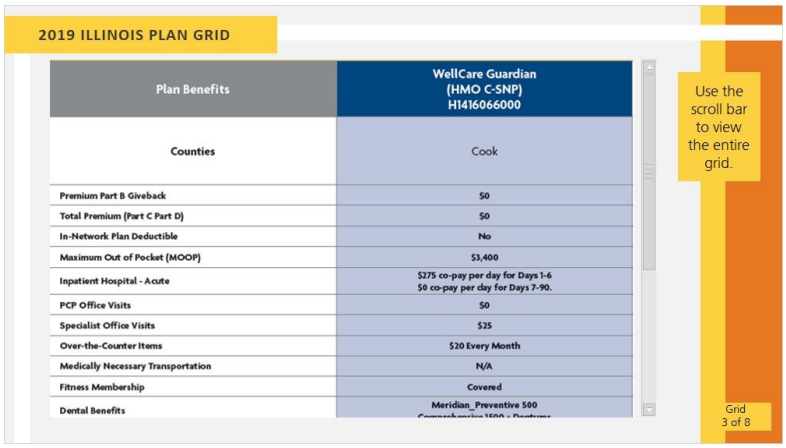
Use the scroll bar to view the entire grid.

13.15 2020 Illinois Plan Grid

Notes:

Use the scroll bar to view the entire grid.

13.16 2020 Illinois Plan Grid



Notes:

Use the scroll bar to view the entire grid.

13.17 2020 Illinois Plan Grid

2019 ILLINOIS PLAN GRID

Plan Benefits	WellCare Rx (HMO) H1416023000	WellCare Edge (HMO) H5779006000
Counties	Champaign, Cook, Kane, Kankakee, Knox, Madison, Peoria, St. Clair, Tazewell, Vermilion, Will	Boone, Cook, Kane, McHenry, Mercer, Peoria, Will, Winnebago, Knox, Rock Island, Tazewell, Warren
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$12.40	$16.70
In-Network Plan Deductible	No	$185
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$225 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.	$1,275 co-pay per stay.
PCP Office Visits	$0	20%
Specialist Office Visits	$35	20%
Over-the-Counter Items	$75 Every Three Months	$150 Every Three Months
Medically Necessary Transportation	20 One-way trips Every Year	40 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 750	Meridian_Preventive 500

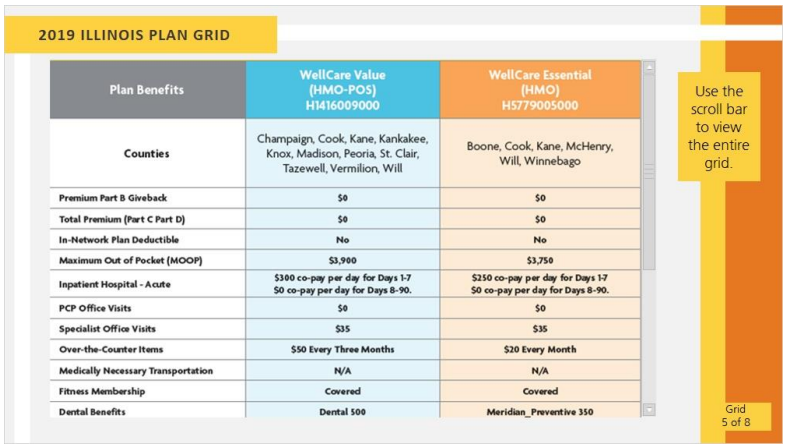
Use the scroll bar to view the entire grid.

Grid 4 of 8

Notes:

Use the scroll bar to view the entire grid.

13.18 2020 Illinois Plan Grid



2019 ILLINOIS PLAN GRID

Plan Benefits	WellCare Value (HMO-POS) H1416009000	WellCare Essential (HMO) H5779005000
Counties	Champaign, Cook, Kane, Kankakee, Knox, Madison, Peoria, St. Clair, Tazewell, Vermilion, Will	Boone, Cook, Kane, McHenry, Will, Winnebago
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,900	$3,750
Inpatient Hospital - Acute	$300 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.	$250 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$35	$35
Over-the-Counter Items	$50 Every Three Months	$20 Every Month
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	Dental 500	Meridian_Preventive 350

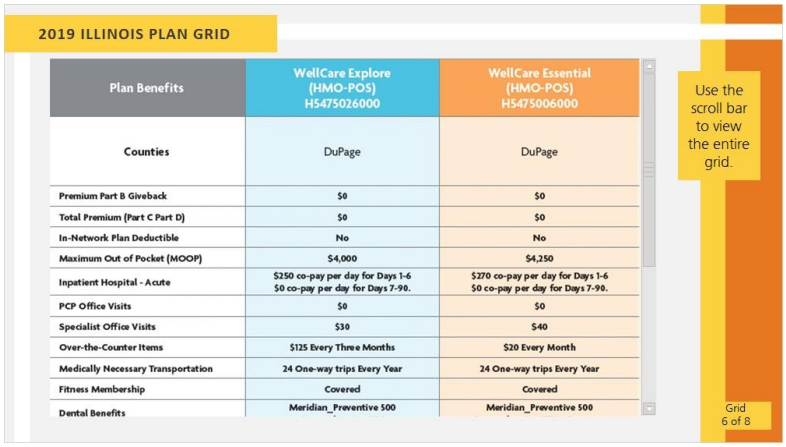
Use the scroll bar to view the entire grid.

Grid 5 of 8

Notes:

Use the scroll bar to view the entire grid.

13.19 2020 Illinois Plan Grid



2019 ILLINOIS PLAN GRID

Plan Benefits	WellCare Explore (HMO-POS) H5475026000	WellCare Essential (HMO-POS) H5475006000
Counties	DuPage	DuPage
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$4,000	$4,250
Inpatient Hospital - Acute	$250 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$270 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$30	$40
Over-the-Counter Items	$125 Every Three Months	$20 Every Month
Medically Necessary Transportation	24 One-way trips Every Year	24 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Meridian_Preventive 500	Meridian_Preventive 500

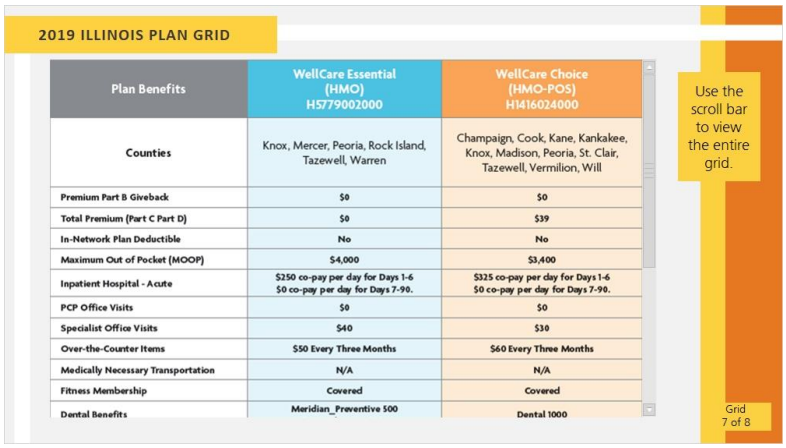
Use the scroll bar to view the entire grid.

Grid 6 of 8

Notes:

Use the scroll bar to view the entire grid.

13.20 2020 Illinois Plan Grid



2019 ILLINOIS PLAN GRID

Plan Benefits	WellCare Essential (HMO) H5779002000	WellCare Choice (HMO-POS) H1416024000
Counties	Knox, Mercer, Peoria, Rock Island, Tazewell, Warren	Champaign, Cook, Kane, Kankakee, Knox, Madison, Peoria, St. Clair, Tazewell, Vermilion, Will
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$39
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$4,000	$3,400
Inpatient Hospital - Acute	$250 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$325 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$40	$30
Over-the-Counter Items	$50 Every Three Months	$60 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	Meridian_Preventive 500	Dental 1000

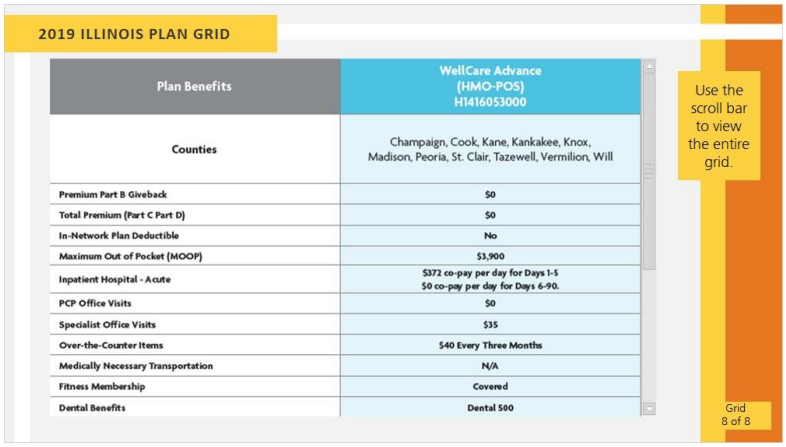
Use the scroll bar to view the entire grid.

Grid 7 of 8

Notes:

Use the scroll bar to view the entire grid.

13.21 2020 Illinois Plan Grid



Notes:

Use the scroll bar to view the entire grid.

14. Kentucky

14.1 Kentucky

Notes:

Kentucky

14.2 Part B Mail Service for Dual Members

Notes:

Dual members may call for assistance in receiving their Part B medications from CVS Caremark® Medication Home Delivery service.

All other dual plan members should not use CVS Caremark® Medication Home Delivery service for Part B medications and should be referred to a network pharmacy. If you receive a call from a member about this known issue, please follow the documented process to assist the member.

14.3 2020 Kentucky Plan Grid

Plan Benefits	WellCare Dividend (HMO) H9730007000	WellCare Elite (HMO) H9730009000
Counties	Allen, Anderson, Ballard, Boone, Bourbon, Boyle, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Christian, Clark, Daviess, Edmonson, Fayette, Floyd, Franklin, Fulton, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Henry, Hickman, Hopkins, Jefferson, Jessamine, Kenton, Knott, Laurel, Leslie, Letcher, Logan, McCracken, Madison, Marshall, Muhlenberg, Nelson, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Scott, Shelby, Simpson, Spencer, Todd, Trigg, Trimble, Warren, Woodford	Allen, Anderson, Ballard, Boone, Bourbon, Boyle, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Christian, Clark, Daviess, Edmonson, Fayette, Floyd, Franklin, Fulton, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Henry, Hickman, Hopkins, Jefferson, Jessamine, Kenton, Knott, Laurel, Leslie, Letcher, Logan, McCracken, Madison, Marshall, Muhlenberg, Nelson, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Scott, Shelby, Simpson, Spencer, Todd, Trigg, Trimble, Warren, Woodford
Premium Part B Giveback	$50	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	$100	No
Maximum Out of Pocket (MOOP)	$6,700	$5,000
Inpatient Hospital - Acute	$375 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$300 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$40	$35
Over-the-Counter Items	$53 Every Month	$53 Every Month
Medically Necessary Transportation	N/A	N/A

Notes:

Use the scroll bar to view the entire grid.

14.4 2020 Kentucky Plan Grid

Plan Benefits	WellCare Liberty (HMO D-SNP) H9730004000	WellCare Access (HMO D-SNP) H9730003000
Counties	Allen, Anderson, Ballard, Boone, Bourbon, Boyle, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Christian, Clark, Daviess, Edmonson, Fayette, Floyd, Franklin, Fulton, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Henry, Hickman, Hopkins, Jefferson, Jessamine, Kenton, Knott, Laurel, Leslie, Letcher, Logan, Madison, Marshall, McCracken, Muhlenberg, Nelson, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Scott, Shelby, Simpson, Spencer, Todd, Trigg, Trimble, Warren, Woodford	Allen, Anderson, Ballard, Boone, Bourbon, Boyle, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Christian, Clark, Daviess, Edmonson, Fayette, Floyd, Franklin, Fulton, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Henry, Hickman, Hopkins, Jefferson, Jessamine, Kenton, Knott, Laurel, Leslie, Letcher, Logan, Madison, Marshall, McCracken, Muhlenberg, Nelson, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Scott, Shelby, Simpson, Spencer, Todd, Trigg, Trimble, Warren, Woodford
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$0
In-Network Plan Deductible	$0	$0
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$0
Over-the-Counter Items	$250 Every Three Months	$70 Every Month
Medically Necessary Transportation	Unlimited One-way trips every year	Unlimited One-way trips every year

Notes:

Use the scroll bar to view the entire grid.

14.5 2020 Kentucky Plan Grid

Plan Benefits	WellCare Essential (HMO-POS) H9730005000	WellCare Advance (HMO-POS) H9730006000
Counties	Allen, Anderson, Ballard, Boone, Bourbon, Boyle, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Christian, Clark, Daviess, Edmonson, Fayette, Floyd, Franklin, Fulton, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Henry, Hickman, Hopkins, Jefferson, Jessamine, Kenton, Knott, Laurel, Leslie, Letcher, Logan, Madison, Marshall, McCracken, Muhlenberg, Nelson, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Scott, Shelby, Simpson, Spencer, Todd, Trigg, Trimble, Warren, Woodford	Allen, Anderson, Ballard, Boone, Bourbon, Boyle, Bullitt, Butler, Caldwell, Calloway, Campbell, Carlisle, Carroll, Christian, Clark, Daviess, Edmonson, Fayette, Floyd, Franklin, Fulton, Gallatin, Grant, Graves, Hardin, Harrison, Hart, Henry, Hickman, Hopkins, Jefferson, Jessamine, Kenton, Knott, Laurel, Leslie, Letcher, Logan, Madison, Marshall, McCracken, Muhlenberg, Nelson, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Scott, Shelby, Simpson, Spencer, Todd, Trigg, Trimble, Warren, Woodford
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	$100	$100
Maximum Out of Pocket (MOOP)	$5,000	$5,000
Inpatient Hospital - Acute	$300 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$375 co-pay per day for Days 1-4 $0 co-pay per day for Days 5-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$35	$40
Over-the-Counter Items	$53 Every Month	$75 Every Month
Medically Necessary Transportation	N/A	N/A

Notes:

Use the scroll bar to view the entire grid.

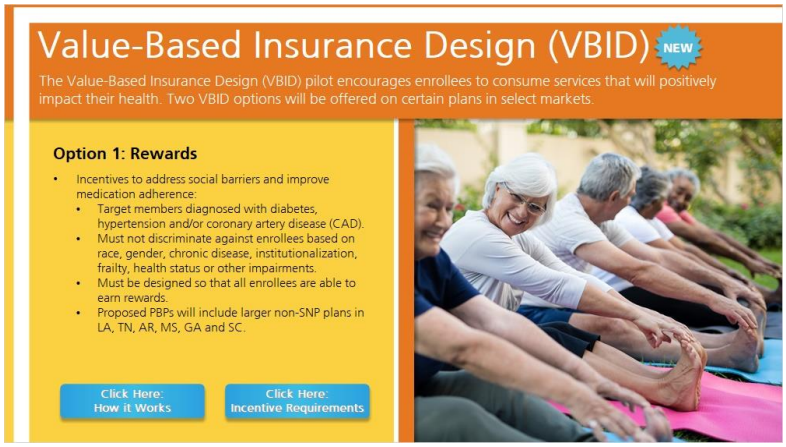
15. Louisiana

15.1 Louisiana

Notes:

Louisiana

15.2 Value-Based Insurance Design (VBID)



Notes:

The Value-Based Insurance Design (VBID) pilot encourages enrollees to consume services that will positively impact their health. Two VBID options will be offered on certain plans in

select markets.

Option 1: Rewards

- Incentives to address social barriers and improve medication adherence:
  - Target members diagnosed with diabetes, hypertension and/or coronary artery disease (CAD).
  - Must not discriminate against enrollees based on race, gender, chronic disease,institutionalization, frailty, health status or other impairments.
  - Must be designed so that all enrollees are able to earn rewards.
  - Proposed PBPs will include larger non-SNP plans in LA, TN, AR, MS, GA and SC.
-

How it Works

- In conjunction with pharmacy efforts, WellCare will incentivize members to call the **Community Connections Helpline (CCHL)** to complete a social needs assessment.
- Once complete, the Community Connections team will connect members with resources in their community to help remove social barriers that may exist.
- Offer disease management education, phone outreach by pharmacy experts and incentives to encourage behavior change and to improve medication adherence.
- WellCare will use **Novu** to socialize the program and administer incentives.
-

Incentive Requirements

- Rewards and incentives associated with the RI Program must:
  - Be offered in connection with the entire service or activity;
  - Be offered to all eligible enrollees without discrimination;
  - Have a value that may be expected to affect enrollee behavior, but not exceed the value of the health-related service or activity itself; and
  - Otherwise comply with all relevant fraud and abuse laws, including, when applicable, the anti-kickback statute and civil money penalty prohibiting inducements to enrollees.

Details (Slide Layer)

Incentive Requirements (Slide Layer)

15.3 Value-Based Insurance Design (VBID)

Notes:

The Value-Based Insurance Design (VBID) pilot encourages enrollees to consume services that will positively impact their health. Two VBID options will be offered on certain plans in select markets.

Option 2: Socioeconomic Barriers

- Supplemental benefits and community resources to overcome social determinants of health in low income population
- Benefits will include home-delivered meals and non-medical transportation
- Focus will be on WellCare Access and Liberty Plans in AR and LA.
-

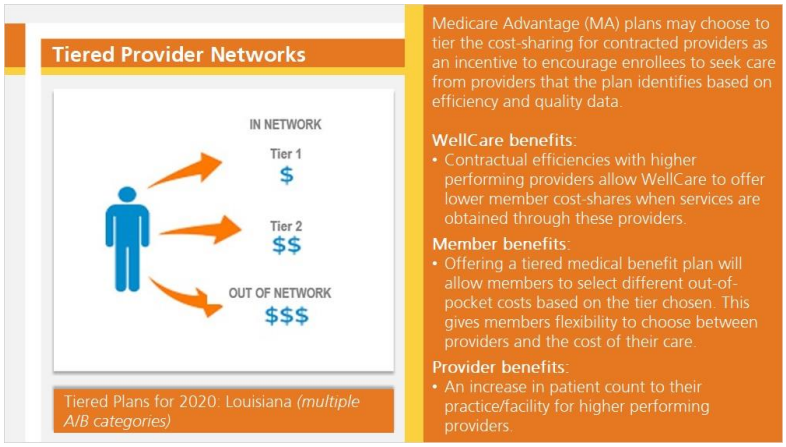
How it Works

- Beneficiaries enrolled in participating PBPs can contact WellCare's **Community Connections Helpline (CCHL)** to complete a social needs assessment.

- Once the assessment is complete, members will be eligible for the additional benefits on an annual basis.
- The Community Connections team will connect members with resources in their community to help remove social barriers.
- If the member exhausts their regular transporation and meal benefits, then the Community Connections team will connect them to additional non-benefitted services.

Details (Slide Layer)

15.4 Tiered Provider Networks



Notes:

Medicare Advantage (MA) plans may choose to tier the cost-sharing for contracted providers as an incentive to encourage enrollees to seek care from providers that the plan identifies based on efficiency and quality data.

WellCare benefits:

- Contractual efficiencies with higher performing providers allow WellCare to offer lower member cost-shares when services are obtained through these providers.

Member benefits:

- Offering a tiered medical benefit plan will allow members to select different out-of-pocket costs based on the tier chosen. This gives members flexibility to choose between providers and the cost of their care.

Provider benefits:

- An increase in patient count to their practice/facility for higher performing providers.

Tiered Plans for 2020: Louisiana *(multiple A/B categories)*

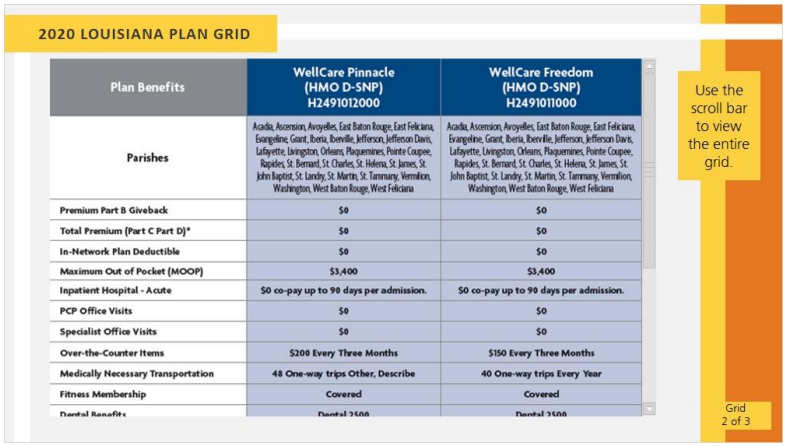
15.5 2020 Louisiana Plan Grid

Plan Benefits	WellCare Baton Rouge Preferred (HMO) H2491014000 In-Tier 1	WellCare Baton Rouge Preferred (HMO) H2491014000 In-Tier 2
Parishes	East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana	East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$100 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$250 co-pay per day for Days 1-10 $0 co-pay per day for Days 11-90.
PCP Office Visits	$0	20%
Specialist Office Visits	$10	$50
Over-the-Counter Items	$50 Every Three Months	$50 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

15.6 2020 Louisiana Plan Grid



2020 LOUISIANA PLAN GRID

Plan Benefits	WellCare Pinnacle (HMO D-SNP) H2491012000	WellCare Freedom (HMO D-SNP) H2491011000
Parishes	Acadia, Ascension, Avoyelles, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Livingston, Orleans, Plaquemines, Pointe Coupee, Rapides, St. Bernard, St. Charles, St. Helena, St. James, St. John Baptist, St. Landry, St. Martin, St. Tammany, Vermilion, Washington, West Baton Rouge, West Feliciana	Acadia, Ascension, Avoyelles, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Livingston, Orleans, Plaquemines, Pointe Coupee, Rapides, St. Bernard, St. Charles, St. Helena, St. James, St. John Baptist, St. Landry, St. Martin, St. Tammany, Vermilion, Washington, West Baton Rouge, West Feliciana
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$0
In-Network Plan Deductible	$0	$0
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$0
Over-the-Counter Items	$200 Every Three Months	$150 Every Three Months
Medically Necessary Transportation	48 One-way trips Other, Describe	40 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 2500	Dental 2500

Use the scroll bar to view the entire grid.

Grid 2 of 3

Notes:

Use the scroll bar to view the entire grid.

15.7 2020 Louisiana Plan Grid

2020 LOUISIANA PLAN GRID

Plan Benefits	WellCare Value (HMO) H2491007000	WellCare Compass (HMO) H2491010000
Parishes	Acadia, Ascension, Avoyelles, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberville, Jefferson, Jefferson Davis, Iberia, Lafayette, Livingston, Orleans, Plaquemines, Pointe Coupee, Rapides, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Tammany, Vermilion, Washington, West Baton Rouge, West Feliciana	Acadia, Ascension, Avoyelles, East Baton Rouge, East Feliciana, Evangeline, Grant, Iberville, Jefferson, Jefferson Davis, Iberia, Lafayette, Livingston, Orleans, Plaquemines, Pointe Coupee, Rapides, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Tammany, Vermilion, Washington, West Baton Rouge, West Feliciana
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$17.60
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$225 co-pay per day for Days 1-9 $0 co-pay per day for Days 10-90.	$175 co-pay per day for Days 1-9 $0 co-pay per day for Days 10-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$30	$30
Over-the-Counter Items	$50 Every Three Months	$50 Every Three Months
Medically Necessary Transportation	N/A	20 One-way trips Every Year
Fitness Membership	Covered	Covered

Use the scroll bar to view the entire grid.

Grid 3 of 3

Notes:

Use the scroll bar to view the entire grid.

16. Maine

16.1 Maine

Notes:

Maine

16.2 PFFS

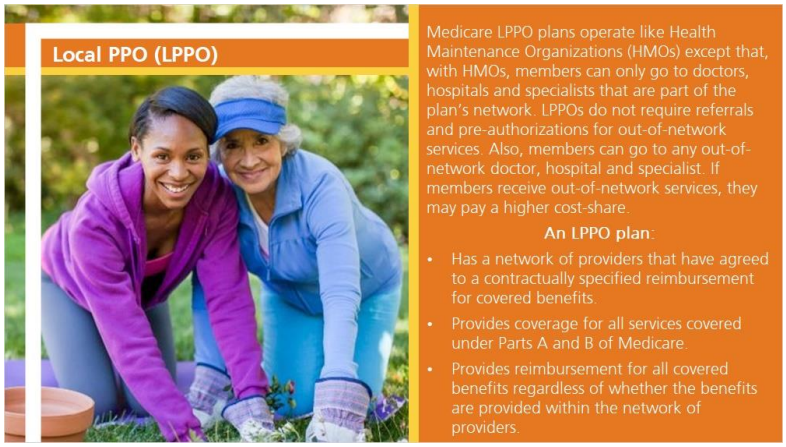
Notes:

A Private-Fee-for-Service (PFFS) plan is an MA plan offered by a State licensed entity which has a yearly contract with CMS to provide beneficiaries with all their Medicare benefits. These plans can also offer any additional benefits the entity decides to provide that allow the member to receive care from any hospital or doctor that accepts the plan's coverage. *WellCare Today's Options Premier and WellCare Today's Options Premier Plus plans are*

PFFS plans, which offer services through a network of providers.
A PFFS plan differs from other MA plans:

- The member does not have to choose a primary care provider.
- The member does not need a referral to see a specialist.
- Prior authorizations are not allowed.
- Not a coordinated care plan - ability to buy Part C and Part D coverage separately

16.3 Local PPO (LPPO)

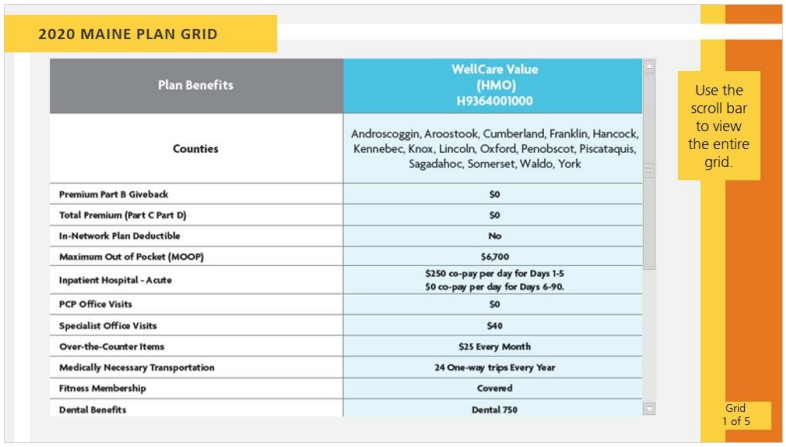


Notes:

Medicare LPPO plans operate like Health Maintenance Organizations (HMOs) except that, with HMOs, members can only go to doctors, hospitals and specialists that are part of the plan's network. LPPOs do not require referrals and pre-authorizations for out-of-network services. Also, members can go to any out-of-network doctor, hospital and specialist. If members receive out-of-network services, they may pay a higher cost-share.
An LPPO plan:

- Has a network of providers that have agreed to a contractually specified reimbursement for covered benefits.
- Provides coverage for all services covered under Parts A and B of Medicare.
- Provides reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.

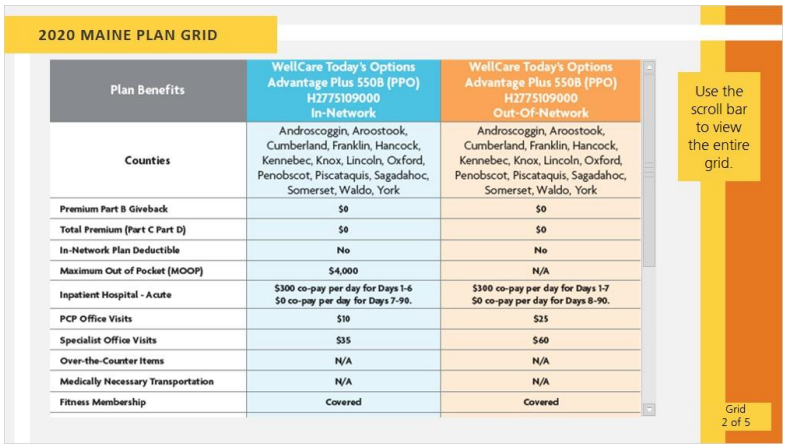
16.4 2020 Maine Plan Grid



Notes:

Use the scroll bar to view the entire grid.

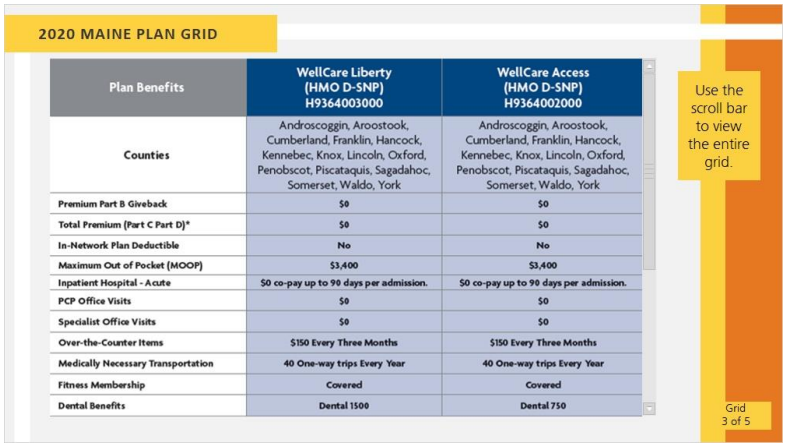
16.5 2020 Maine Plan Grid



Notes:

Use the scroll bar to view the entire grid.

16.6 2020 Maine Plan Grid



2020 MAINE PLAN GRID

Plan Benefits	WellCare Liberty (HMO D-SNP) H9364003000	WellCare Access (HMO D-SNP) H9364002000
Counties	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, York	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, York
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$0
Over-the-Counter Items	$150 Every Three Months	$150 Every Three Months
Medically Necessary Transportation	40 One-way trips Every Year	40 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 1500	Dental 750

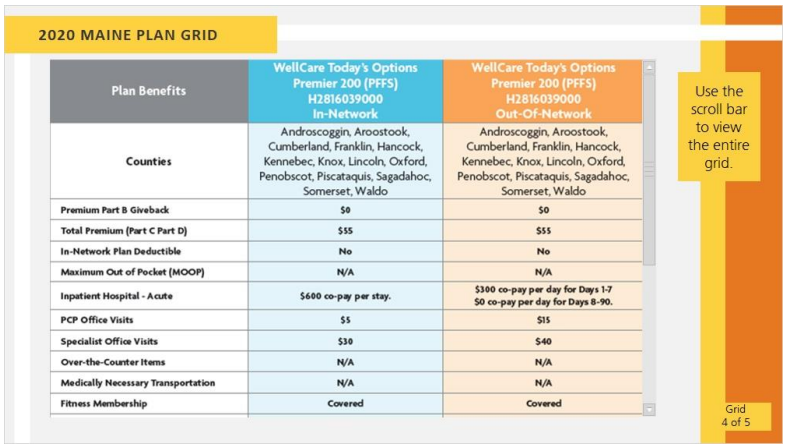
Use the scroll bar to view the entire grid.

Grid 3 of 5

Notes:

Use the scroll bar to view the entire grid.

16.7 2020 Maine Plan Grid



2020 MAINE PLAN GRID

Plan Benefits	WellCare Today's Options Premier 200 (PFFS) H2816039000 In-Network	WellCare Today's Options Premier 200 (PFFS) H2816039000 Out-Of-Network
Counties	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$55	$55
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	N/A	N/A
Inpatient Hospital - Acute	$600 co-pay per stay.	$300 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.
PCP Office Visits	$5	$15
Specialist Office Visits	$30	$40
Over-the-Counter Items	N/A	N/A
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

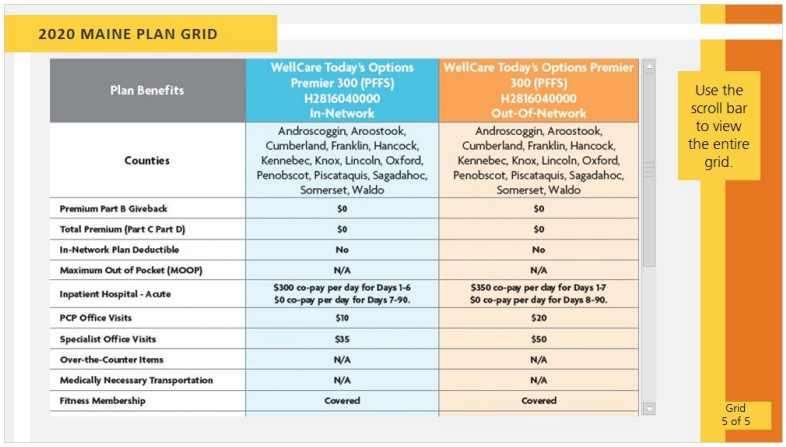
Use the scroll bar to view the entire grid.

Grid 4 of 5

Notes:

Use the scroll bar to view the entire grid.

16.8 2020 Maine Plan Grid



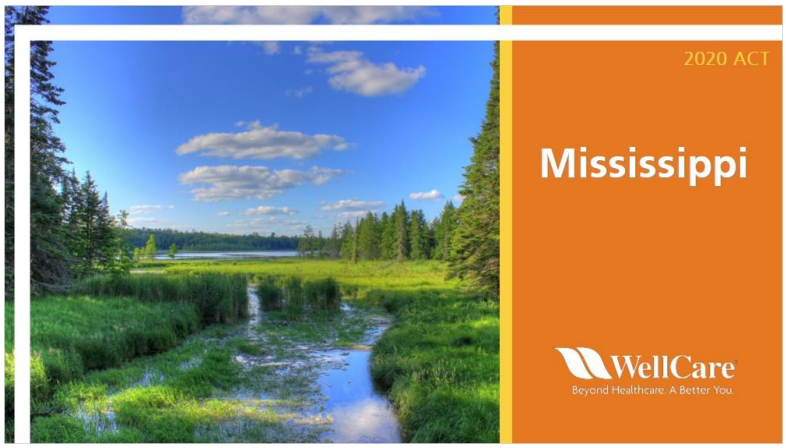
Plan Benefits	WellCare Today's Options Premier 300 (PFFS) H2816040000 In-Network	WellCare Today's Options Premier 300 (PFFS) H2816040000 Out-Of-Network
Counties	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	N/A	N/A
Inpatient Hospital - Acute	$300 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$350 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.
PCP Office Visits	$10	$20
Specialist Office Visits	$35	$50
Over-the-Counter Items	N/A	N/A
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

17. Mississippi

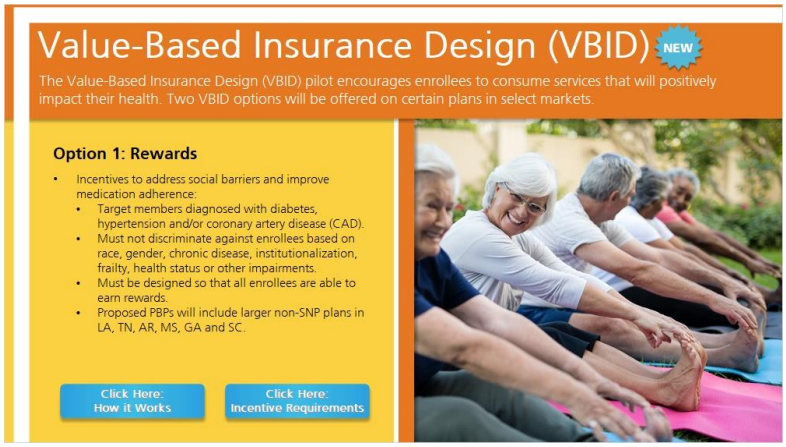
17.1 Mississippi



Notes:

Mississippi

17.2 Value-Based Insurance Design (VBID)



Notes:

The Value-Based Insurance Design (VBID) pilot encourages enrollees to consume services that will positively impact their health. Two VBID options will be offered on certain plans in select markets.

Option 1: Rewards

- Incentives to address social barriers and improve medication adherence:
  - Target members diagnosed with diabetes, hypertension and/or coronary artery disease (CAD).
  - Must not discriminate against enrollees based on race, gender, chronic disease,institutionalization, frailty, health status or other impairments.
  - Must be designed so that all enrollees are able to earn rewards.
  - Proposed PBPs will include larger non-SNP plans in LA, TN, AR, MS, GA and SC.
-

How it Works

- In conjunction with pharmacy efforts, WellCare will incentivize members to call the **Community Connections Helpline (CCHL)** to complete a social needs assessment.
- Once complete, the Community Connections team will connect members with resources in their community to help remove social barriers that may exist.
- Offer disease management education, phone outreach by pharmacy experts and incentives to encourage behavior change and to improve medication adherence.
- WellCare will use **Novu** to socialize the program and administer incentives.
-

Incentive Requirements

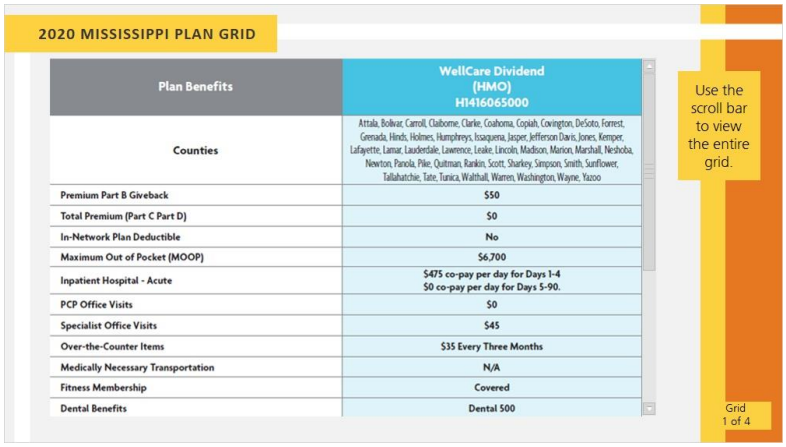
- Rewards and incentives associated with the RI Program must:
  - Be offered in connection with the entire service or activity;
  - Be offered to all eligible enrollees without discrimination;
  - Have a value that may be expected to affect enrollee behavior, but not exceed the value of the health-related service or activity itself; and
  - Otherwise comply with all relevant fraud and abuse laws, including, when applicable,

the anti-kickback statute and civil money penalty prohibiting inducements to enrollees.

Details (Slide Layer)

Incentive Requirements (Slide Layer)

17.3 2020 Mississippi Plan Grid

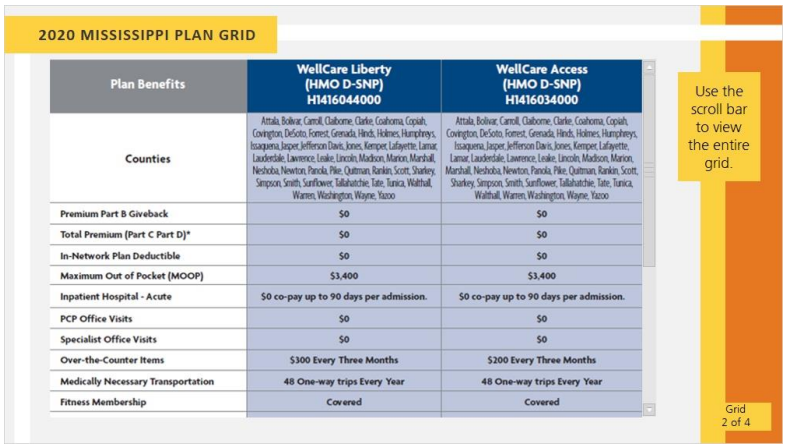


Plan Benefits	WellCare Dividend (HMO) H1416065000
Counties	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Marshall, Neshoba, Newton, Panola, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yazoo
Premium Part B Giveback	$50
Total Premium (Part C Part D)	$0
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	$6,700
Inpatient Hospital - Acute	$475 co-pay per day for Days 1-4 $0 co-pay per day for Days 5-90.
PCP Office Visits	$0
Specialist Office Visits	$45
Over-the-Counter Items	$35 Every Three Months
Medically Necessary Transportation	N/A
Fitness Membership	Covered
Dental Benefits	Dental 500

Notes:

Use the scroll bar to view the entire grid.

17.4 2020 Mississippi Plan Grid

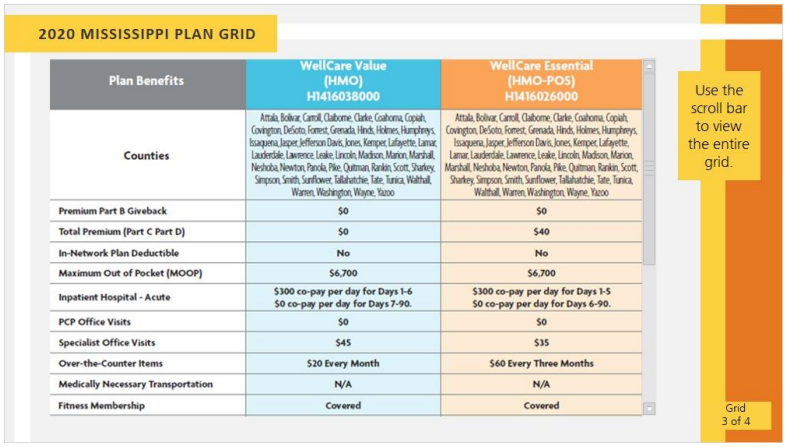


Plan Benefits	WellCare Liberty (HMO D-SNP) H1416044000	WellCare Access (HMO D-SNP) H1416034000
Counties	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Marshall, Neshoba, Newton, Panola, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yazoo	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Marshall, Neshoba, Newton, Panola, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yazoo
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$0
In-Network Plan Deductible	$0	$0
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$0
Over-the-Counter Items	$300 Every Three Months	$200 Every Three Months
Medically Necessary Transportation	48 One-way trips Every Year	48 One-way trips Every Year
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

17.5 2020 Mississippi Plan Grid



2020 MISSISSIPPI PLAN GRID

Plan Benefits	WellCare Value (HMO) H1416038000	WellCare Essential (HMO-POS) H1416026000
Counties	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Marshall, Neshoba, Newton, Panola, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yazoo	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Marshall, Neshoba, Newton, Panola, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yazoo
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$40
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	$6,700
Inpatient Hospital - Acute	$300 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$300 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$45	$35
Over-the-Counter Items	$20 Every Month	$60 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

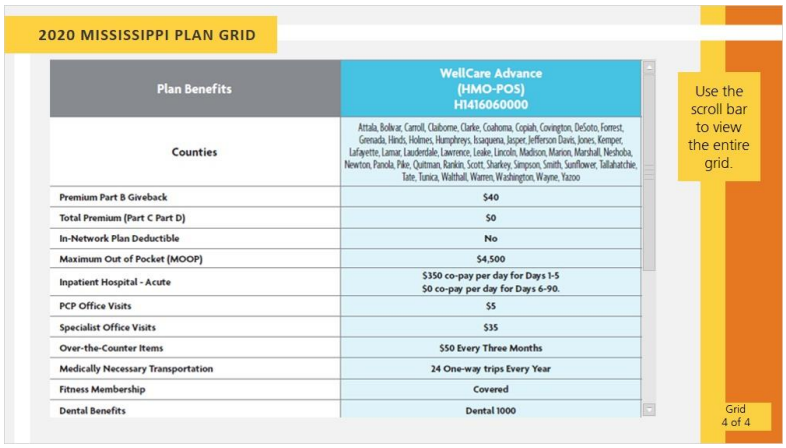
Use the scroll bar to view the entire grid.

Grid 3 of 4

Notes:

Use the scroll bar to view the entire grid.

17.6 2020 Mississippi Plan Grid



2020 MISSISSIPPI PLAN GRID

Plan Benefits	WellCare Advance (HMO-POS) H1416060000
Counties	Attala, Bolivar, Carroll, Claiborne, Clarke, Coahoma, Copiah, Covington, DeSoto, Forrest, Grenada, Hinds, Holmes, Humphreys, Issaquena, Jasper, Jefferson Davis, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Marshall, Neshoba, Newton, Panola, Pike, Quitman, Rankin, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tunica, Walthall, Warren, Washington, Wayne, Yazoo
Premium Part B Giveback	$40
Total Premium (Part C Part D)	$0
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	$4,500
Inpatient Hospital - Acute	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$5
Specialist Office Visits	$35
Over-the-Counter Items	$50 Every Three Months
Medically Necessary Transportation	24 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Dental 1000

Use the scroll bar to view the entire grid.

Grid 4 of 4

Notes:

Use the scroll bar to view the entire grid.

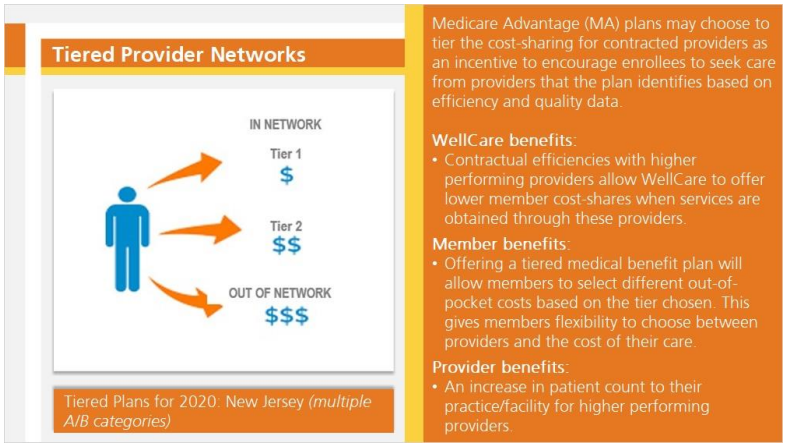
18. New Jersey

18.1 New Jersey

Notes:

New Jersey

18.2 Tiered Provider Networks



Notes:

Medicare Advantage (MA) plans may choose to tier the cost-sharing for contracted providers as an incentive to encourage enrollees to seek care from providers that the plan identifies based on efficiency and quality data.

WellCare benefits:

- Contractual efficiencies with higher performing providers allow WellCare to offer lower member cost-shares when services are obtained through these providers.

Member benefits:

- Offering a tiered medical benefit plan will allow members to select different out-of-pocket costs based on the tier chosen. This gives members flexibility to choose between providers and the cost of their care.

Provider benefits:

- An increase in patient count to their practice/facility for higher performing providers.

Tiered Plans for 2020: New Jersey *(multiple A/B categories)*

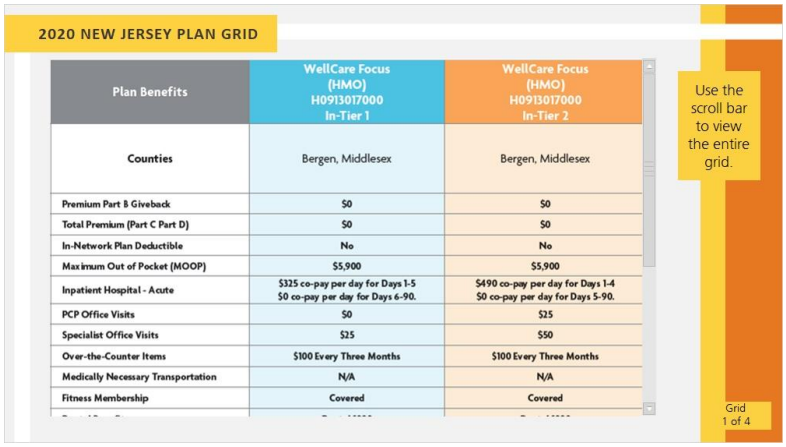
18.3 Part B Mail Service for Dual Members

Notes:

Dual members may call for assistance in receiving their Part B medications from CVS Caremark® Medication Home Delivery service.

All other dual plan members should not use CVS Caremark® Medication Home Delivery service for Part B medications and should be referred to a network pharmacy. If you receive a call from a member about this known issue, please follow the documented process to assist the member.

18.4 2020 New Jersey Plan Grid



2020 NEW JERSEY PLAN GRID

Plan Benefits	WellCare Focus (HMO) H0913017000 In-Tier 1	WellCare Focus (HMO) H0913017000 In-Tier 2
Counties	Bergen, Middlesex	Bergen, Middlesex
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$5,900	$5,900
Inpatient Hospital - Acute	$325 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$490 co-pay per day for Days 1-4 $0 co-pay per day for Days 5-90.
PCP Office Visits	$0	$25
Specialist Office Visits	$25	$50
Over-the-Counter Items	$100 Every Three Months	$100 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

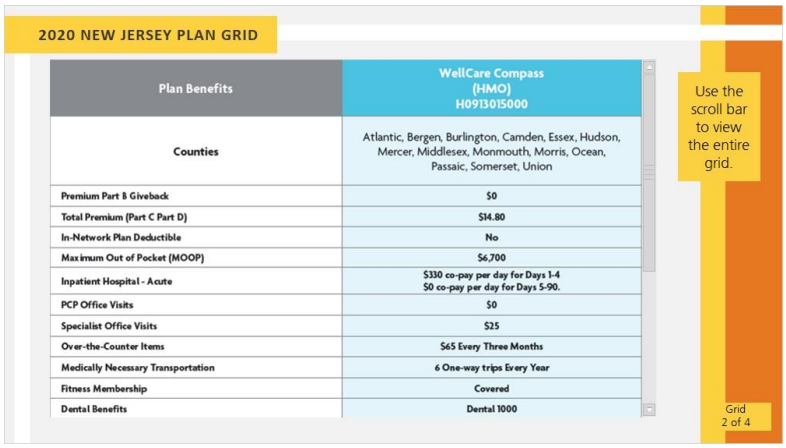
Use the scroll bar to view the entire grid.

Grid 1 of 4

Notes:

Use the scroll bar to view the entire grid.

18.5 2020 New Jersey Plan Grid



2020 NEW JERSEY PLAN GRID

Plan Benefits	WellCare Compass (HMO) H0913015000
Counties	Atlantic, Bergen, Burlington, Camden, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Union
Premium Part B Giveback	$0
Total Premium (Part C Part D)	$14.80
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	$6,700
Inpatient Hospital - Acute	$330 co-pay per day for Days 1-4 $0 co-pay per day for Days 5-90.
PCP Office Visits	$0
Specialist Office Visits	$25
Over-the-Counter Items	$65 Every Three Months
Medically Necessary Transportation	6 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Dental 1000

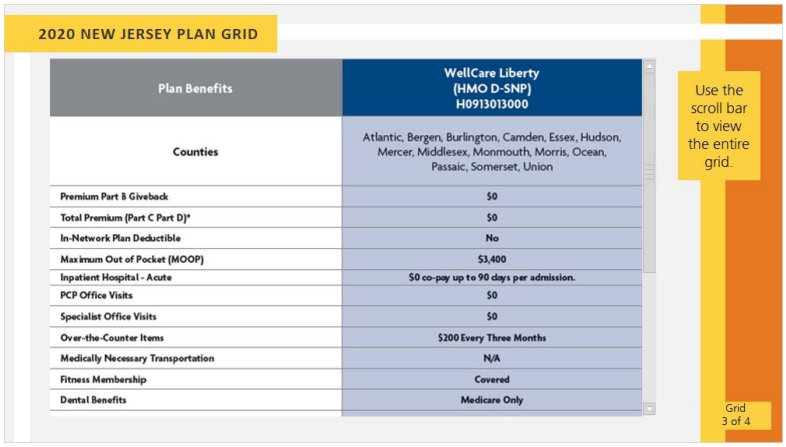
Use the scroll bar to view the entire grid.

Grid 2 of 4

Notes:

Use the scroll bar to view the entire grid.

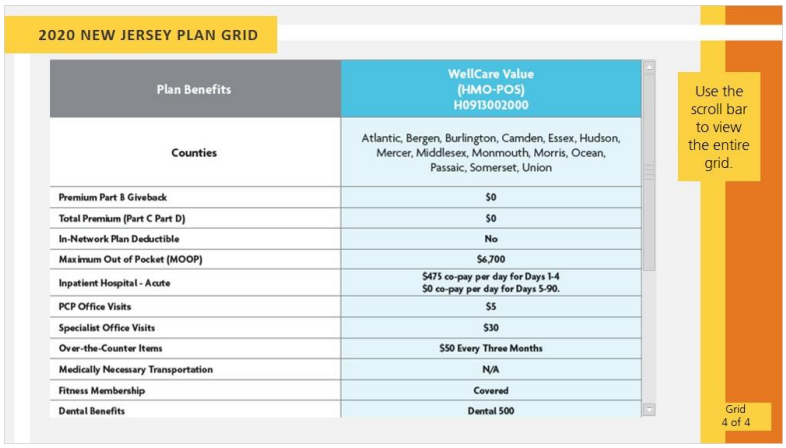
18.6 2020 New Jersey Plan Grid



Notes:

Use the scroll bar to view the entire grid.

18.7 2020 New Jersey Plan Grid



Notes:

Use the scroll bar to view the entire grid.

19. New York

19.1 New York

Notes:

New York

19.2 New York Liberty Plan

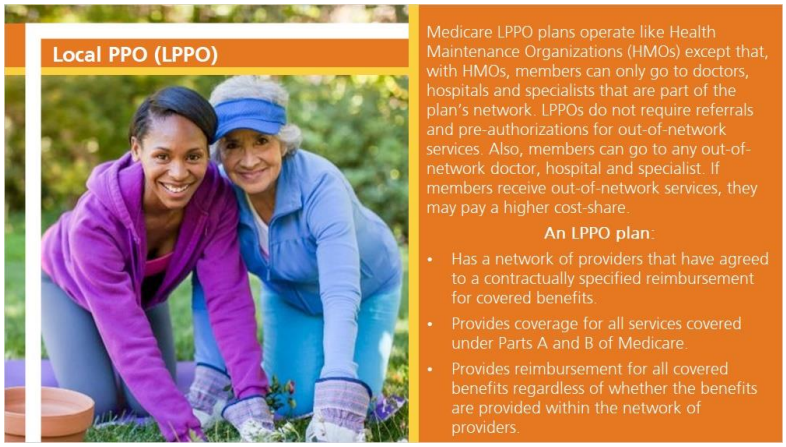
Notes:

There are specific compliance guidelines related to the application and enrollment process for the New York Liberty Plan. *The Liberty plan is not available for electronic enrollment.
1.Compliantly capture scope of appointment (SOA) via mobile app, AVL or paper SOA form.
2.Hold a complete and thorough sales presentation.
If the beneficiary is prepared to enroll:

1.Call Special Populations (SPOP) to verify Medicaid eligibility.
2.Complete both the WellCare of NY Medicaid Advantage Health Plan and the WellCare Medicare Advantage Enrollment applications.
3.Fax both applications (together) to 1-813-464-8836

Beneficiaries cannot have their Medicaid through the marketplace or a spend-down.
Beneficiaries must have an active Medicaid case in the county they reside in.

19.3 Local PPO (LPPO)



Notes:

Medicare LPPO plans operate like Health Maintenance Organizations (HMOs) except that, with HMOs, members can only go to doctors, hospitals and specialists that are part of the plan's network. LPPOs do not require referrals and pre-authorizations for out-of-network services. Also, members can go to any out-of-network doctor, hospital and specialist. If members receive out-of-network services, they may pay a higher cost-share.
An LPPO plan:

- Has a network of providers that have agreed to a contractually specified reimbursement for covered benefits.
- Provides coverage for all services covered under Parts A and B of Medicare.
- Provides reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.

19.4 PFFS

Notes:

A Private-Fee-for-Service (PFFS) plan is an MA plan offered by a state-licensed entity which has a yearly contract with CMS to provide beneficiaries with all their Medicare benefits. These plans can also offer any additional benefits the entity decides to provide that allow the member to receive care from any hospital or doctor that accepts the plan's coverage.
WellCare Today's Options Premier and WellCare Today's Options Premier Plus plans are PFFS plans, which offer services through a network of providers.
A PFFS plan differs from other MA plans in that:

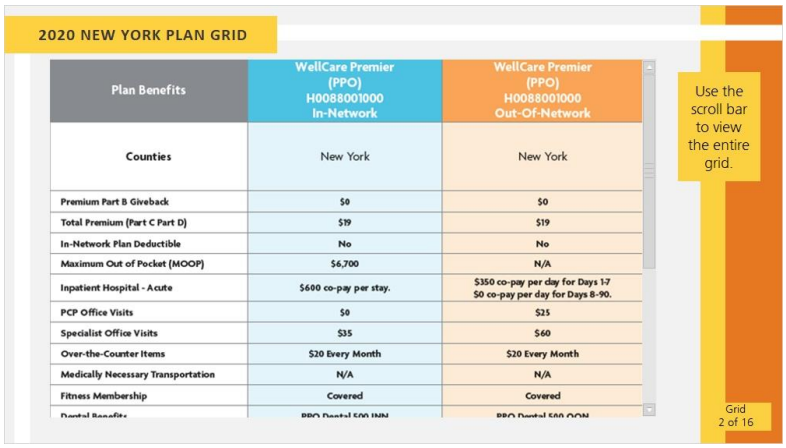
- The member does not have to choose a primary care provider.
- The member does not need a referral to see a specialist.
- Prior authorizations are not allowed.
- Not a coordinated care plan (can buy Part C and Part D coverage separately).

19.5 2020 New York Plan Grid

Notes:

Use the scroll bar to view the entire grid.

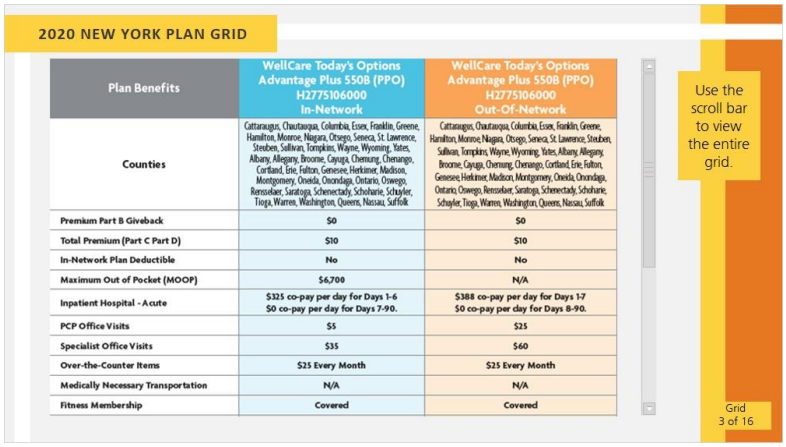
19.6 2020 New York Plan Grid



Notes:

Use the scroll bar to view the entire grid.

19.7 2020 New York Plan Grid

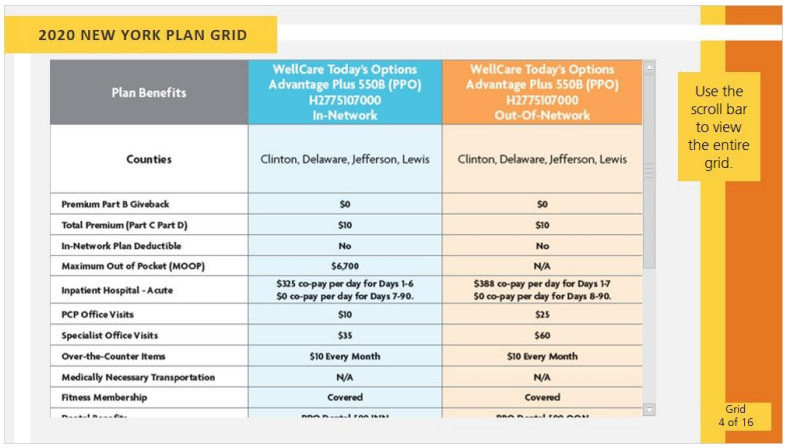


Plan Benefits	WellCare Today's Options Advantage Plus 550B (PPO) H2775106000 In-Network	WellCare Today's Options Advantage Plus 550B (PPO) H2775106000 Out-Of-Network
Counties	Cattaraugus, Chautauqua, Columbia, Essex, Franklin, Greene, Hamilton, Monroe, Niagara, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates, Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, Washington, Queens, Nassau, Suffolk	Cattaraugus, Chautauqua, Columbia, Essex, Franklin, Greene, Hamilton, Monroe, Niagara, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates, Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, Washington, Queens, Nassau, Suffolk
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$10	$10
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	N/A
Inpatient Hospital - Acute	$325 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$388 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.
PCP Office Visits	$5	$25
Specialist Office Visits	$35	$60
Over-the-Counter Items	$25 Every Month	$25 Every Month
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

19.8 2020 New York Plan Grid

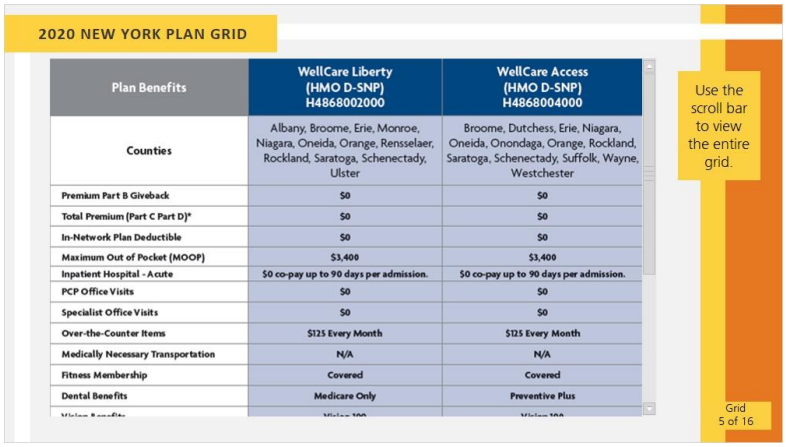


Plan Benefits	WellCare Today's Options Advantage Plus 550B (PPO) H2775107000 In-Network	WellCare Today's Options Advantage Plus 550B (PPO) H2775107000 Out-Of-Network
Counties	Clinton, Delaware, Jefferson, Lewis	Clinton, Delaware, Jefferson, Lewis
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$10	$10
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	N/A
Inpatient Hospital - Acute	$325 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$388 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.
PCP Office Visits	$10	$25
Specialist Office Visits	$35	$60
Over-the-Counter Items	$10 Every Month	$10 Every Month
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

19.9 2020 New York Plan Grid



Plan Benefits	WellCare Liberty (HMO D-SNP) H4868002000	WellCare Access (HMO D-SNP) H4868004000
Counties	Albany, Broome, Erie, Monroe, Niagara, Oneida, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Ulster	Broome, Dutchess, Erie, Niagara, Oneida, Onondaga, Orange, Rockland, Saratoga, Schenectady, Suffolk, Wayne, Westchester
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$0
In-Network Plan Deductible	$0	$0
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$0
Over-the-Counter Items	$125 Every Month	$125 Every Month
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	Medicare Only	Preventive Plus

Notes:

Use the scroll bar to view the entire grid.

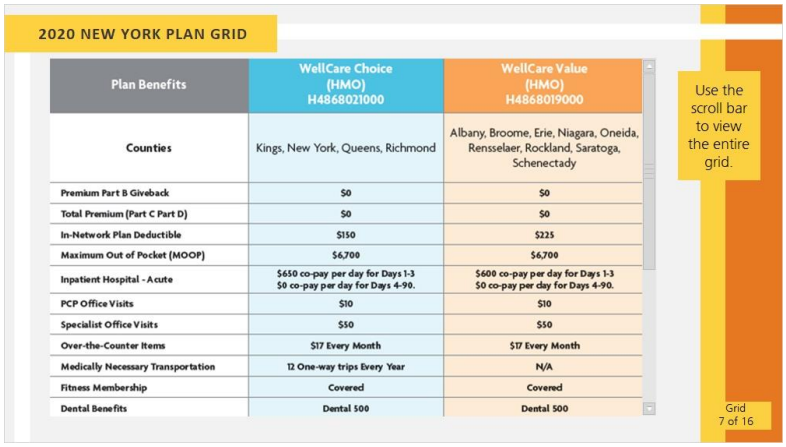
19.10 2020 New York Plan Grid

Plan Benefits	WellCare Access (HMO D-SNP) H4868014000
Counties	Kings, Nassau, New York, Queens, Richmond
Premium Part B Giveback	$0
Total Premium (Part C Part D)*	$0
In-Network Plan Deductible	$0
Maximum Out of Pocket (MOOP)	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0
Specialist Office Visits	$0
Over-the-Counter Items	$110 Every Month
Medically Necessary Transportation	20 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Preventive Plus

Notes:

Use the scroll bar to view the entire grid.

19.11 2020 New York Plan Grid

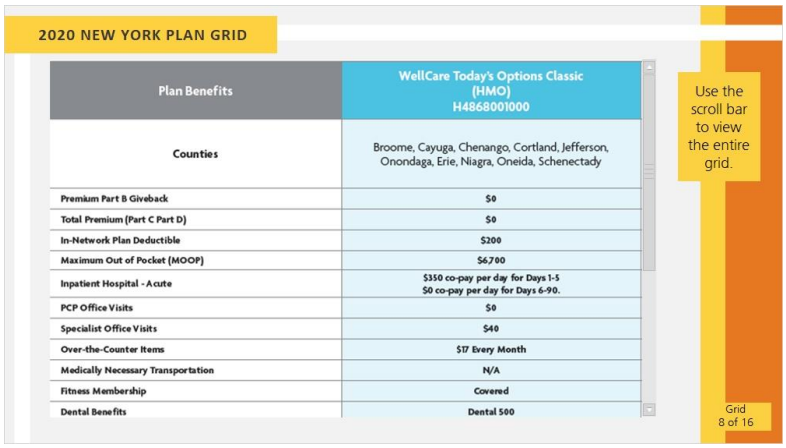


Plan Benefits	WellCare Choice (HMO) H4868021000	WellCare Value (HMO) H4868019000
Counties	Kings, New York, Queens, Richmond	Albany, Broome, Erie, Niagara, Oneida, Rensselaer, Rockland, Saratoga, Schenectady
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	$150	$225
Maximum Out of Pocket (MOOP)	$6,700	$6,700
Inpatient Hospital - Acute	$650 co-pay per day for Days 1-3 $0 co-pay per day for Days 4-90.	$600 co-pay per day for Days 1-3 $0 co-pay per day for Days 4-90.
PCP Office Visits	$10	$10
Specialist Office Visits	$50	$50
Over-the-Counter Items	$17 Every Month	$17 Every Month
Medically Necessary Transportation	12 One-way trips Every Year	N/A
Fitness Membership	Covered	Covered
Dental Benefits	Dental 500	Dental 500

Notes:

Use the scroll bar to view the entire grid.

19.12 2020 New York Plan Grid

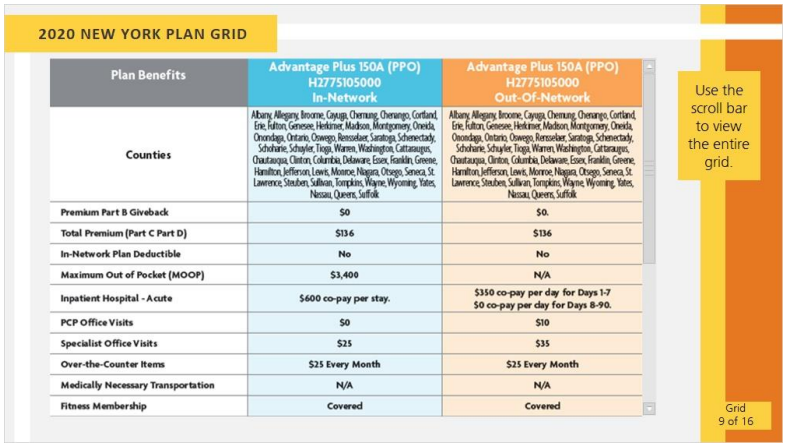


Plan Benefits	WellCare Today's Options Classic (HMO) H4868001000
Counties	Broome, Cayuga, Chenango, Cortland, Jefferson, Onondaga, Erie, Niagra, Oneida, Schenectady
Premium Part B Giveback	$0
Total Premium (Part C Part D)	$0
In-Network Plan Deductible	$200
Maximum Out of Pocket (MOOP)	$6,700
Inpatient Hospital - Acute	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0
Specialist Office Visits	$40
Over-the-Counter Items	$17 Every Month
Medically Necessary Transportation	N/A
Fitness Membership	Covered
Dental Benefits	Dental 500

Notes:

Use the scroll bar to view the entire grid.

19.13 2020 New York Plan Grid

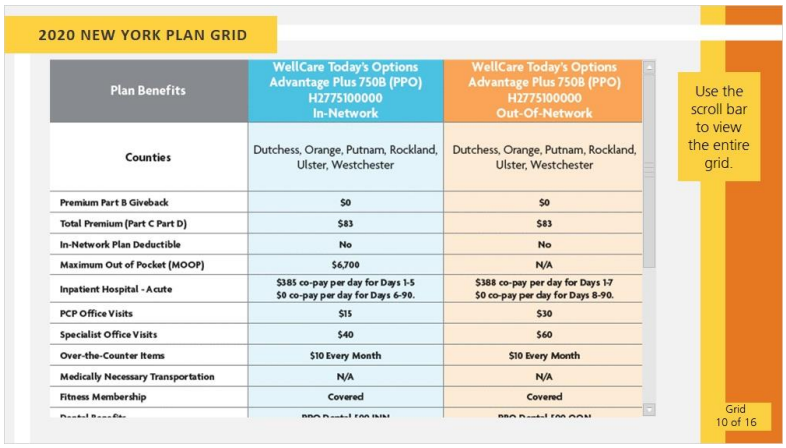


Plan Benefits	Advantage Plus 150A (PPO) H2775105000 In-Network	Advantage Plus 150A (PPO) H2775105000 Out-Of-Network
Counties	Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, Washington, Cattaraugus, Chautauqua, Clinton, Columbia, Delaware, Essex, Franklin, Greene, Hamilton, Jefferson, Lewis, Monroe, Niagara, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates, Nassau, Queens, Suffolk	Albany, Allegany, Broome, Cayuga, Chemung, Chenango, Cortland, Erie, Fulton, Genesee, Herkimer, Madison, Montgomery, Oneida, Onondaga, Ontario, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Tioga, Warren, Washington, Cattaraugus, Chautauqua, Clinton, Columbia, Delaware, Essex, Franklin, Greene, Hamilton, Jefferson, Lewis, Monroe, Niagara, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates, Nassau, Queens, Suffolk
Premium Part B Giveback	$0	$0.
Total Premium (Part C Part D)	$136	$136
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	N/A
Inpatient Hospital - Acute	$600 co-pay per stay.	$350 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.
PCP Office Visits	$0	$10
Specialist Office Visits	$25	$35
Over-the-Counter Items	$25 Every Month	$25 Every Month
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

19.14 2020 New York Plan Grid

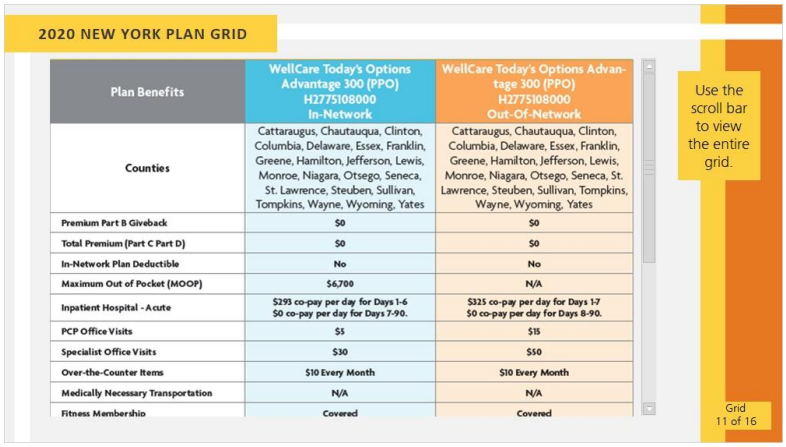


Plan Benefits	WellCare Today's Options Advantage Plus 750B (PPO) H2775100000 In-Network	WellCare Today's Options Advantage Plus 750B (PPO) H2775100000 Out-Of-Network
Counties	Dutchess, Orange, Putnam, Rockland, Ulster, Westchester	Dutchess, Orange, Putnam, Rockland, Ulster, Westchester
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$83	$83
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	N/A
Inpatient Hospital - Acute	$385 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$388 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.
PCP Office Visits	$15	$30
Specialist Office Visits	$40	$60
Over-the-Counter Items	$10 Every Month	$10 Every Month
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

19.15 2020 New York Plan Grid



Plan Benefits	WellCare Today's Options Advantage 300 (PPO) H2775108000 In-Network	WellCare Today's Options Advantage 300 (PPO) H2775108000 Out-Of-Network
Counties	Cattaraugus, Chautauqua, Clinton, Columbia, Delaware, Essex, Franklin, Greene, Hamilton, Jefferson, Lewis, Monroe, Niagara, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates	Cattaraugus, Chautauqua, Clinton, Columbia, Delaware, Essex, Franklin, Greene, Hamilton, Jefferson, Lewis, Monroe, Niagara, Otsego, Seneca, St. Lawrence, Steuben, Sullivan, Tompkins, Wayne, Wyoming, Yates
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	N/A
Inpatient Hospital - Acute	$293 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$325 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.
PCP Office Visits	$5	$15
Specialist Office Visits	$30	$50
Over-the-Counter Items	$10 Every Month	$10 Every Month
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

19.16 2020 New York Plan Grid

Plan Benefits	WellCare Choice (HMO) H4868020000	WellCare Value (HMO) H4868018000
Counties	Bronx	Monroe, Dutchess, Onondaga, Orange, Wayne
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$76.90
In-Network Plan Deductible	No	$125
Maximum Out of Pocket (MOOP)	$6,700	$6,700
Inpatient Hospital - Acute	$650 co-pay per day for Days 1-3 $0 co-pay per day for Days 4-90.	$650 co-pay per day for Days 1-3 $0 co-pay per day for Days 4-90.
PCP Office Visits	$0	$5
Specialist Office Visits	$50	$50
Over-the-Counter Items	$25 Every Month	N/A
Medically Necessary Transportation	12 One-way trips Every Year	N/A
Fitness Membership	Covered	Covered
Dental Benefits	Dental 500	Preventive Plus

Notes:

Use the scroll bar to view the entire grid.

19.17 2020 New York Plan Grid

2020 NEW YORK PLAN GRID

Plan Benefits	WellCare Preferred (HMO) H4868010000	WellCare Choice (HMO) H4868007000
Counties	Bronx, Kings, New York, Queens, Richmond, Westchester	Nassau
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$81	$55
In-Network Plan Deductible	No	$250
Maximum Out of Pocket (MOOP)	$6,700	$6,700
Inpatient Hospital - Acute	$295 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$500 co-pay per day for Days 1-3 $0 co-pay per day for Days 4-90.
PCP Office Visits	$0	$5
Specialist Office Visits	$30	$40
Over-the-Counter Items	$5 Every Month	$10 Every Month
Medically Necessary Transportation	8 One-way trips Every Year	N/A
Fitness Membership	Covered	Covered
Dental Benefits	Dental 1000	Dental 500

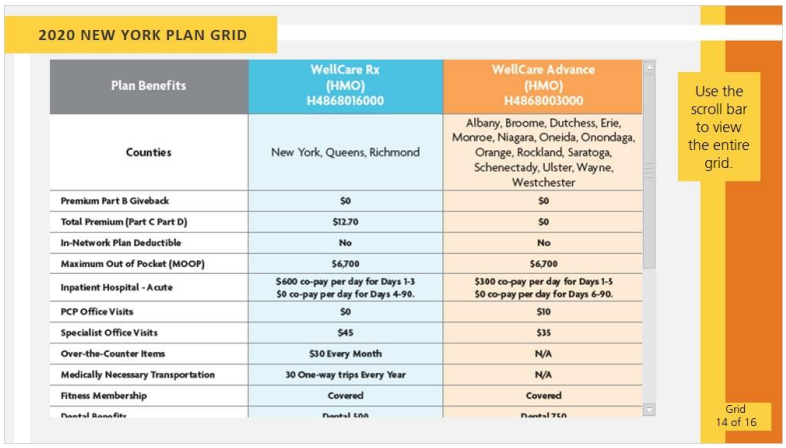
Use the scroll bar to view the entire grid.

Grid 13 of 16

Notes:

Use the scroll bar to view the entire grid.

19.18 2020 New York Plan Grid



2020 NEW YORK PLAN GRID

Plan Benefits	WellCare Rx (HMO) H4868016000	WellCare Advance (HMO) H4868003000
Counties	New York, Queens, Richmond	Albany, Broome, Dutchess, Erie, Monroe, Niagara, Oneida, Onondaga, Orange, Rockland, Saratoga, Schenectady, Ulster, Wayne, Westchester
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$12.70	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	$6,700
Inpatient Hospital - Acute	$600 co-pay per day for Days 1-3 $0 co-pay per day for Days 4-90.	$300 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$10
Specialist Office Visits	$45	$35
Over-the-Counter Items	$30 Every Month	N/A
Medically Necessary Transportation	30 One-way trips Every Year	N/A
Fitness Membership	Covered	Covered
Dental Benefits	Dental 500	Dental 750

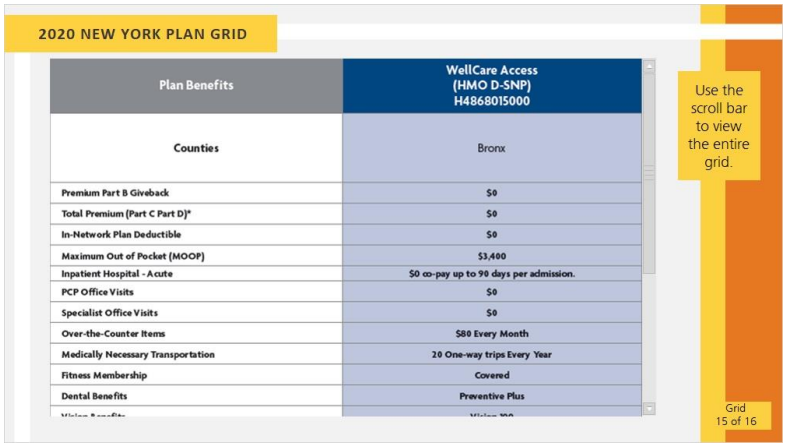
Use the scroll bar to view the entire grid.

Grid 14 of 16

Notes:

Use the scroll bar to view the entire grid.

19.19 2020 New York Plan Grid



Notes:

Use the scroll bar to view the entire grid.

19.20 2020 New York Plan Grid

Notes:

Use the scroll bar to view the entire grid.

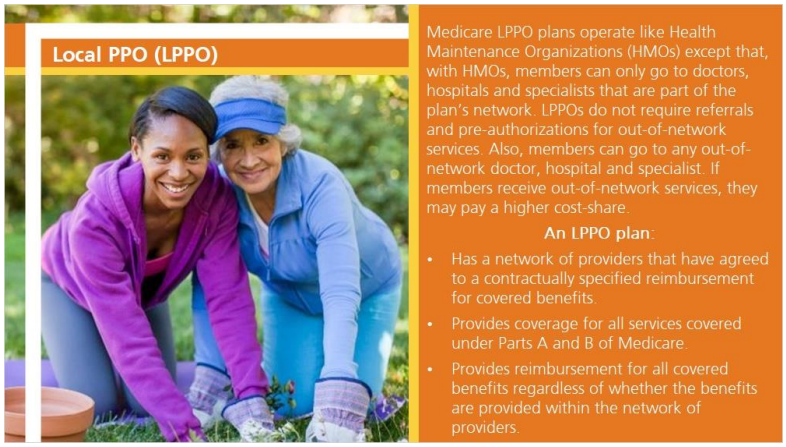
20. North Carolina

20.1 North Carolina

Notes:

North Carolina

20.2 Local PPO (LPPO)



Notes:

Medicare LPPO plans operate like Health Maintenance Organizations (HMOs) except that, with HMOs, members can only go to doctors, hospitals and specialists that are part of the plan's network. LPPOs do not require referrals and pre-authorizations for out-of-network services. Also, members can go to any out-of-network doctor, hospital and specialist. If members receive out-of-network services, they may pay a higher cost-share.

An LPPO plan:

- Has a network of providers that have agreed to a contractually specified reimbursement for covered benefits.
- Provides coverage for all services covered under Parts A and B of Medicare.
- Provides reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.

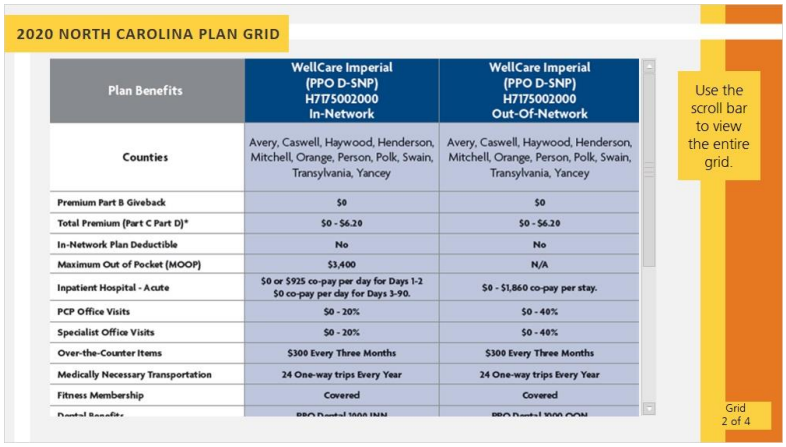
20.3 2020 North Carolina Plan Grid

Plan Benefits	WellCare Premier (PPO) H7175001000 In-Network	WellCare Premier (PPO) H7175001000 Out-Of-Network
Counties	Avery, Buncombe, Caswell, Durham, Haywood, Henderson, Jackson, Madison, McDowell, Mitchell, Orange, Person, Polk, Swain, Transylvania, Warren, Yancey	Avery, Buncombe, Caswell, Durham, Haywood, Henderson, Jackson, Madison, McDowell, Mitchell, Orange, Person, Polk, Swain, Transylvania, Warren, Yancey
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$5,500	N/A
Inpatient Hospital - Acute	$325 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	35% coinsurance per day for Days 1-90.
PCP Office Visits	$0	$25
Specialist Office Visits	$30	$50
Over-the-Counter Items	$75 Every Three Months	$75 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

20.4 2020 North Carolina Plan Grid



2020 NORTH CAROLINA PLAN GRID

Plan Benefits	WellCare Imperial (PPO D-SNP) H7175002000 In-Network	WellCare Imperial (PPO D-SNP) H7175002000 Out-Of-Network
Counties	Avery, Caswell, Haywood, Henderson, Mitchell, Orange, Person, Polk, Swain, Transylvania, Yancey	Avery, Caswell, Haywood, Henderson, Mitchell, Orange, Person, Polk, Swain, Transylvania, Yancey
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0 - $6.20	$0 - $6.20
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	N/A
Inpatient Hospital - Acute	$0 or $925 co-pay per day for Days 1-2 $0 co-pay per day for Days 3-90.	$0 - $1,860 co-pay per stay.
PCP Office Visits	$0 - 20%	$0 - 40%
Specialist Office Visits	$0 - 20%	$0 - 40%
Over-the-Counter Items	$300 Every Three Months	$300 Every Three Months
Medically Necessary Transportation	24 One-way trips Every Year	24 One-way trips Every Year
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

20.5 2020 North Carolina Plan Grid

2020 NORTH CAROLINA PLAN GRID

Plan Benefits	WellCare Access (HMO D-SNP) H0712025000
Counties	Avery, Buncombe, Caswell, Durham, Haywood, Henderson, Jackson, Madison, McDowell, Mitchell, Orange, Person, Polk, Swain, Transylvania, Warren, Yancey
Premium Part B Giveback	$0
Total Premium (Part C Part D)*	$0 - $19.70
In-Network Plan Deductible	$0 - $175
Maximum Out of Pocket (MOOP)	$3,400
Inpatient Hospital - Acute	$0 or $925 co-pay per day for Days 1-2 $0 co-pay per day for Days 3-90.
PCP Office Visits	$0
Specialist Office Visits	$0 - 20%
Over-the-Counter Items	$400 Every Three Months
Medically Necessary Transportation	36 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Dental 2500

Notes:

Use the scroll bar to view the entire grid.

20.6 2020 North Carolina Plan Grid

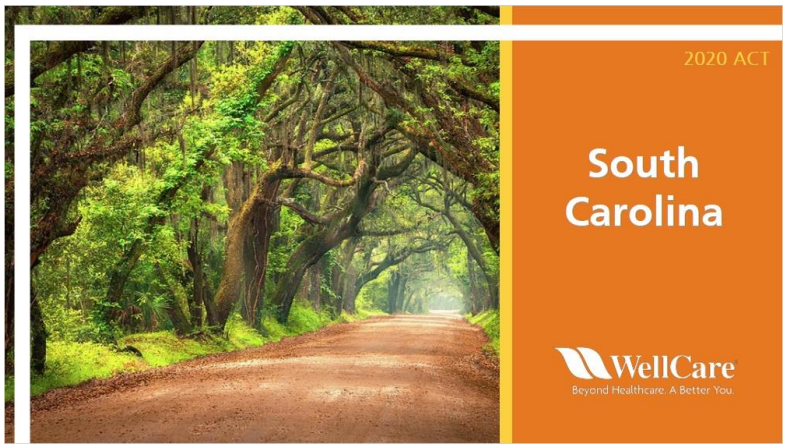
Plan Benefits	WellCare Value (HMO) H0712022000	WellCare Value (HMO) H0712023000
Counties	Caswell, Durham, Orange, Person, Warren	Avery, Buncombe, Haywood, Henderson, Jackson, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Yancy
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	$6,700
Inpatient Hospital - Acute	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$45	$40
Over-the-Counter Items	$23 Every Month	$23 Every Month
Medically Necessary Transportation	10 One-way trips Every Year	10 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 750	Dental 750

Notes:

Use the scroll bar to view the entire grid.

21. South Carolina

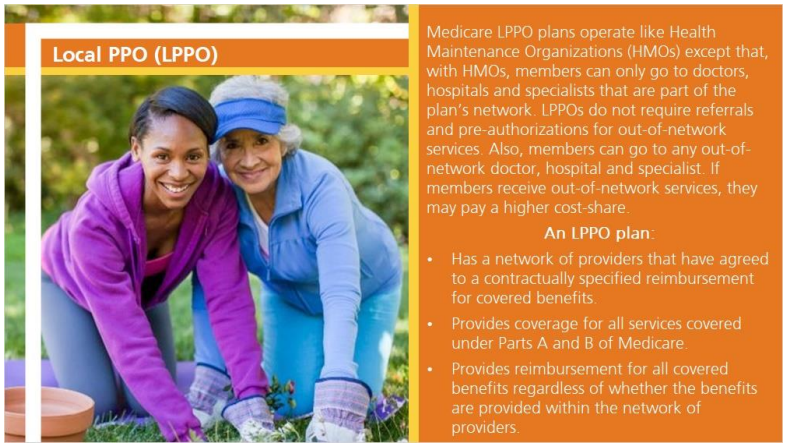
21.1 South Carolina



Notes:

South Carolina

21.2 Local PPO (LPPO)



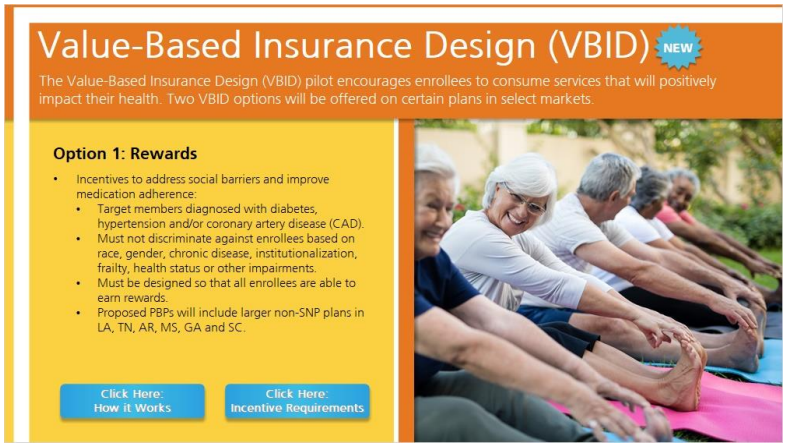
Notes:

Medicare LPPO plans operate like Health Maintenance Organizations (HMOs) except that, with HMOs, members can only go to doctors, hospitals and specialists that are part of the plan's network. LPPOs do not require referrals and pre-authorizations for out-of-network services. Also, members can go to any out-of-network doctor, hospital and specialist. If members receive out-of-network services, they may pay a higher cost-share.

An LPPO plan:

- Has a network of providers that have agreed to a contractually specified reimbursement for covered benefits.
- Provides coverage for all services covered under Parts A and B of Medicare.
- Provides reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.

21.3 Value-Based Insurance Design (VBID)



Notes:

The Value-Based Insurance Design (VBID) pilot encourages enrollees to consume services that will positively impact their health. Two VBID options will be offered on certain plans in select markets.

Option 1: Rewards

- Incentives to address social barriers and improve medication adherence:
  - Target members diagnosed with diabetes, hypertension and/or coronary artery disease (CAD).
  - Must not discriminate against enrollees based on race, gender, chronic disease,institutionalization, frailty, health status or other impairments.
  - Must be designed so that all enrollees are able to earn rewards.
  - Proposed PBPs will include larger non-SNP plans in LA, TN, AR, MS, GA and SC.
-

How it Works

- In conjunction with pharmacy efforts, WellCare will incentivize members to call the **Community Connections Helpline (CCHL)** to complete a social needs assessment.
- Once complete, the Community Connections team will connect members with resources in their community to help remove social barriers that may exist.
- Offer disease management education, phone outreach by pharmacy experts and incentives to encourage behavior change and to improve medication adherence.
- WellCare will use **Novu** to socialize the program and administer incentives.
-

Incentive Requirements

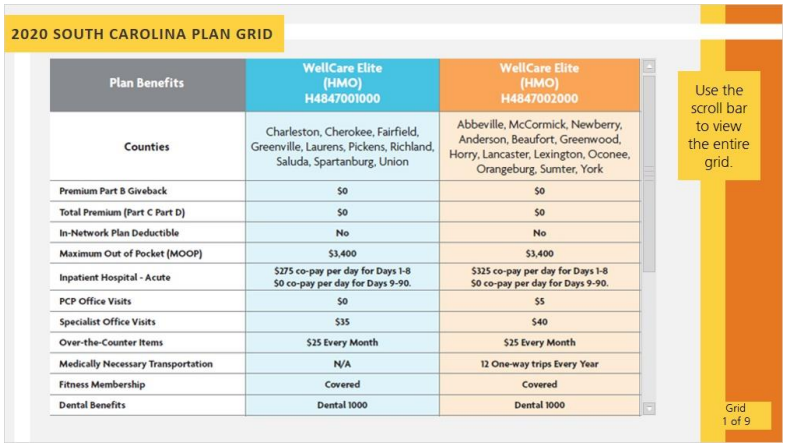
- Rewards and incentives associated with the RI Program must:
  - Be offered in connection with the entire service or activity;
  - Be offered to all eligible enrollees without discrimination;
  - Have a value that may be expected to affect enrollee behavior, but not exceed the value of the health-related service or activity itself; and
  - Otherwise comply with all relevant fraud and abuse laws, including, when applicable,

the anti-kickback statute and civil money penalty prohibiting inducements to enrollees.

Details (Slide Layer)

Incentive Requirements (Slide Layer)

21.4 2020 South Carolina Plan Grid

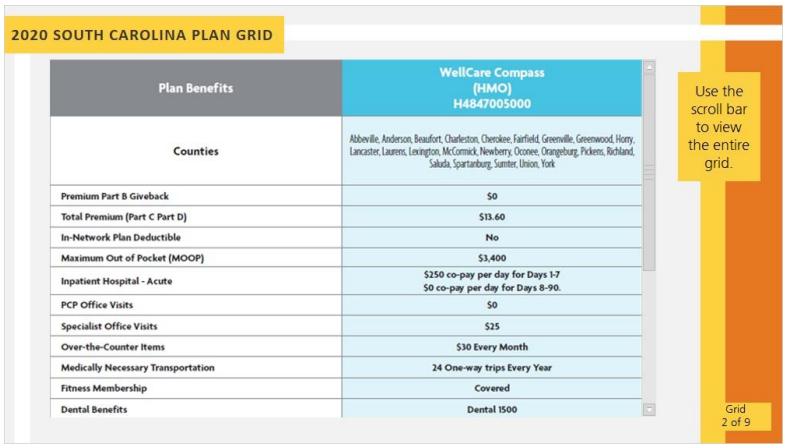


Plan Benefits	WellCare Elite (HMO) H4847001000	WellCare Elite (HMO) H4847002000
Counties	Charleston, Cherokee, Fairfield, Greenville, Laurens, Pickens, Richland, Saluda, Spartanburg, Union	Abbeville, McCormick, Newberry, Anderson, Beaufort, Greenwood, Horry, Lancaster, Lexington, Oconee, Orangeburg, Sumter, York
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$275 co-pay per day for Days 1-8 $0 co-pay per day for Days 9-90.	$325 co-pay per day for Days 1-8 $0 co-pay per day for Days 9-90.
PCP Office Visits	$0	$5
Specialist Office Visits	$35	$40
Over-the-Counter Items	$25 Every Month	$25 Every Month
Medically Necessary Transportation	N/A	12 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 1000	Dental 1000

Notes:

Use the scroll bar to view the entire grid.

21.5 2020 South Carolina Plan Grid

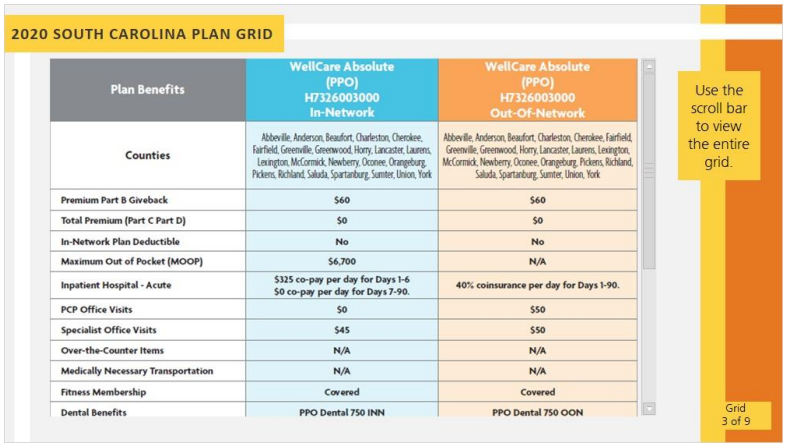


Plan Benefits	WellCare Compass (HMO) H4847005000
Counties	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York
Premium Part B Giveback	$0
Total Premium (Part C Part D)	$13.60
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	$3,400
Inpatient Hospital - Acute	$250 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.
PCP Office Visits	$0
Specialist Office Visits	$25
Over-the-Counter Items	$30 Every Month
Medically Necessary Transportation	24 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Dental 1500

Notes:

Use the scroll bar to view the entire grid.

21.6 2020 South Carolina Plan Grid

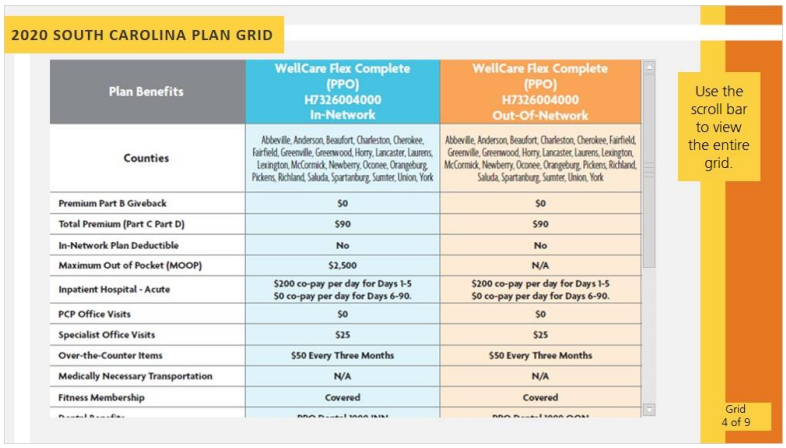


Plan Benefits	WellCare Absolute (PPO) H7326003000 In-Network	WellCare Absolute (PPO) H7326003000 Out-Of-Network
Counties	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York
Premium Part B Giveback	$60	$60
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	N/A
Inpatient Hospital - Acute	$325 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	40% coinsurance per day for Days 1-90.
PCP Office Visits	$0	$50
Specialist Office Visits	$45	$50
Over-the-Counter Items	N/A	N/A
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	PPO Dental 750 INN	PPO Dental 750 OON

Notes:

Use the scroll bar to view the entire grid.

21.7 2020 South Carolina Plan Grid

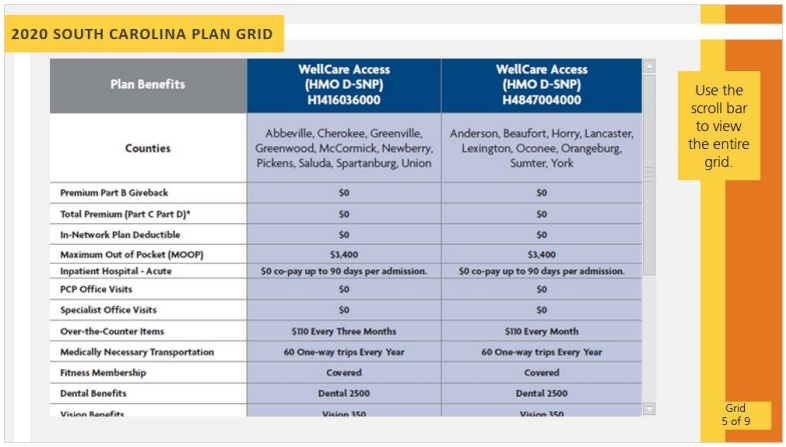


Plan Benefits	WellCare Flex Complete (PPO) H7326004000 In-Network	WellCare Flex Complete (PPO) H7326004000 Out-Of-Network
Counties	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$90	$90
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$2,500	N/A
Inpatient Hospital - Acute	$200 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$200 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$25	$25
Over-the-Counter Items	$50 Every Three Months	$50 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered

Notes:

Use the scroll bar to view the entire grid.

21.8 2020 South Carolina Plan Grid

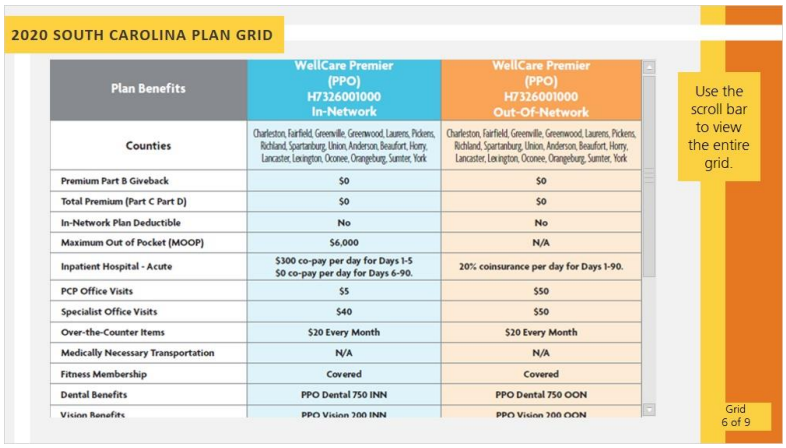


Plan Benefits	WellCare Access (HMO D-SNP) H1416036000	WellCare Access (HMO D-SNP) H4847004000
Counties	Abbeville, Cherokee, Greenville, Greenwood, McCormick, Newberry, Pickens, Saluda, Spartanburg, Union	Anderson, Beaufort, Horry, Lancaster, Lexington, Oconee, Orangeburg, Sumter, York
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$0
In-Network Plan Deductible	$0	$0
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$0
Over-the-Counter Items	$110 Every Three Months	$110 Every Month
Medically Necessary Transportation	60 One-way trips Every Year	60 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 2500	Dental 2500
Vision Benefits	Vision 350	Vision 350

Notes:

Use the scroll bar to view the entire grid.

21.9 2020 South Carolina Plan Grid

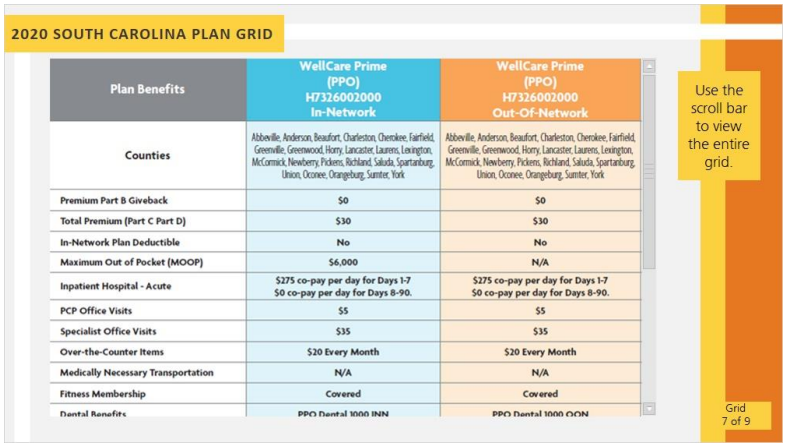


Plan Benefits	WellCare Premier (PPO) H7326001000 In-Network	WellCare Premier (PPO) H7326001000 Out-Of-Network
Counties	Charleston, Fairfield, Greenville, Greenwood, Laurens, Pickens, Richland, Spartanburg, Union, Anderson, Beaufort, Horry, Lancaster, Lexington, Oconee, Orangeburg, Sumter, York	Charleston, Fairfield, Greenville, Greenwood, Laurens, Pickens, Richland, Spartanburg, Union, Anderson, Beaufort, Horry, Lancaster, Lexington, Oconee, Orangeburg, Sumter, York
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,000	N/A
Inpatient Hospital - Acute	$300 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	20% coinsurance per day for Days 1-90.
PCP Office Visits	$5	$50
Specialist Office Visits	$40	$50
Over-the-Counter Items	$20 Every Month	$20 Every Month
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	PPO Dental 750 INN	PPO Dental 750 OON
Vision Benefits	PPO Vision 200 INN	PPO Vision 200 OON

Notes:

Use the scroll bar to view the entire grid.

21.10 2020 South Carolina Plan Grid

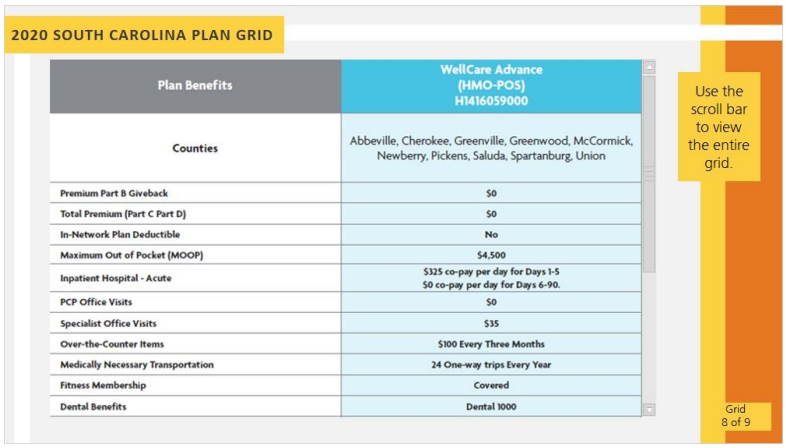


Plan Benefits	WellCare Prime (PPO) H7326002000 In-Network	WellCare Prime (PPO) H7326002000 Out-Of-Network
Counties	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Pickens, Richland, Saluda, Spartanburg, Union, Oconee, Orangeburg, Sumter, York	Abbeville, Anderson, Beaufort, Charleston, Cherokee, Fairfield, Greenville, Greenwood, Horry, Lancaster, Laurens, Lexington, McCormick, Newberry, Pickens, Richland, Saluda, Spartanburg, Union, Oconee, Orangeburg, Sumter, York
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$30	$30
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,000	N/A
Inpatient Hospital - Acute	$275 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.	$275 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.
PCP Office Visits	$5	$5
Specialist Office Visits	$35	$35
Over-the-Counter Items	$20 Every Month	$20 Every Month
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	PPO Dental 1000 INN	PPO Dental 1000 OON

Notes:

Use the scroll bar to view the entire grid.

21.11 2020 South Carolina Plan Grid

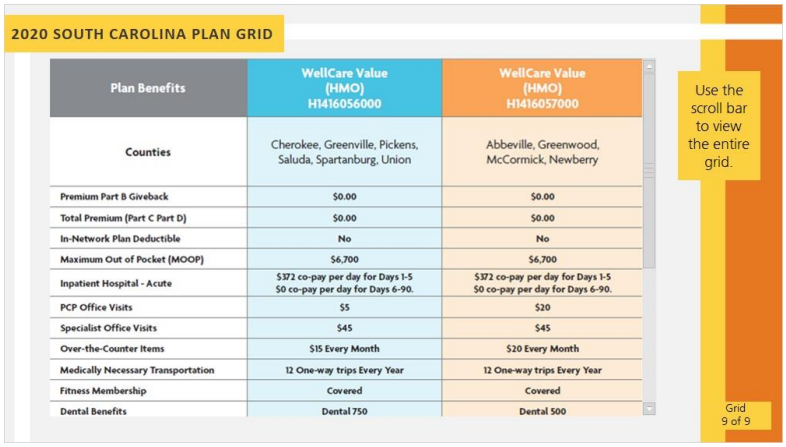


Plan Benefits	WellCare Advance (HMO-POS) H1416059000
Counties	Abbeville, Cherokee, Greenville, Greenwood, McCormick, Newberry, Pickens, Saluda, Spartanburg, Union
Premium Part B Giveback	$0
Total Premium (Part C Part D)	$0
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	$4,500
Inpatient Hospital - Acute	$325 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0
Specialist Office Visits	$35
Over-the-Counter Items	$100 Every Three Months
Medically Necessary Transportation	24 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Dental 1000

Notes:

Use the scroll bar to view the entire grid.

21.12 2020 South Carolina Plan Grid



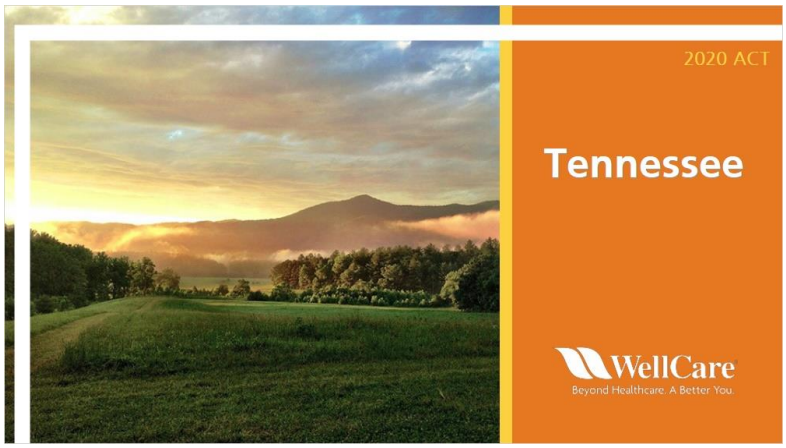
Plan Benefits	WellCare Value (HMO) H1416056000	WellCare Value (HMO) H1416057000
Counties	Cherokee, Greenville, Pickens, Saluda, Spartanburg, Union	Abbeville, Greenwood, McCormick, Newberry
Premium Part B Giveback	$0.00	$0.00
Total Premium (Part C Part D)	$0.00	$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	$6,700
Inpatient Hospital - Acute	$372 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$372 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$5	$20
Specialist Office Visits	$45	$45
Over-the-Counter Items	$15 Every Month	$20 Every Month
Medically Necessary Transportation	12 One-way trips Every Year	12 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 750	Dental 500

Notes:

Use the scroll bar to view the entire grid.

22. Tennessee

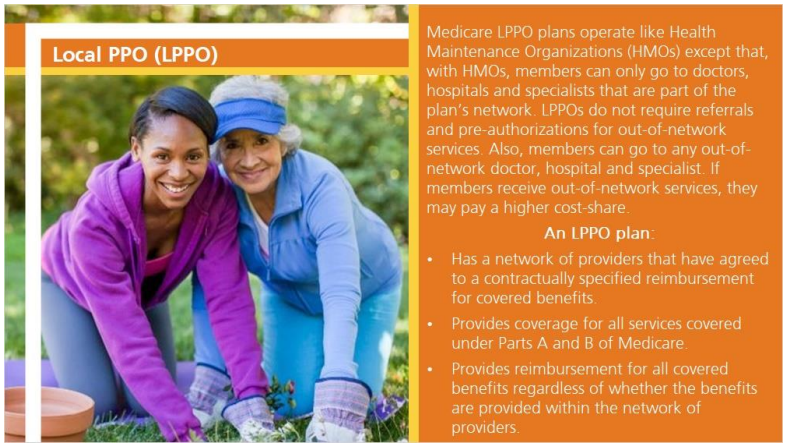
22.1 Tennessee



Notes:

Tennessee

22.2 Local PPO (LPPO)



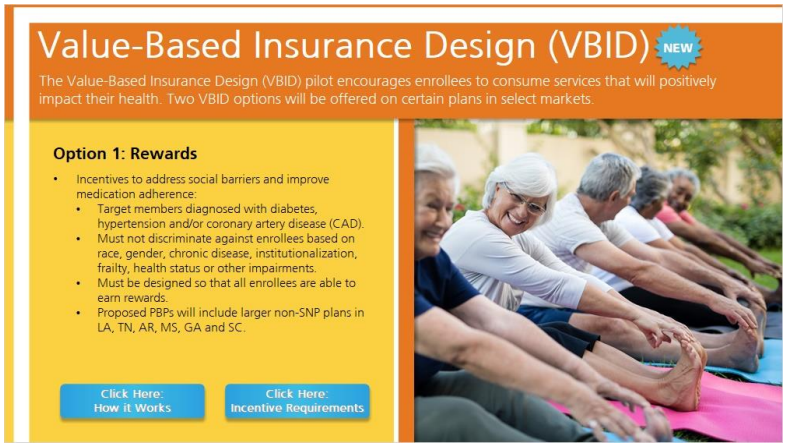
Notes:

Medicare LPPO plans operate like Health Maintenance Organizations (HMOs) except that, with HMOs, members can only go to doctors, hospitals and specialists that are part of the plan's network. LPPOs do not require referrals and pre-authorizations for out-of-network services. Also, members can go to any out-of-network doctor, hospital and specialist. If members receive out-of-network services, they may pay a higher cost-share.

An LPPO plan:

- Has a network of providers that have agreed to a contractually specified reimbursement for covered benefits.
- Provides coverage for all services covered under Parts A and B of Medicare.
- Provides reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.

22.3 Value-Based Insurance Design (VBID)



Notes:

The Value-Based Insurance Design (VBID) pilot encourages enrollees to consume services that will positively impact their health. Two VBID options will be offered on certain plans in select markets.

Option 1: Rewards

- Incentives to address social barriers and improve medication adherence:
  - Target members diagnosed with diabetes, hypertension and/or coronary artery disease (CAD).
  - Must not discriminate against enrollees based on race, gender, chronic disease,institutionalization, frailty, health status or other impairments.
  - Must be designed so that all enrollees are able to earn rewards.
  - Proposed PBPs will include larger non-SNP plans in LA, TN, AR, MS, GA and SC.
-

How it Works

- In conjunction with pharmacy efforts, WellCare will incentivize members to call the **Community Connections Helpline (CCHL)** to complete a social needs assessment.
- Once complete, the Community Connections team will connect members with resources in their community to help remove social barriers that may exist.
- Offer disease management education, phone outreach by pharmacy experts and incentives to encourage behavior change and to improve medication adherence.
- WellCare will use **Novu** to socialize the program and administer incentives.
-

Incentive Requirements

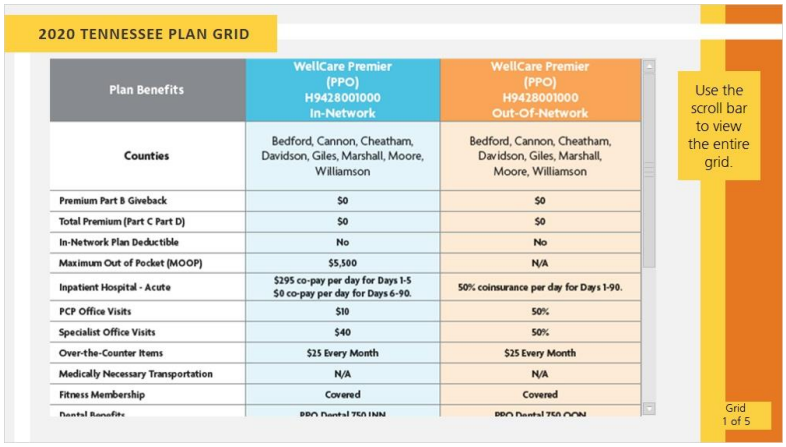
- Rewards and incentives associated with the RI Program must:
  - Be offered in connection with the entire service or activity;
  - Be offered to all eligible enrollees without discrimination;
  - Have a value that may be expected to affect enrollee behavior, but not exceed the value of the health-related service or activity itself; and
  - Otherwise comply with all relevant fraud and abuse laws, including, when applicable,

the anti-kickback statute and civil money penalty prohibiting inducements to enrollees.

Details (Slide Layer)

Incentive Requirements (Slide Layer)

22.4 2020 Tennessee Plan Grid

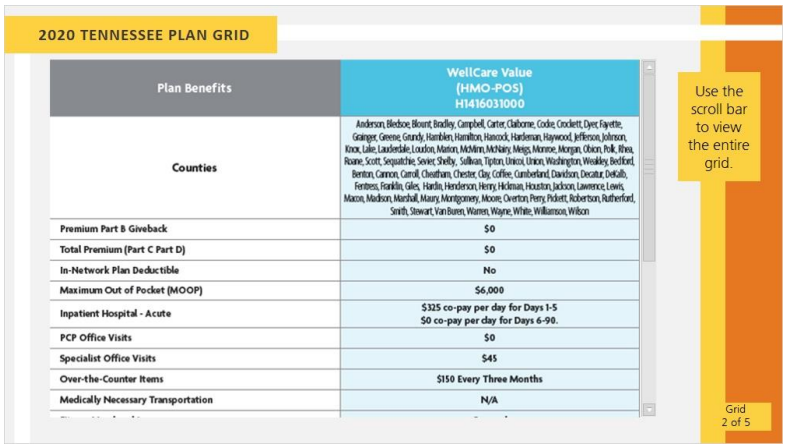


Plan Benefits	WellCare Premier (PPO) H9428001000 In-Network	WellCare Premier (PPO) H9428001000 Out-Of-Network
Counties	Bedford, Cannon, Cheatham, Davidson, Giles, Marshall, Moore, Williamson	Bedford, Cannon, Cheatham, Davidson, Giles, Marshall, Moore, Williamson
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$5,500	N/A
Inpatient Hospital - Acute	$295 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	50% coinsurance per day for Days 1-90.
PCP Office Visits	$10	50%
Specialist Office Visits	$40	50%
Over-the-Counter Items	$25 Every Month	$25 Every Month
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	PPO Dental 750 INN	PPO Dental 750 OON

Notes:

Use the scroll bar to view the entire grid.

22.5 2020 Tennessee Plan Grid

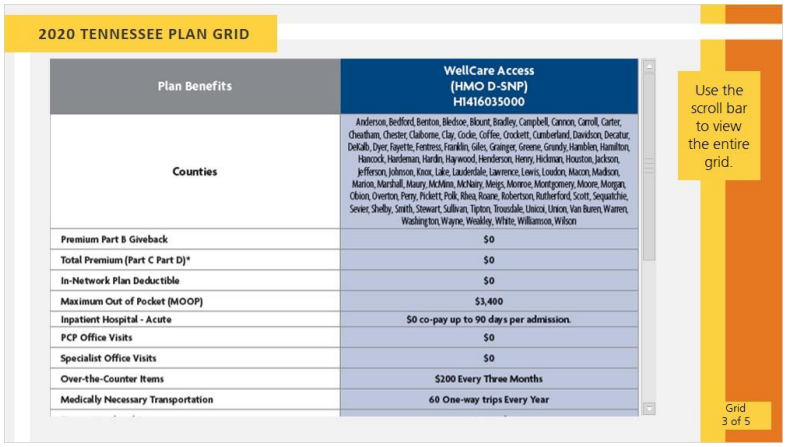


Plan Benefits	WellCare Value (HMO-POS) H1416031000
Counties	Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Crockett, Dyer, Fayette, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Haywood, Jefferson, Johnson, Knox, Lake, Lauderdale, Loudon, Marion, McMinn, McNairy, Meigs, Monroe, Morgan, Obion, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, Shelby, Sullivan, Tipton, Unicoi, Union, Washington, Weakley, Bedford, Benton, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Cumberland, Davidson, Decatur, DeKalb, Fentress, Franklin, Giles, Hardin, Henderson, Henry, Hickman, Houston, Jackson, Lawrence, Lewis, Macon, Madison, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Robertson, Rutherford, Smith, Stewart, Van Buren, Warren, Wayne, White, Williamson, Wilson
Premium Part B Giveback	$0
Total Premium (Part C Part D)	$0
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	$6,000
Inpatient Hospital - Acute	$325 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0
Specialist Office Visits	$45
Over-the-Counter Items	$150 Every Three Months
Medically Necessary Transportation	N/A

Notes:

Use the scroll bar to view the entire grid.

22.6 2020 Tennessee Plan Grid



2020 TENNESSEE PLAN GRID

Plan Benefits	WellCare Access (HMO D-SNP) H1416035000
Counties	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dyer, Fayette, Fentress, Franklin, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson
Premium Part B Giveback	$0
Total Premium (Part C Part D)*	$0
In-Network Plan Deductible	$0
Maximum Out of Pocket (MOOP)	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0
Specialist Office Visits	$0
Over-the-Counter Items	$200 Every Three Months
Medically Necessary Transportation	60 One-way trips Every Year

Use the scroll bar to view the entire grid.

Grid 3 of 5

Notes:

Use the scroll bar to view the entire grid.

22.7 2020 Tennessee Plan Grid

2020 TENNESSEE PLAN GRID

Plan Benefits	WellCare Dividend (HMO) H1416039000	WellCare Rx (HMO) H1416042000
Counties	Anderson, Bedford, Blount, Cannon, Carroll, Cheatham, Chester, Claiborne, Cocke, Coffee, Crockett, Davidson, Dyer, Fayette, Grainger, Hamblen, Hamilton, Hardeman, Hardin, Haywood, Henderson, Henry, Knox, Lauderdale, Lewis, Macon, Madison, Marshall, Maury, Montgomery, Morgan, Robertson, Rutherford, Sevier, Shelby, Stewart, Tipton, Trousdale, Wayne, Williamson, Wilson	Anderson, Bedford, Benton, Blount, Cannon, Carroll, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dyer, Fayette, Fentress, Franklin, Giles, Grainger, Hamblen, Hamilton, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Jackson, Knox, Lauderdale, Lawrence, Lewis, Macon, Madison, Marshall, Maury, Montgomery, Moore, Morgan, Overton, Pickett, Perry, Robertson, Rutherford, Sevier, Shelby, Smith, Stewart, Tipton, Trousdale, Van Buren, Warren, Wayne, Williamson, Wilson, White
Premium Part B Giveback	$40	$0
Total Premium (Part C Part D)	$0	$15.50
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	$6,700
Inpatient Hospital - Acute	$1,340 co-pay per stay.	$275 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$5	$0
Specialist Office Visits	$50	$40
Over-the-Counter Items	$75 Every Three Months	$60 Every Three Months
Medically Necessary Transportation	N/A	36 One-way trips Every Year

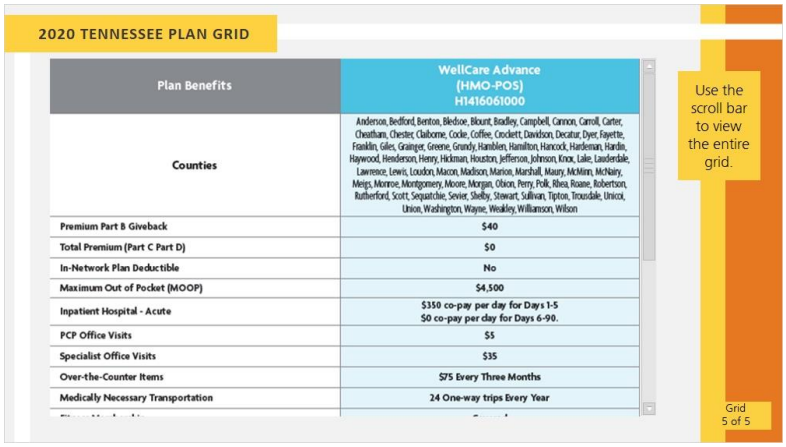
Use the scroll bar to view the entire grid.

Grid 4 of 5

Notes:

Use the scroll bar to view the entire grid.

22.8 2020 Tennessee Plan Grid



Notes:

Use the scroll bar to view the entire grid.

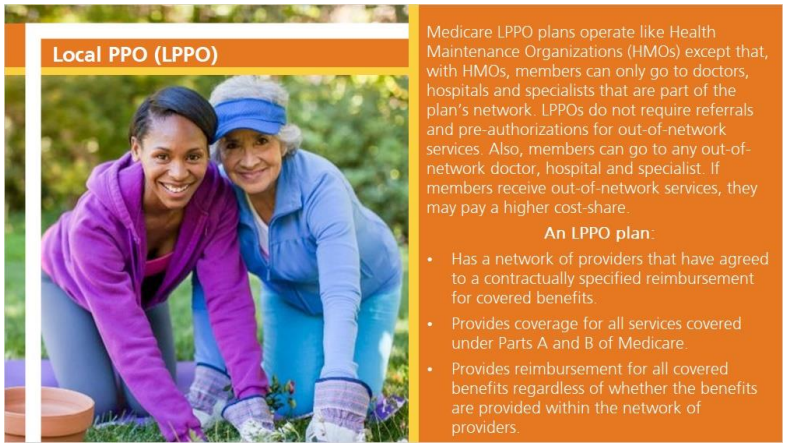
23. Texas

23.1 Texas

Notes:

Texas

23.2 Local PPO (LPPO)



Notes:

Medicare LPPO plans operate like Health Maintenance Organizations (HMOs) except that, with HMOs, members can only go to doctors, hospitals and specialists that are part of the plan's network. LPPOs do not require referrals and pre-authorizations for out-of-network services. Also, members can go to any out-of-network doctor, hospital and specialist. If members receive out-of-network services, they may pay a higher cost-share.

An LPPO plan:

- Has a network of providers that have agreed to a contractually specified reimbursement for covered benefits.
- Provides coverage for all services covered under Parts A and B of Medicare.
- Provides reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.

23.3 Chronic Special Needs Plans (CSNPs)

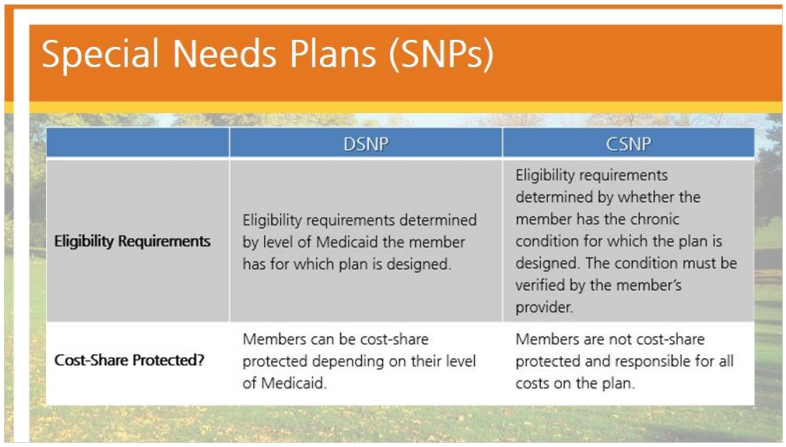
Notes:

Chronic SNPs (CSNPs) are SNPs that restrict enrollment to special needs individuals with specific severe or disabling chronic conditions. Individuals eligible for these plans have one or more co-morbid and medically complex chronic conditions that are substantially disabling or life-threatening, have high risk of hospitalization or other significant adverse health outcomes, and require specialized delivery systems across domains of care.

WellCare CSNPs:

- Cover cardiovascular disease, congestive heart failure, and diabetes.
- Are designed to go beyond the provision of basic Medicare Parts A and B services and care coordination that is required of all Coordinated Care Plans (CCPs).
- Are traditional Medicare products. They are not for the dual population, although there is a Model of Care/Quality Improvement program, same as with DSNP.

23.4 Special Needs Plans (SNPs)



Notes:

DSNP

Eligibility Requirements - Eligibility requirements determined by level of Medicaid the member has for which plan is designed.

Cost-Share Protected? - Members can be cost-share protected depending on their level of Medicaid.

CSNP

Eligibility Requirements - Eligibility requirements determined by whether the member has the chronic condition for which the plan is designed. The condition must be verified by the member's provider.

Cost-Share Protected? - Members are not cost-share protected and responsible for all costs on the plan.

23.5 Special Needs Plans (SNPs)

Notes:

CSNPs are SNP plans that restrict enrollment to special needs individuals with one or more specific severe or disabling chronic conditions requiring coordination of care among:

Primary Providers

Medical & Mental Health Specialists

Inpatient & Outpatient Facilities

Extensive ancillary services related to diagnostic testing and therapeutic management

To qualify for a WellCare CSNP, a member must have at least one of the following conditions: diabetes only or diabetes, chronic heart failure and/or cardiovascular disease. Covered conditions vary by plan.

23.6 Chronic Special Needs Plan (CSNP)

Notes:

GUARDIAN & CHAMPION PLANS

Prospective members who qualify for these plans may enroll year round.
Members of this plan will select a PCP who will coordinate the care from other providers.
Members will work with a Case Manager, a partner who will create a care plan to address each member's unique health care needs and offer tips to help members reach their best level of health.
Members in some plans also receive a giveback of all of the member's Part B premium.

23.7 Chronic Special Needs Plan (CSNP)

Notes:

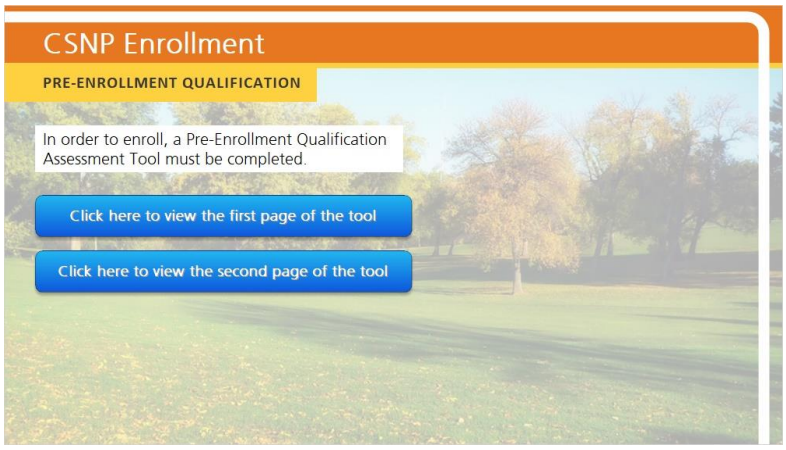
Chronic conditions that qualify a beneficiary for a CSNP vary by plan. Diabetes only or diabetes, chronic heart failure and/or congestive heart failure. Keep these three points in mind when enrolling a new member.

If a member is eligible to enroll in the CSNP plan (as a result of having one of the covered conditions for which the plan is designed), then the member will need to fill out a Pre-Enrollment Qualification Assessment Tool form.

The items on the form highlighted in red *must* be filled in for the form to be considered complete. Once the form is complete, it will be sent to the member's provider to confirm the member's condition.

If the provider has returned the verification form within the first 30 days of enrollment, then the member will remain active in the plan.

23.8 CSNP Enrollment



Notes:

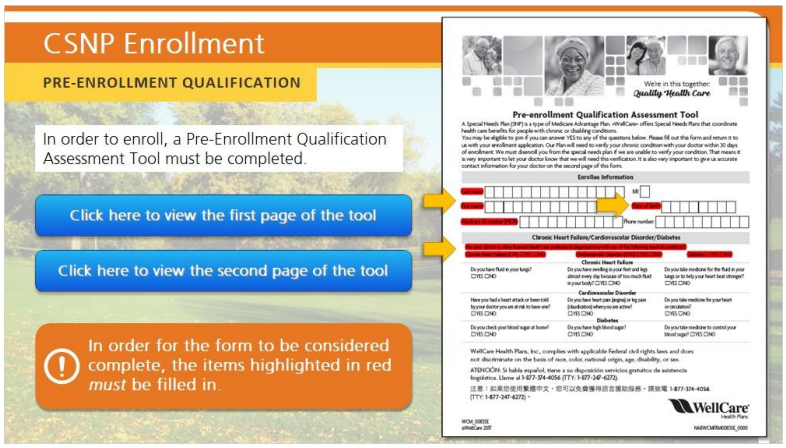
In order to enroll, a Pre-Enrollment Qualification Assessment Tool must be completed.

Click here to view the first page of the tool

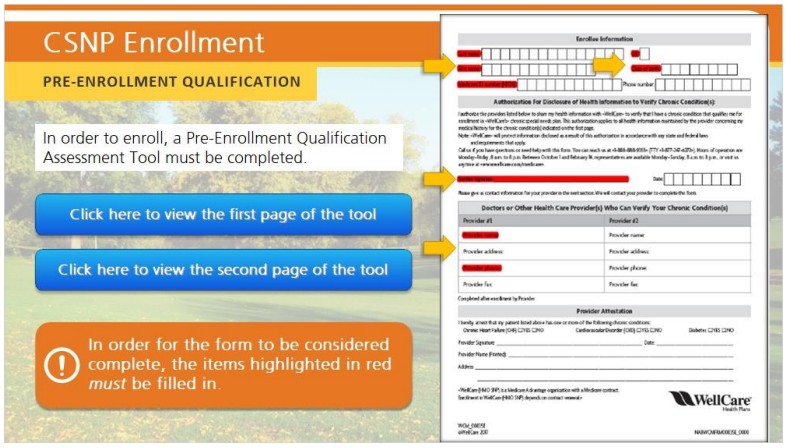
Click here to view the second page of the tool

In order for the form to be considered complete, the items highlighted in red *must* be filled in.

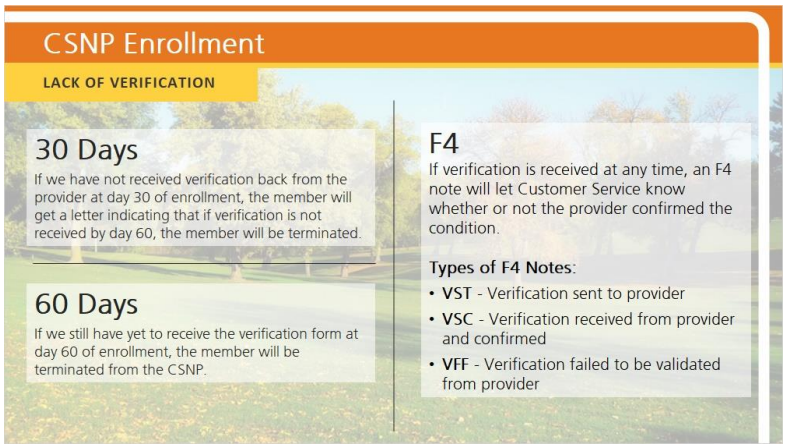
Page 1 (Slide Layer)



Page 2 (Slide Layer)



23.9 CSNP Enrollment



Notes:

LACK OF VERIFICATION

30 Days

If we have not received verification back from the provider at day 30 of enrollment, the member will get a letter indicating that if verification is not received by day 60, the member will be terminated.

60 Days

If we still have yet to receive the verification form at day 60 of enrollment, the member will be terminated from the CSNP.

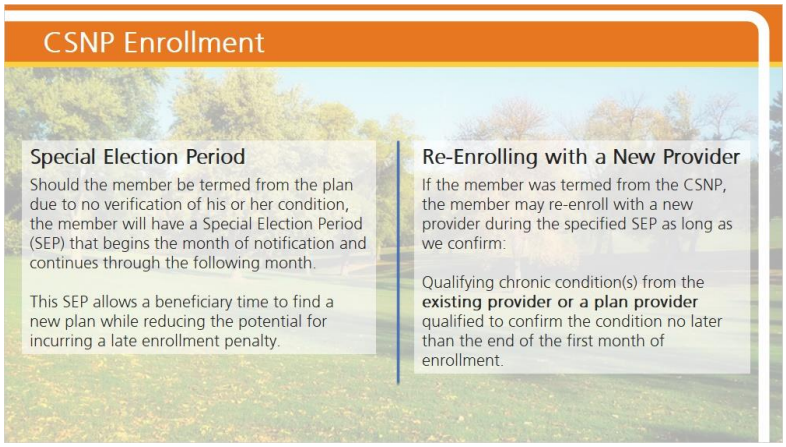
F4

If verification is received at any time, an F4 note will let Customer Service know whether or not the provider confirmed the condition.

Types of F4 Notes:

- VST - Verification sent to provider
- VSC - Verification received from provider and confirmed
- VFF - Verification failed to be validated from provider

23.10 CSNP Enrollment



Notes:

Special Election Period

Should the member be termed from the plan due to no verification of his or her condition, the member will have a Special Election Period (SEP) that begins the month of notification and continues through the following month.

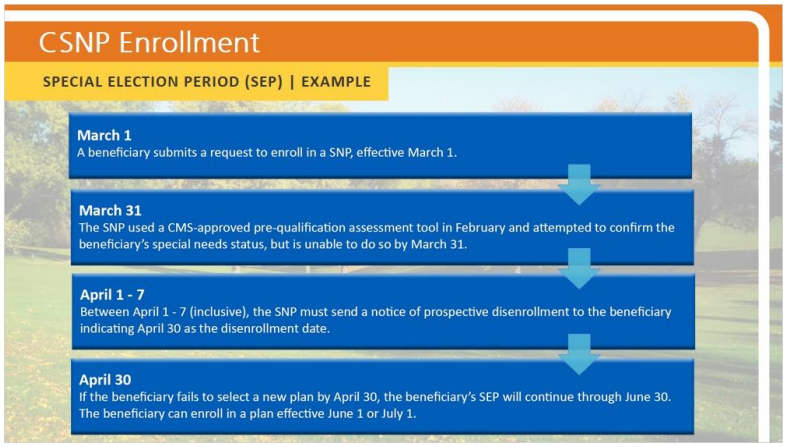
This SEP allows a beneficiary time to find a new plan while reducing the potential for incurring a late enrollment penalty.

Re-Enrolling with a New Provider

If the member was termed from the CSNP, the member may re-enroll with a new provider during the specified SEP as long as we confirm:

Qualifying chronic condition(s) from the existing provider or a plan provider qualified to confirm the condition no later than the end of the first month of enrollment.

23.11 CSNP Enrollment



Notes:

Special Election Period (SEP) l Example

March 1

A beneficiary submits a request to enroll in an SNP effective March 1.

March 31

The SNP used a CMS-approved pre-qualification assessment tool in February and attempted to confirm the beneficiary's special needs status, but is unable to do so by March 31.

April 1-7

Between April 1 and April 7 (inclusive), the SNP must send a notice of prospective disenrollment to the beneficiary indicating April 30th as the disenrollment date.

April 30

If the beneficiary fails to select a new plan by April 30, his/her SEP will continue through June 30. The beneficiary can enroll in a plan effective June 1 or July 1.

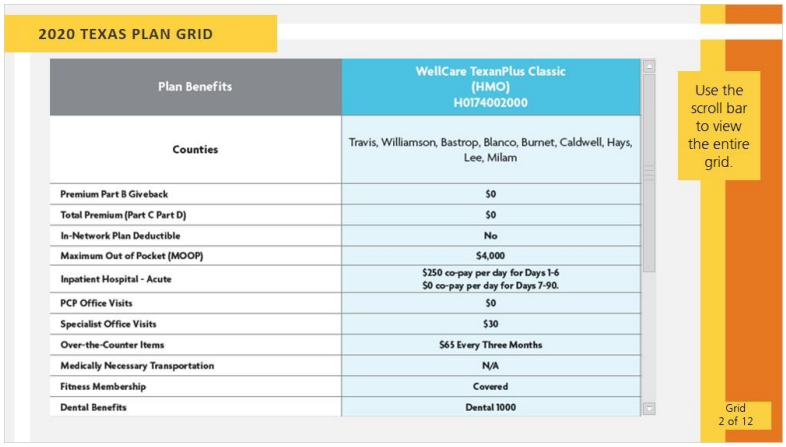
23.12 2020 Texas Plan Grid

Plan Benefits	WellCare Dividend Prime (HMO) H0174007000	WellCare TexanPlus Classic (HMO) H4506003000
Counties	Bexar, Dallas, Denton, El Paso, Fort Bend, Harris	Austin, Brazoria, Chambers, Fort Bend, Galveston (partial county), Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller
Premium Part B Giveback	$95	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	$3,400
Inpatient Hospital - Acute	$325 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$275 co-pay per stay.
PCP Office Visits	$0	$0
Specialist Office Visits	$50	$35
Over-the-Counter Items	$5 Every Month	$20 Every Month
Medically Necessary Transportation	N/A	36 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	UAM Dental 1000	UAM Dental 1000

Notes:

Use the scroll bar to view the entire grid.

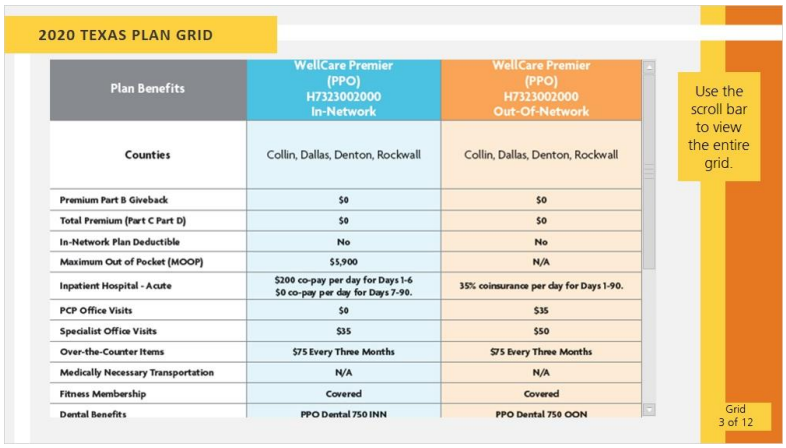
23.13 2020 Texas Plan Grid



Notes:

Use the scroll bar to view the entire grid.

23.14 2020 Texas Plan Grid



Notes:

Use the scroll bar to view the entire grid.

23.15 2020 Texas Plan Grid

2020 TEXAS PLAN GRID

Plan Benefits	WellCare Premier (PPO) H7323003000 In-Network	WellCare Premier (PPO) H7323003000 Out-Of-Network
Counties	Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller	Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Waller
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	N/A
Inpatient Hospital - Acute	$300 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	35% coinsurance per day for Days 1-90.
PCP Office Visits	$0	$35
Specialist Office Visits	$35	$50
Over-the-Counter Items	$75 Every Three Months	$75 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	PPO Dental 750 INN	PPO Dental 750 OON

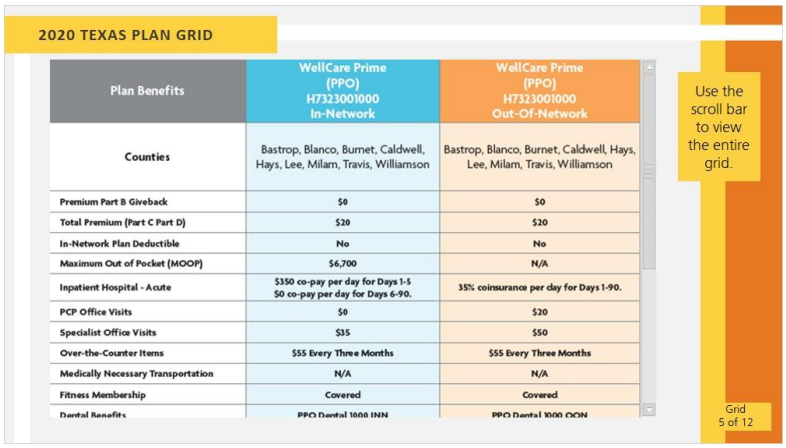
Use the scroll bar to view the entire grid.

Grid 4 of 12

Notes:

Use the scroll bar to view the entire grid.

23.16 2020 Texas Plan Grid



2020 TEXAS PLAN GRID

Plan Benefits	WellCare Prime (PPO) H7323001000 In-Network	WellCare Prime (PPO) H7323001000 Out-Of-Network
Counties	Bastrop, Blanco, Burnet, Caldwell, Hays, Lee, Milam, Travis, Williamson	Bastrop, Blanco, Burnet, Caldwell, Hays, Lee, Milam, Travis, Williamson
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$20	$20
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	N/A
Inpatient Hospital - Acute	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	35% coinsurance per day for Days 1-90.
PCP Office Visits	$0	$20
Specialist Office Visits	$35	$50
Over-the-Counter Items	$55 Every Three Months	$55 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	PPO Dental 1000 INN	PPO Dental 1000 OON

Use the scroll bar to view the entire grid.

Grid 5 of 12

Notes:

Use the scroll bar to view the entire grid.

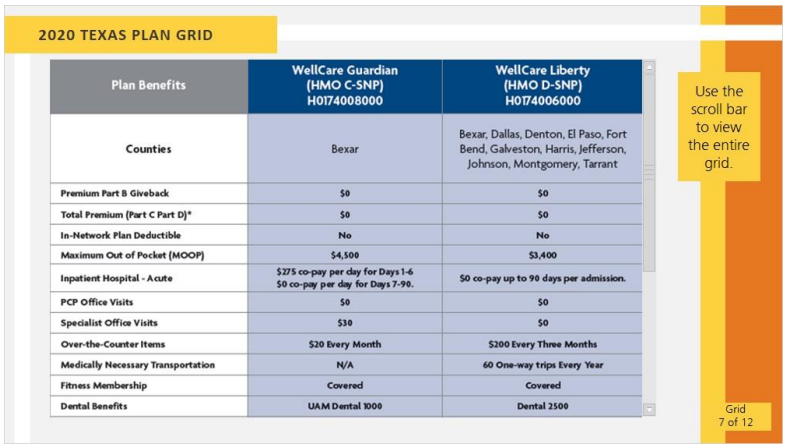
23.17 2020 Texas Plan Grid

Plan Benefits	WellCare Prime (PPO) H7323004000 In-Network	WellCare Prime (PPO) H7323004000 Out-Of-Network
Counties	Bexar, El Paso	Bexar, El Paso
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$3,400	N/A
Inpatient Hospital - Acute	$225 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	50% coinsurance per day for Days 1-90.
PCP Office Visits	$0	$35
Specialist Office Visits	$35	$50
Over-the-Counter Items	$85 Every Three Months	$85 Every Three Months
Medically Necessary Transportation	24 One-way trips Every Year	24 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	PPO Dental 750 INN	PPO Dental 750 OON

Notes:

Use the scroll bar to view the entire grid.

23.18 2020 Texas Plan Grid

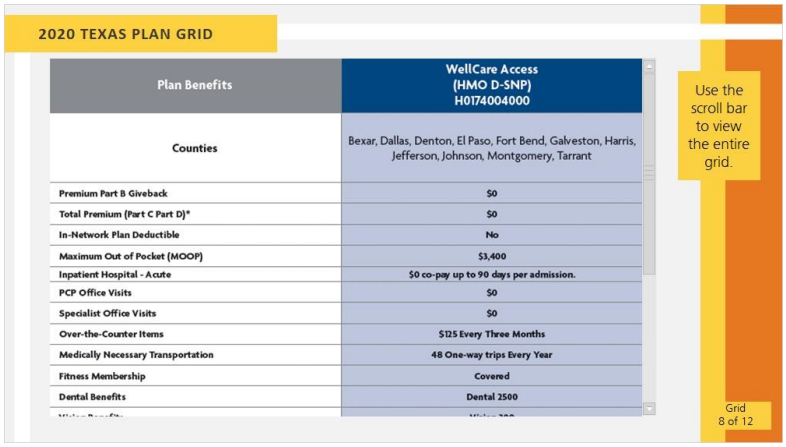


Plan Benefits	WellCare Guardian (HMO C-SNP) H0174008000	WellCare Liberty (HMO D-SNP) H0174006000
Counties	Bexar	Bexar, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Jefferson, Johnson, Montgomery, Tarrant
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$4,500	$3,400
Inpatient Hospital - Acute	$275 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$30	$0
Over-the-Counter Items	$20 Every Month	$200 Every Three Months
Medically Necessary Transportation	N/A	60 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	UAM Dental 1000	Dental 2500

Notes:

Use the scroll bar to view the entire grid.

23.19 2020 Texas Plan Grid



Notes:

Use the scroll bar to view the entire grid.

23.20 2020 Texas Plan Grid

Notes:

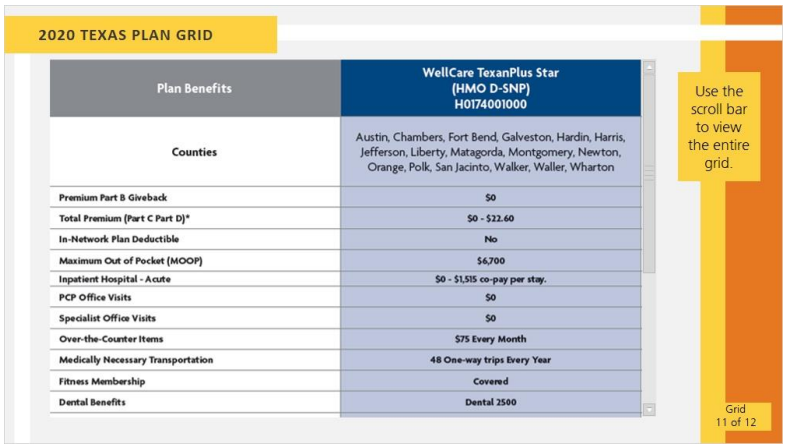
Use the scroll bar to view the entire grid.

23.21 2020 Texas Plan Grid

Notes:

Use the scroll bar to view the entire grid.

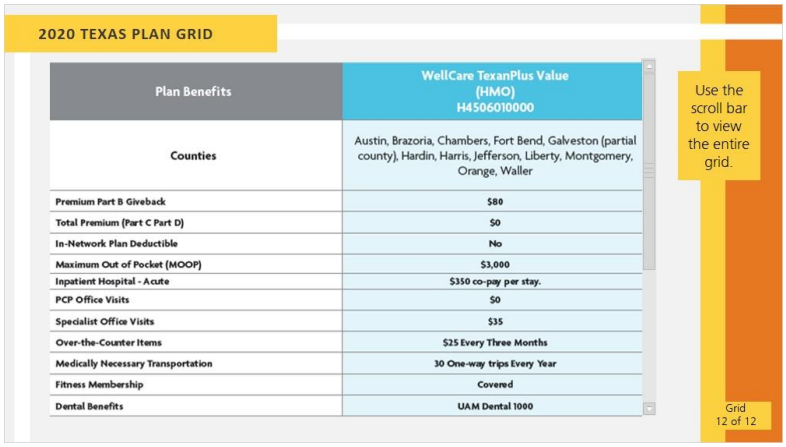
23.22 2020 Texas Plan Grid



Notes:

Use the scroll bar to view the entire grid.

23.23 2020 Texas Plan Grid



Notes:

Use the scroll bar to view the entire grid.

24. Indiana

24.1 Indiana

Notes:

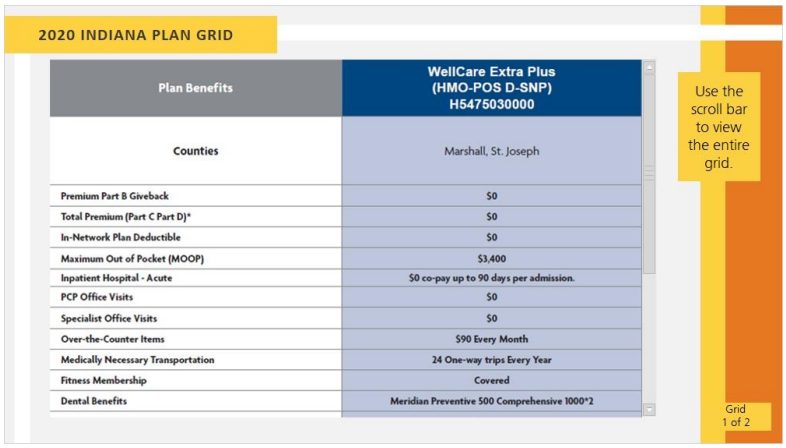
Indiana

24.2 WellCare Brand

Notes:

All Medicare Advantage products in Indiana will be marketed as WellCare in 2020.

24.3 2020 Indiana Plan Grid

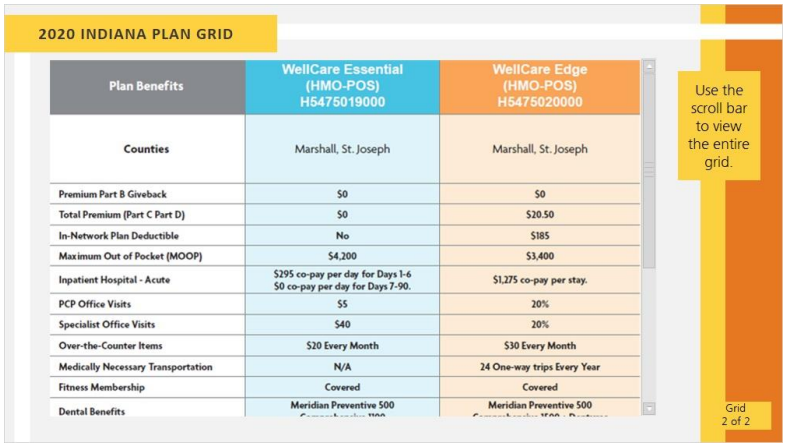


Plan Benefits	WellCare Extra Plus (HMO-POS D-SNP) H5475030000
Counties	Marshall, St. Joseph
Premium Part B Giveback	$0
Total Premium (Part C Part D)*	$0
In-Network Plan Deductible	$0
Maximum Out of Pocket (MOOP)	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0
Specialist Office Visits	$0
Over-the-Counter Items	$90 Every Month
Medically Necessary Transportation	24 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Meridian Preventive 500 Comprehensive 1000*2

Notes:

Use the scroll bar to view the entire grid.

24.4 2020 Indiana Plan Grid



2020 INDIANA PLAN GRID

Plan Benefits	WellCare Essential (HMO-POS) H5475019000	WellCare Edge (HMO-POS) H5475020000
Counties	Marshall, St. Joseph	Marshall, St. Joseph
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$20.50
In-Network Plan Deductible	No	$185
Maximum Out of Pocket (MOOP)	$4,200	$3,400
Inpatient Hospital - Acute	$295 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$1,275 co-pay per stay.
PCP Office Visits	$5	20%
Specialist Office Visits	$40	20%
Over-the-Counter Items	$20 Every Month	$30 Every Month
Medically Necessary Transportation	N/A	24 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Meridian Preventive 500	Meridian Preventive 500

Use the scroll bar to view the entire grid.

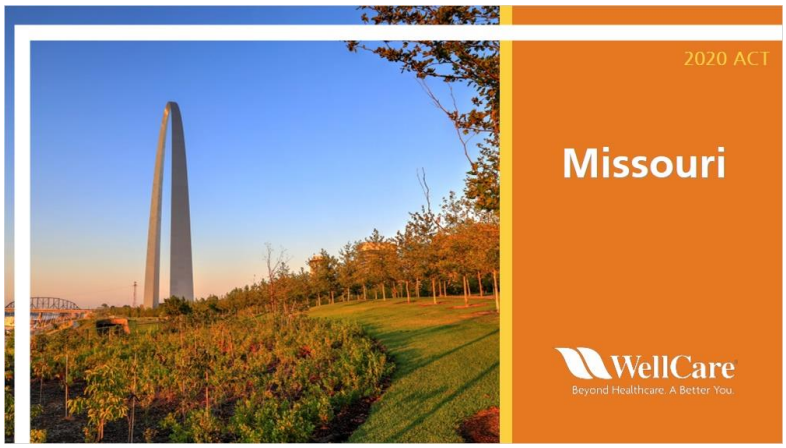
Grid 2 of 2

Notes:

Use the scroll bar to view the entire grid.

25. Missouri

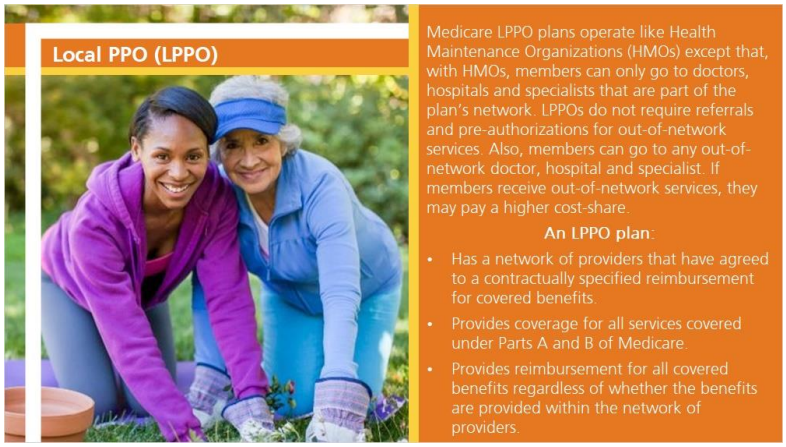
25.1 Missouri



Notes:

Missouri

25.2 Local PPO (LPPO)



Notes:

Medicare LPPO plans operate like Health Maintenance Organizations (HMOs) except that, with HMOs, members can only go to doctors, hospitals and specialists that are part of the plan's network. LPPOs do not require referrals and pre-authorizations for out-of-network services. Also, members can go to any out-of-network doctor, hospital and specialist. If members receive out-of-network services, they may pay a higher cost-share.

An LPPO plan:

- Has a network of providers that have agreed to a contractually specified reimbursement for covered benefits.
- Provides coverage for all services covered under Parts A and B of Medicare.
- Provides reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.

25.3 2020 Missouri Plan Grid

2020 MISSOURI PLAN GRID

Plan Benefits	WellCare Dividend (HMO) H6316004000	WellCare Value (HMO) H6316001000
Counties	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster
Premium Part B Giveback	$75	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	$3,400
Inpatient Hospital - Acute	$375 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$275 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.
PCP Office Visits	$5	$0
Specialist Office Visits	$50	$35
Over-the-Counter Items	$35 Every Three Months	$150 Every Three Months
Medically Necessary Transportation	12 One-way trips Every Year	60 One-way trips Every Year
Fitness Membership	$0	$0
Dental Benefits	Dental 500	Dental 2000

Use the scroll bar to view the entire grid.

Grid 1 of 4

Notes:

Use the scroll bar to view the entire grid.

25.4 2020 Missouri Plan Grid

2020 MISSOURI PLAN GRID

Plan Benefits	WellCare Premier (PPO) H7518001000 In-Network	WellCare Premier (PPO) H7518001000 Out-Of-Network
Counties	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$5,900	N/A
Inpatient Hospital - Acute	$300 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	40% coinsurance per day for Days 1-90.
PCP Office Visits	$5	40%
Specialist Office Visits	$40	40%
Over-the-Counter Items	$40 Every Three Months	$40 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	$0	$0
Dental Benefits	PPO Dental 1000 INN	PPO Dental 1000 OON

Use the scroll bar to view the entire grid.

Grid 2 of 4

Notes:

Use the scroll bar to view the entire grid.

25.5 2020 Missouri Plan Grid

2020 MISSOURI PLAN GRID

Plan Benefits	WellCare Absolute (PPO) H7518002000 In-Network	WellCare Absolute (PPO) H7518002000 Out-Of-Network
Counties	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster
Premium Part B Giveback	$75	$75
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$4,000	N/A
Inpatient Hospital - Acute	$325 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	40% coinsurance per day for Days 1-90.
PCP Office Visits	$0	40%
Specialist Office Visits	$25	40%
Over-the-Counter Items	$25 Every Month	$25 Every Month
Medically Necessary Transportation	N/A	N/A
Fitness Membership	$0	$0
Dental Benefits	PPO Dental 1500 INN	PPO Dental 1500 OON

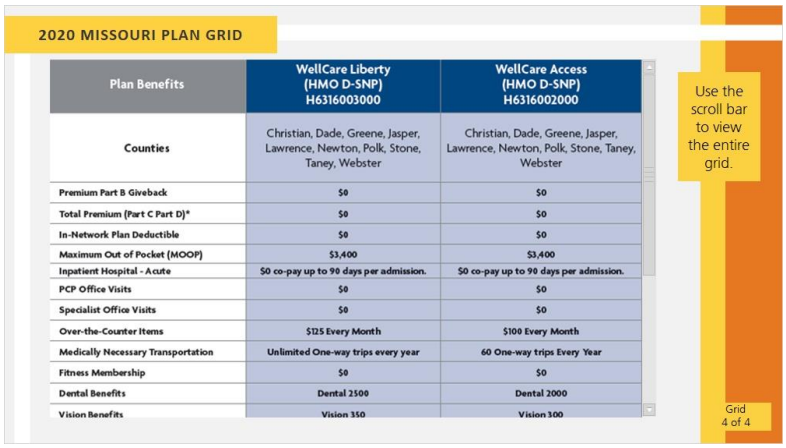
Use the scroll bar to view the entire grid.

Grid 3 of 4

Notes:

Use the scroll bar to view the entire grid.

25.6 2020 Missouri Plan Grid



2020 MISSOURI PLAN GRID

Plan Benefits	WellCare Liberty (HMO D-SNP) H6316003000	WellCare Access (HMO D-SNP) H6316002000
Counties	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster	Christian, Dade, Greene, Jasper, Lawrence, Newton, Polk, Stone, Taney, Webster
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$0
In-Network Plan Deductible	$0	$0
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$0
Over-the-Counter Items	$125 Every Month	$100 Every Month
Medically Necessary Transportation	Unlimited One-way trips every year	60 One-way trips Every Year
Fitness Membership	$0	$0
Dental Benefits	Dental 2500	Dental 2000
Vision Benefits	Vision 350	Vision 300

Use the scroll bar to view the entire grid.

Grid 4 of 4

Notes:

Use the scroll bar to view the entire grid.

26. Michigan

26.1 Michigan

Notes:

Michigan

26.2 WellCare Brand

Notes:

All Medicare Advantage products in Michigan will be marketed as WellCare in 2020.

26.3 Chronic Special Needs Plans (CSNPs)

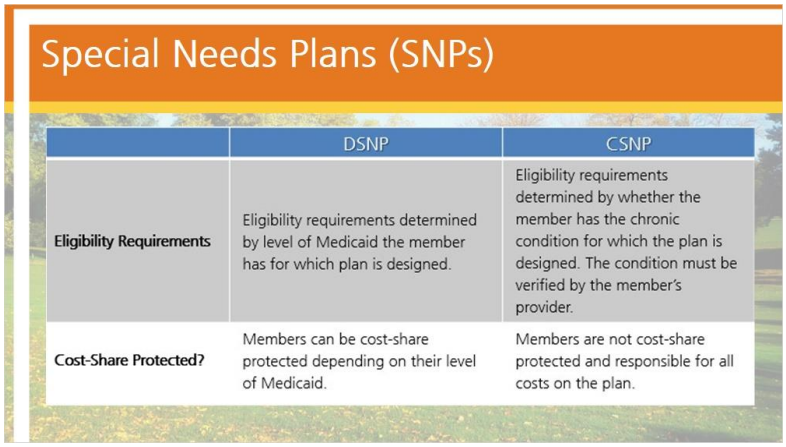
Notes:

Chronic SNPs (CSNPs) are SNPs that restrict enrollment to special needs individuals with specific severe or disabling chronic conditions. Individuals eligible for these plans have one or more co-morbid and medically complex chronic conditions that are substantially disabling or life-threatening, have high risk of hospitalization or other significant adverse health outcomes, and require specialized delivery systems across domains of care.

WellCare CSNPs:

- Cover cardiovascular disease, congestive heart failure, and diabetes.
- Are designed to go beyond the provision of basic Medicare Parts A and B services and care coordination that is required of all Coordinated Care Plans (CCPs).
- Are traditional Medicare products. They are not for the dual population, although there is a Model of Care/Quality Improvement program, same as with DSNP.

26.4 Special Needs Plans (SNPs)



Notes:

DSNP

Eligibility Requirements - Eligibility requirements determined by level of Medicaid the member has for which plan is designed.

Cost-Share Protected? - Members can be cost-share protected depending on their level of Medicaid.

CSNP

Eligibility Requirements - Eligibility requirements determined by whether the member has the chronic condition for which the plan is designed. The condition must be verified by the member's provider.

Cost-Share Protected? - Members are not cost-share protected and responsible for all costs on the plan.

26.5 Special Needs Plans (SNPs)

Notes:

CSNPs are SNP plans that restrict enrollment to special needs individuals with one or more specific severe or disabling chronic conditions requiring coordination of care among:

Primary Providers

Medical & Mental Health Specialists

Inpatient & Outpatient Facilities

Extensive ancillary services related to diagnostic testing and therapeutic management

To qualify for a WellCare CSNP, a member must have at least one of the following conditions: diabetes only or diabetes, chronic heart failure and/or cardiovascular disease. Covered conditions vary by plan.

26.6 Chronic Special Needs Plan (CSNP)

Notes:

GUARDIAN & CHAMPION PLANS

Prospective members who qualify for these plans may enroll year round.
Members of this plan will select a PCP who will coordinate the care from other providers.
Members will work with a Case Manager, a partner who will create a care plan to address each member's unique health care needs and offer tips to help members reach their best level of health.
Members in some plans also receive a giveback of all of the member's Part B premium.

26.7 Chronic Special Needs Plan (CSNP)

Notes:

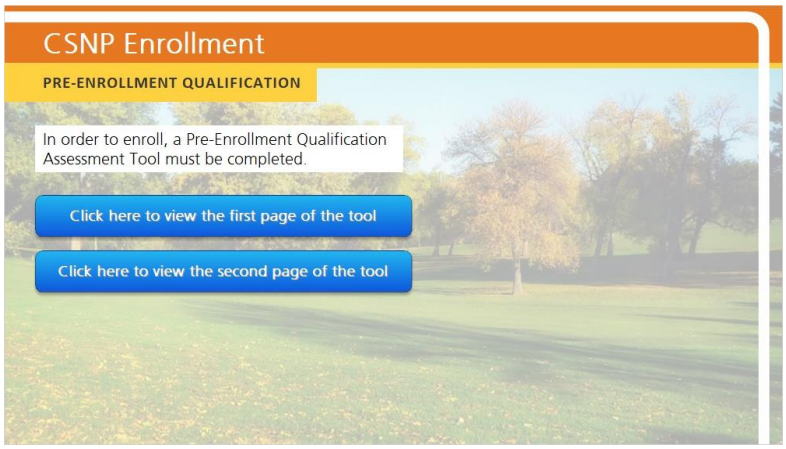
Chronic conditions that qualify a beneficiary for a CSNP vary by plan. Diabetes only or diabetes, chronic heart failure and/or congestive heart failure. Keep these three points in mind when enrolling a new member.

If a member is eligible to enroll in the CSNP plan (as a result of having one of the covered conditions for which the plan is designed), then the member will need to fill out a Pre-Enrollment Qualification Assessment Tool form.

The items on the form highlighted in red *must* be filled in for the form to be considered complete. Once the form is complete, it will be sent to the member's provider to confirm the member's condition.

If the provider has returned the verification form within the first 30 days of enrollment, then the member will remain active in the plan.

26.8 CSNP Enrollment



Notes:

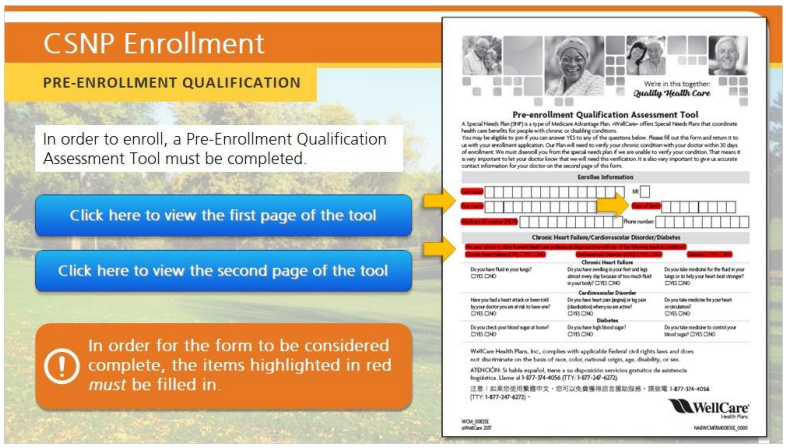
In order to enroll, a Pre-Enrollment Qualification Assessment Tool must be completed.

Click here to view the first page of the tool

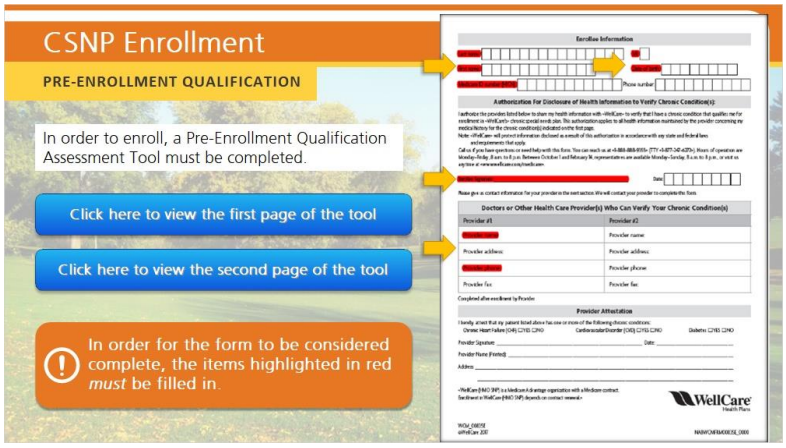
Click here to view the second page of the tool

In order for the form to be considered complete, the items highlighted in red *must* be filled in.

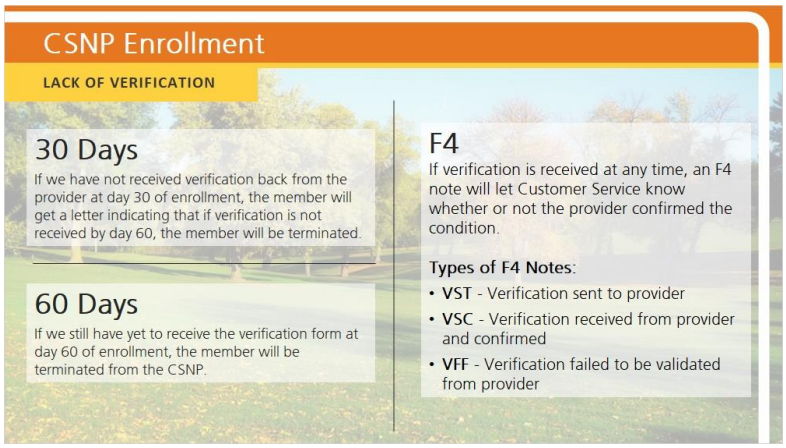
Page 1 (Slide Layer)



Page 2 (Slide Layer)



26.9 CSNP Enrollment



Notes:

LACK OF VERIFICATION

30 Days

If we have not received verification back from the provider at day 30 of enrollment, the member will get a letter indicating that if verification is not received by day 60, the member will be terminated.

60 Days

If we still have yet to receive the verification form at day 60 of enrollment, the member will be terminated from the CSNP.

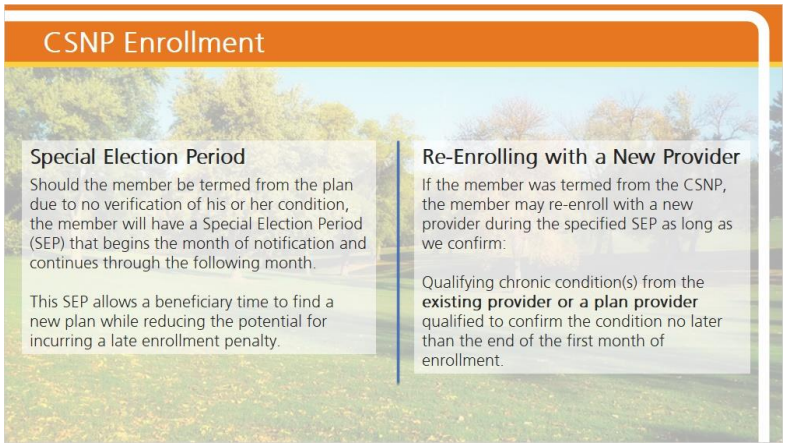
F4

If verification is received at any time, an F4 note will let Customer Service know whether or not the provider confirmed the condition.

Types of F4 Notes:

- VST - Verification sent to provider
- VSC - Verification received from provider and confirmed
- VFF - Verification failed to be validated from provider

26.10 CSNP Enrollment



Notes:

Special Election Period

Should the member be termed from the plan due to no verification of his or her condition, the member will have a Special Election Period (SEP) that begins the month of notification and continues through the following month.

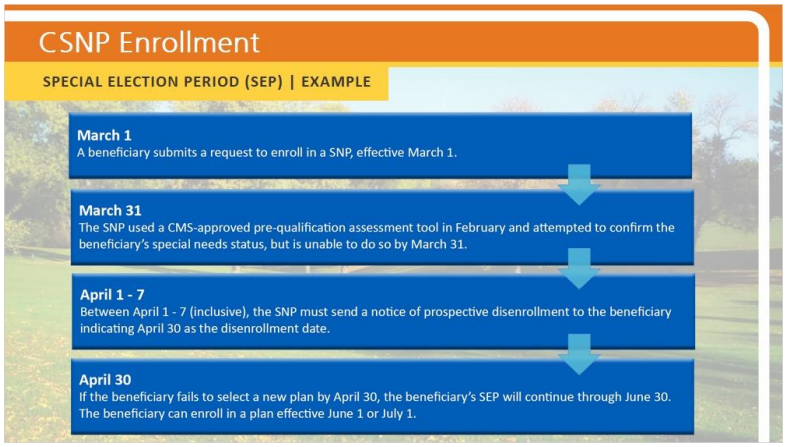
This SEP allows a beneficiary time to find a new plan while reducing the potential for incurring a late enrollment penalty.

Re-Enrolling with a New Provider

If the member was termed from the CSNP, the member may re-enroll with a new provider during the specified SEP as long as we confirm:

Qualifying chronic condition(s) from the existing provider or a plan provider qualified to confirm the condition no later than the end of the first month of enrollment.

26.11 CSNP Enrollment



Notes:

Special Election Period (SEP) l Example

March 1

A beneficiary submits a request to enroll in an SNP effective March 1.

March 31

The SNP used a CMS-approved pre-qualification assessment tool in February and attempted to confirm the beneficiary's special needs status, but is unable to do so by March 31.

April 1-7

Between April 1 and April 7 (inclusive), the SNP must send a notice of prospective disenrollment to the beneficiary indicating April 30th as the disenrollment date.

April 30

If the beneficiary fails to select a new plan by April 30, his/her SEP will continue through June 30. The beneficiary can enroll in a plan effective June 1 or July 1.

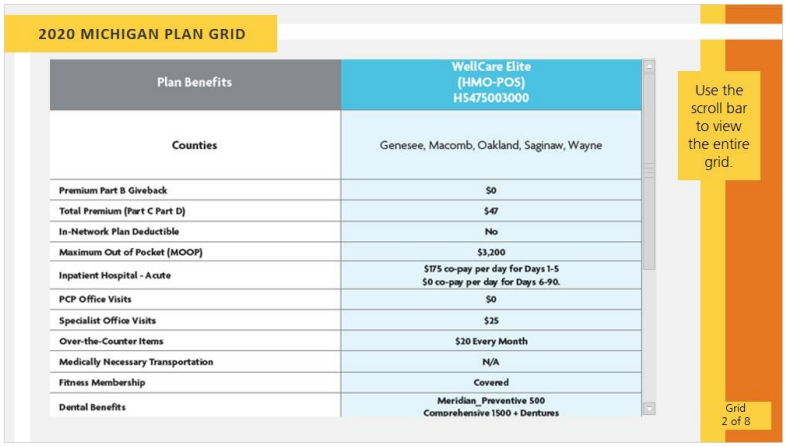
26.12 2020 Michigan Plan Grid

Plan Benefits	WellCare Essential (HMO-POS) H5475005000	WellCare Essential (HMO-POS) H5475009000
Counties	Barry, Kalamazoo, Kent, Muskegon, Ottawa	Livingston, Monroe, Washtenaw
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$4,000	$4,250
Inpatient Hospital - Acute	$280 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$295 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$40	$45
Over-the-Counter Items	$20 Every Month	$20 Every Month
Medically Necessary Transportation	24 One-way trips Every Year	24 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Meridian Preventive 500	Meridian_Preventive 500

Notes:

Use the scroll bar to view the entire grid.

26.13 2020 Michigan Plan Grid

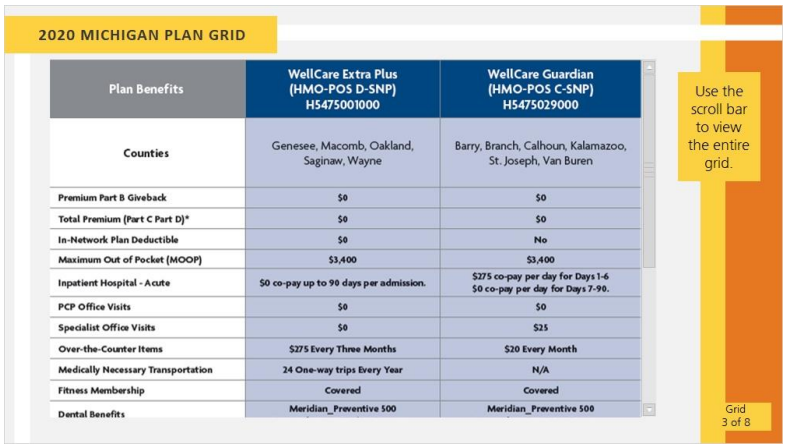


Plan Benefits	WellCare Elite (HMO-POS) H5475003000
Counties	Genesee, Macomb, Oakland, Saginaw, Wayne
Premium Part B Giveback	$0
Total Premium (Part C Part D)	$47
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	$3,200
Inpatient Hospital - Acute	$175 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0
Specialist Office Visits	$25
Over-the-Counter Items	$20 Every Month
Medically Necessary Transportation	N/A
Fitness Membership	Covered
Dental Benefits	Meridian_Preventive 500 Comprehensive 1500 + Dentures

Notes:

Use the scroll bar to view the entire grid.

26.14 2020 Michigan Plan Grid

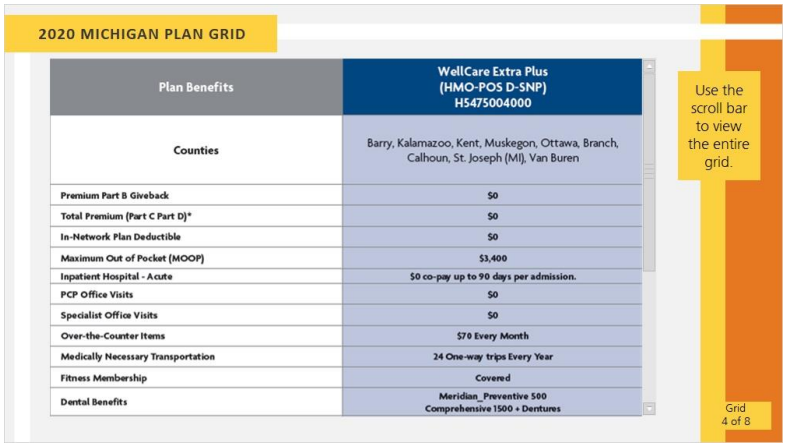


Plan Benefits	WellCare Extra Plus (HMO-POS D-SNP) H5475001000	WellCare Guardian (HMO-POS C-SNP) H5475029000
Counties	Genesee, Macomb, Oakland, Saginaw, Wayne	Barry, Branch, Calhoun, Kalamazoo, St. Joseph, Van Buren
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$0
In-Network Plan Deductible	$0	No
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$275 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$25
Over-the-Counter Items	$275 Every Three Months	$20 Every Month
Medically Necessary Transportation	24 One-way trips Every Year	N/A
Fitness Membership	Covered	Covered
Dental Benefits	Meridian_Preventive 500	Meridian_Preventive 500

Notes:

Use the scroll bar to view the entire grid.

26.15 2020 Michigan Plan Grid

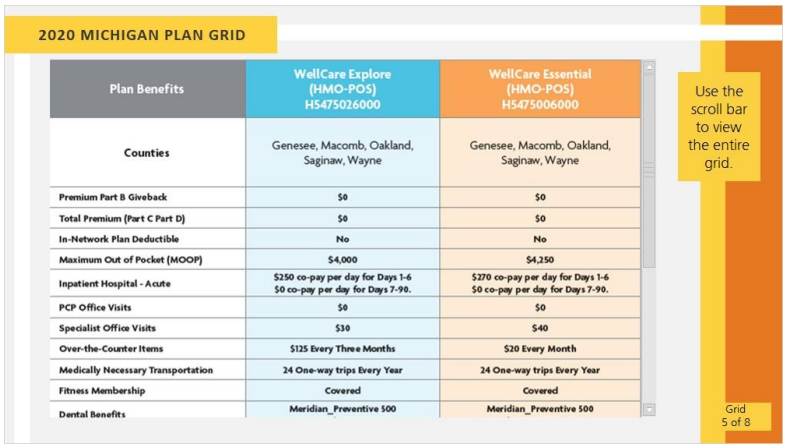


Plan Benefits	WellCare Extra Plus (HMO-POS D-SNP) H5475004000
Counties	Barry, Kalamazoo, Kent, Muskegon, Ottawa, Branch, Calhoun, St. Joseph (MI), Van Buren
Premium Part B Giveback	$0
Total Premium (Part C Part D)*	$0
In-Network Plan Deductible	$0
Maximum Out of Pocket (MOOP)	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0
Specialist Office Visits	$0
Over-the-Counter Items	$70 Every Month
Medically Necessary Transportation	24 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Meridian_Preventive 500 Comprehensive 1500 + Dentures

Notes:

Use the scroll bar to view the entire grid.

26.16 2020 Michigan Plan Grid



Plan Benefits	WellCare Explore (HMO-POS) H5475026000	WellCare Essential (HMO-POS) H5475006000
Counties	Genesee, Macomb, Oakland, Saginaw, Wayne	Genesee, Macomb, Oakland, Saginaw, Wayne
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$4,000	$4,250
Inpatient Hospital - Acute	$250 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$270 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$30	$40
Over-the-Counter Items	$125 Every Three Months	$20 Every Month
Medically Necessary Transportation	24 One-way trips Every Year	24 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Meridian_Preventive 500	Meridian_Preventive 500

Notes:

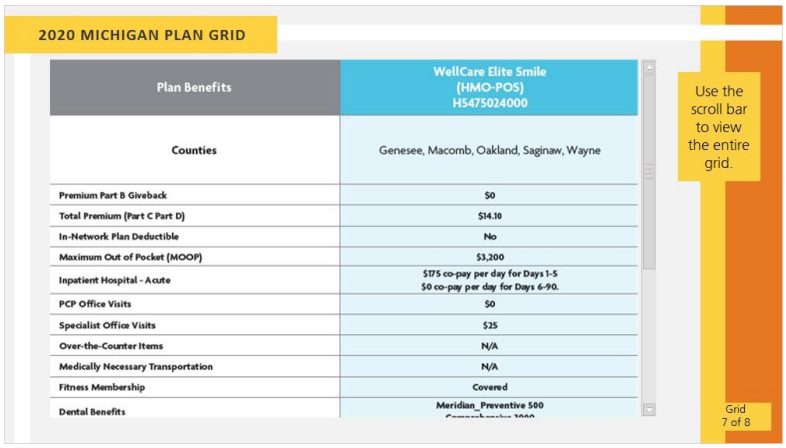
Use the scroll bar to view the entire grid.

26.17 2020 Michigan Plan Grid

Notes:

Use the scroll bar to view the entire grid.

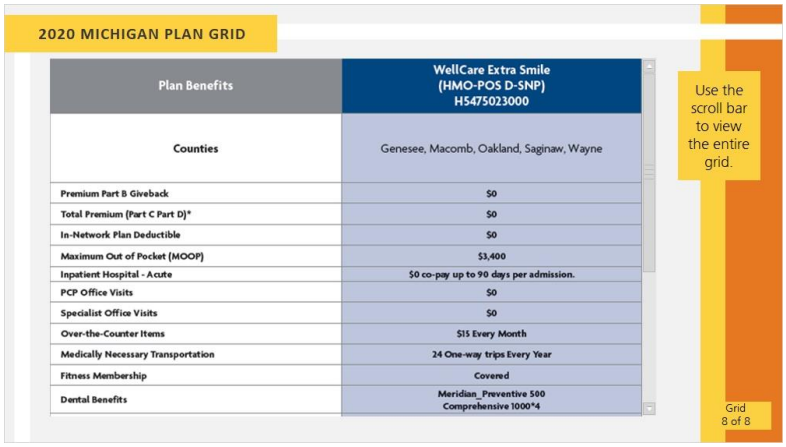
26.18 2020 Michigan Plan Grid



Notes:

Use the scroll bar to view the entire grid.

26.19 2020 Michigan Plan Grid



Notes:

Use the scroll bar to view the entire grid.

27. Ohio

27.1 Ohio

Notes:

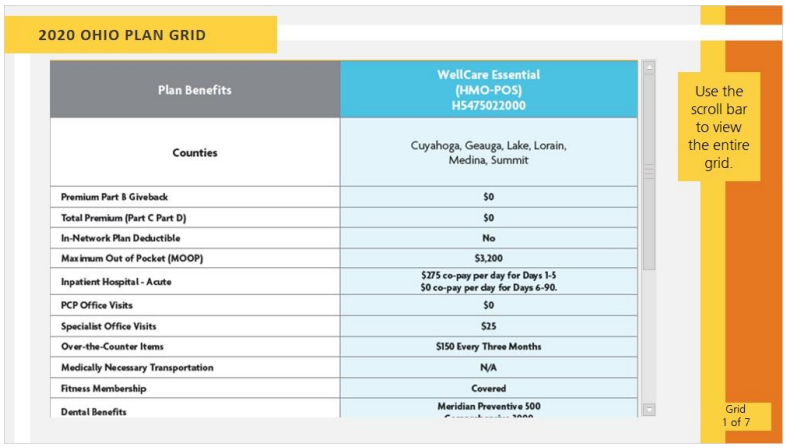
Ohio

27.2 WellCare Brand

Notes:

All Medicare Advantage products in Ohio will be marketed as WellCare in 2020.

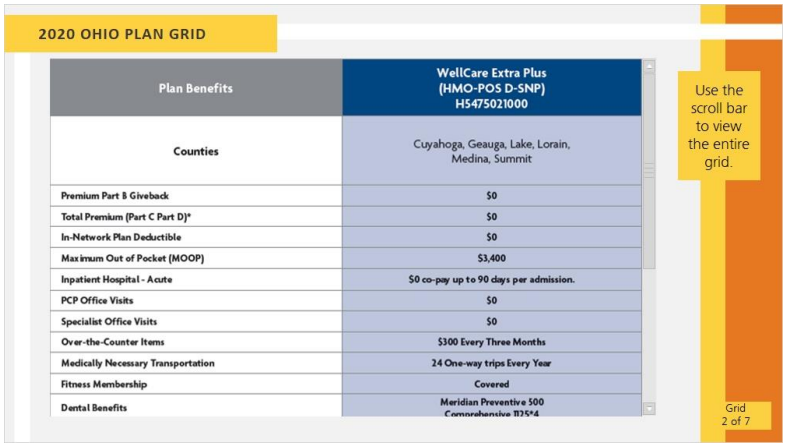
27.3 2020 Ohio Plan Grid



Notes:

Use the scroll bar to view the entire grid.

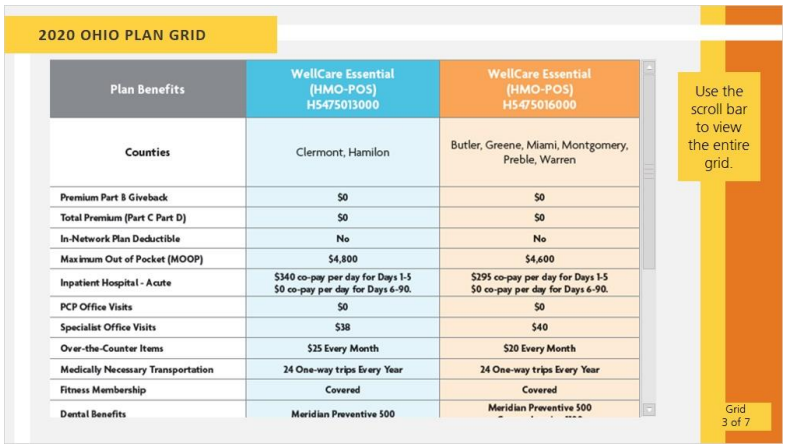
27.4 2020 Ohio Plan Grid



Notes:

Use the scroll bar to view the entire grid.

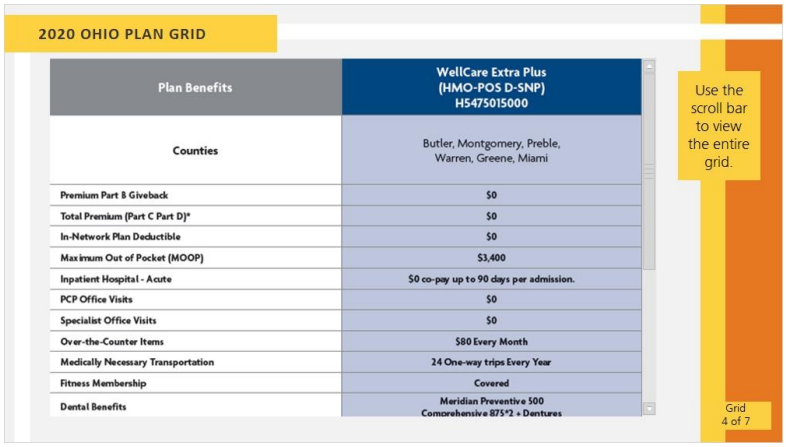
27.5 2020 Ohio Plan Grid



Notes:

Use the scroll bar to view the entire grid.

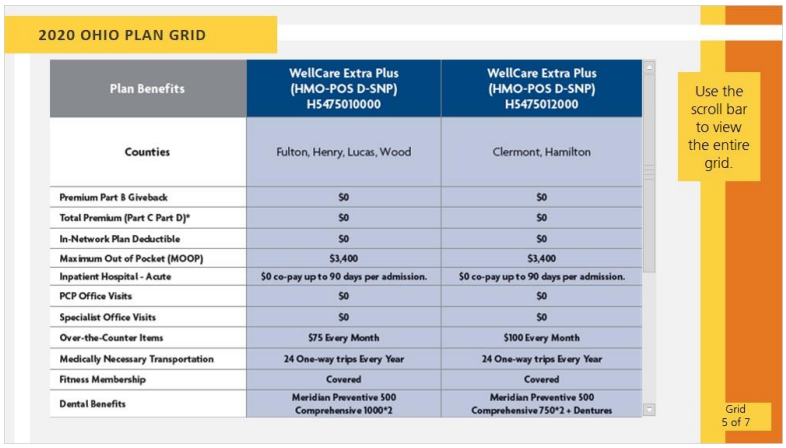
27.6 2020 Ohio Plan Grid



Notes:

Use the scroll bar to view the entire grid.

27.7 2020 Ohio Plan Grid



Notes:

Use the scroll bar to view the entire grid.

27.8 2020 Ohio Plan Grid

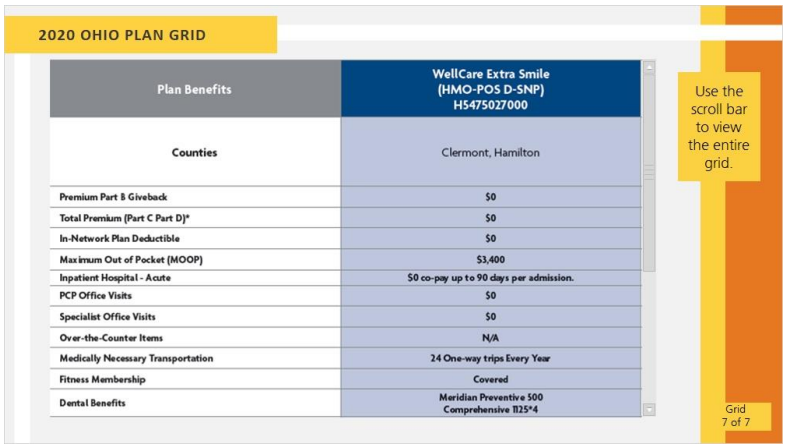
2020 OHIO PLAN GRID

Plan Benefits	WellCare Essential (HMO-POS) H5475011000	WellCare Essential Smile (HMO-POS) H5475028000
Counties	Fulton, Henry, Lucas, Wood	Clermont, Hamilon
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$4,400	$4,800
Inpatient Hospital - Acute	$275 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.	$340 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$40	$38
Over-the-Counter Items	$20 Every Month	$20 Every Month
Medically Necessary Transportation	24 One-way trips Every Year	24 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Meridian Preventive 500	Meridian Preventive 500

Notes:

Use the scroll bar to view the entire grid.

27.9 2020 Ohio Plan Grid



2020 OHIO PLAN GRID

Plan Benefits	WellCare Extra Smile (HMO-POS D-SNP) H5475027000
Counties	Clermont, Hamilton
Premium Part B Giveback	$0
Total Premium (Part C Part D)*	$0
In-Network Plan Deductible	$0
Maximum Out of Pocket (MOOP)	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0
Specialist Office Visits	$0
Over-the-Counter Items	N/A
Medically Necessary Transportation	24 One-way trips Every Year
Fitness Membership	Covered
Dental Benefits	Meridian Preventive 500 Comprehensive 1125*4

Notes:

Use the scroll bar to view the entire grid.

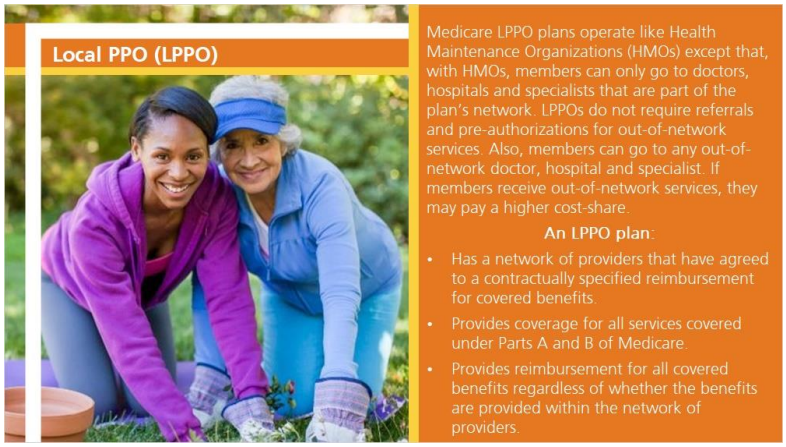
28. New Hampshire

28.1 New Hampshire

Notes:

New Hampshire

28.2 Local PPO (LPPO)



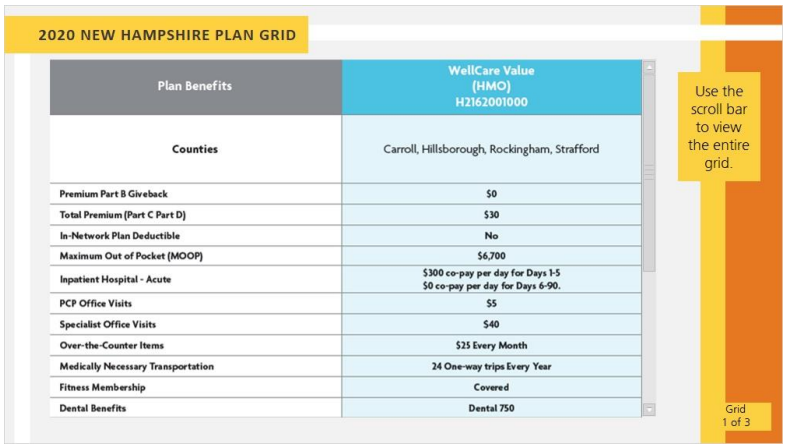
Notes:

Medicare LPPO plans operate like Health Maintenance Organizations (HMOs) except that, with HMOs, members can only go to doctors, hospitals and specialists that are part of the plan's network. LPPOs do not require referrals and pre-authorizations for out-of-network services. Also, members can go to any out-of-network doctor, hospital and specialist. If members receive out-of-network services, they may pay a higher cost-share.

An LPPO plan:

- Has a network of providers that have agreed to a contractually specified reimbursement for covered benefits.
- Provides coverage for all services covered under Parts A and B of Medicare.
- Provides reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.

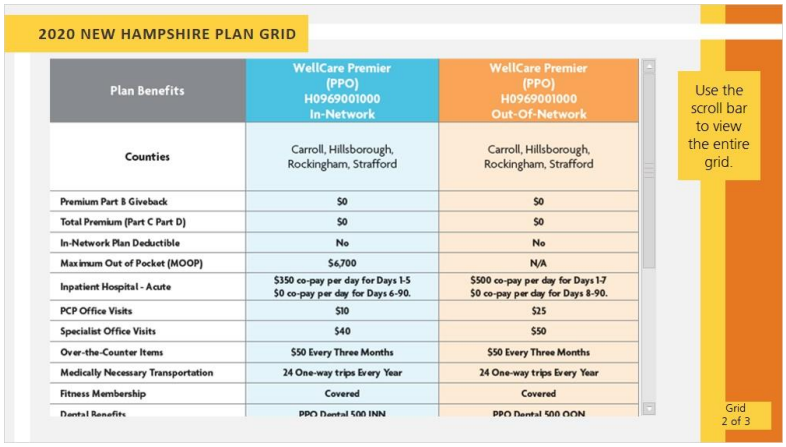
28.3 2020 New Hampshire Plan Grid



Notes:

Use the scroll bar to view the entire grid.

28.4 2020 New Hampshire Plan Grid



2020 NEW HAMPSHIRE PLAN GRID

Plan Benefits	WellCare Premier (PPO) H0969001000 In-Network	WellCare Premier (PPO) H0969001000 Out-Of-Network
Counties	Carroll, Hillsborough, Rockingham, Strafford	Carroll, Hillsborough, Rockingham, Strafford
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	N/A
Inpatient Hospital - Acute	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$500 co-pay per day for Days 1-7 $0 co-pay per day for Days 8-90.
PCP Office Visits	$10	$25
Specialist Office Visits	$40	$50
Over-the-Counter Items	$50 Every Three Months	$50 Every Three Months
Medically Necessary Transportation	24 One-way trips Every Year	24 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	PPO Dental 500 INN	PPO Dental 500 OON

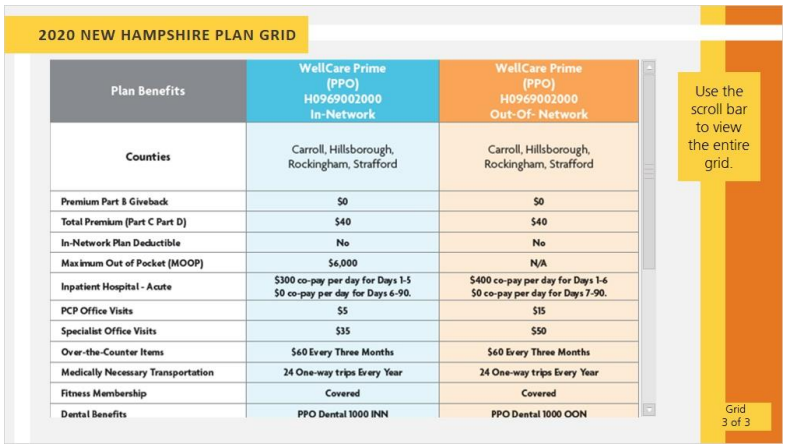
Use the scroll bar to view the entire grid.

Grid 2 of 3

Notes:

Use the scroll bar to view the entire grid.

28.5 2020 New Hampshire Plan Grid



2020 NEW HAMPSHIRE PLAN GRID

Plan Benefits	WellCare Prime (PPO) H0969002000 In-Network	WellCare Prime (PPO) H0969002000 Out-Of- Network
Counties	Carroll, Hillsborough, Rockingham, Strafford	Carroll, Hillsborough, Rockingham, Strafford
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$40	$40
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,000	N/A
Inpatient Hospital - Acute	$300 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$400 co-pay per day for Days 1-6 $0 co-pay per day for Days 7-90.
PCP Office Visits	$5	$15
Specialist Office Visits	$35	$50
Over-the-Counter Items	$60 Every Three Months	$60 Every Three Months
Medically Necessary Transportation	24 One-way trips Every Year	24 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	PPO Dental 1000 INN	PPO Dental 1000 OON

Use the scroll bar to view the entire grid.

Grid 3 of 3

Notes:

Use the scroll bar to view the entire grid.

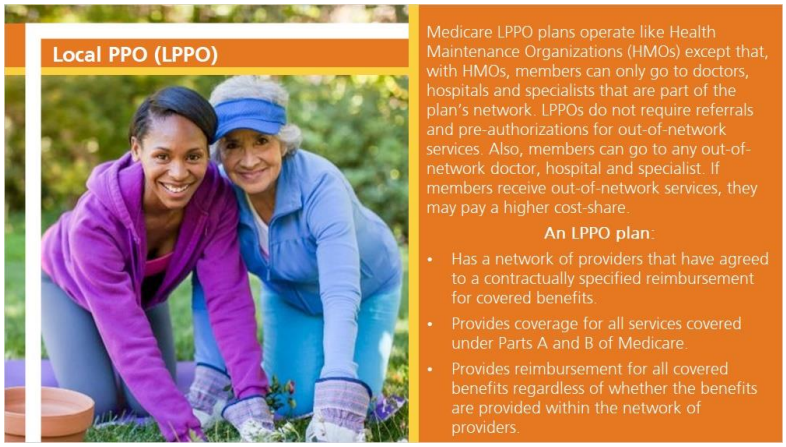
29. Washington

29.1 Washington

Notes:

Washington

29.2 Local PPO (LPPO)



Notes:

Medicare LPPO plans operate like Health Maintenance Organizations (HMOs) except that, with HMOs, members can only go to doctors, hospitals and specialists that are part of the plan's network. LPPOs do not require referrals and pre-authorizations for out-of-network services. Also, members can go to any out-of-network doctor, hospital and specialist. If members receive out-of-network services, they may pay a higher cost-share.

An LPPO plan:

- Has a network of providers that have agreed to a contractually specified reimbursement for covered benefits.
- Provides coverage for all services covered under Parts A and B of Medicare.
- Provides reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.

29.3 2020 Washington Plan Grid

Plan Benefits	WellCare Value (HMO) H1353001000	WellCare Value (HMO) H1353005000
Counties	King	Pierce, Snohomish
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$5,900	$5,900
Inpatient Hospital - Acute	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	$350 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.
PCP Office Visits	$0	$0
Specialist Office Visits	$25	$35
Over-the-Counter Items	$75 Every Three Months	$75 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	Dental 1000	Dental 1000

Notes:

Use the scroll bar to view the entire grid.

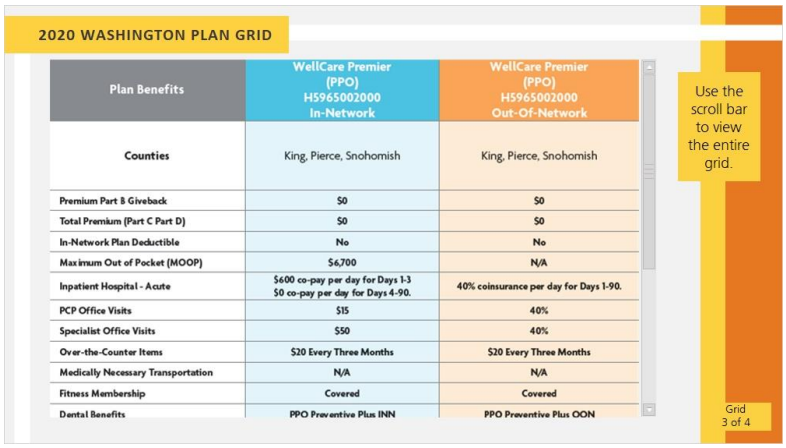
29.4 2020 Washington Plan Grid

Plan Benefits	WellCare Prime (PPO) H5965001000 In-Network	WellCare Prime (PPO) H5965001000 Out-Of-Network
Counties	King, Pierce, Snohomish	King, Pierce, Snohomish
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$99	$99
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	N/A
Inpatient Hospital - Acute	$300 co-pay per day for Days 1-5 $0 co-pay per day for Days 6-90.	40% coinsurance per day for Days 1-90.
PCP Office Visits	$5	40%
Specialist Office Visits	$40	40%
Over-the-Counter Items	$100 Every Three Months	$100 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	PPO Dental 1000 INN	PPO Dental 1000 OON

Notes:

Use the scroll bar to view the entire grid.

29.5 2020 Washington Plan Grid

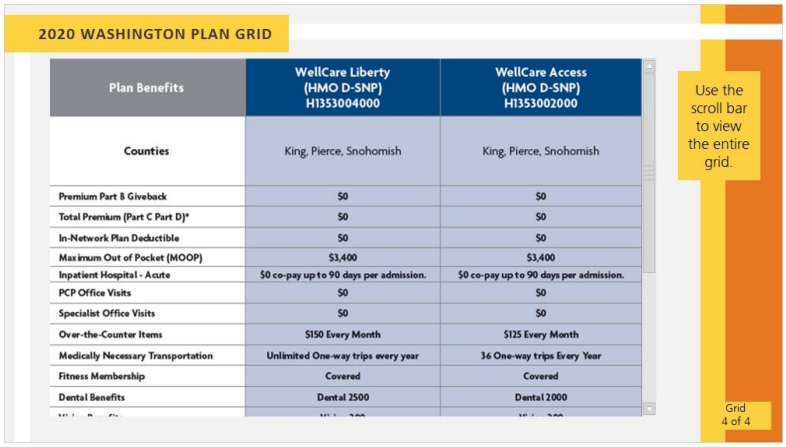


Plan Benefits	WellCare Premier (PPO) H5965002000 In-Network	WellCare Premier (PPO) H5965002000 Out-Of-Network
Counties	King, Pierce, Snohomish	King, Pierce, Snohomish
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)	$0	$0
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	$6,700	N/A
Inpatient Hospital - Acute	$600 co-pay per day for Days 1-3 $0 co-pay per day for Days 4-90.	40% coinsurance per day for Days 1-90.
PCP Office Visits	$15	40%
Specialist Office Visits	$50	40%
Over-the-Counter Items	$20 Every Three Months	$20 Every Three Months
Medically Necessary Transportation	N/A	N/A
Fitness Membership	Covered	Covered
Dental Benefits	PPO Preventive Plus INN	PPO Preventive Plus OON

Notes:

Use the scroll bar to view the entire grid.

29.6 2020 Washington Plan Grid



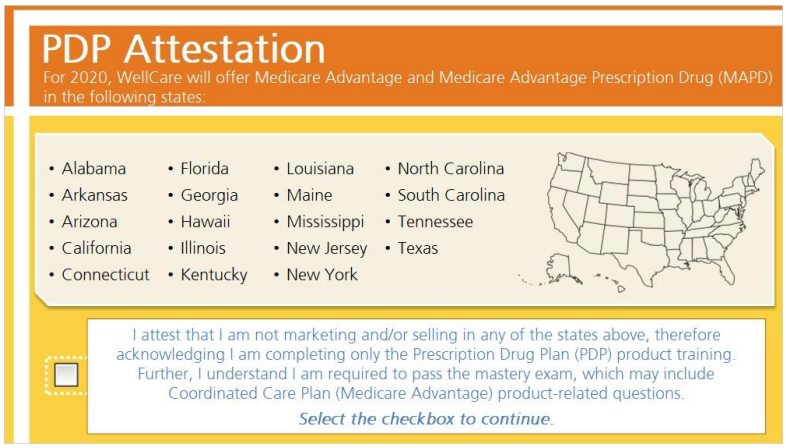
Plan Benefits	WellCare Liberty (HMO D-SNP) H1353004000	WellCare Access (HMO D-SNP) H1353002000
Counties	King, Pierce, Snohomish	King, Pierce, Snohomish
Premium Part B Giveback	$0	$0
Total Premium (Part C Part D)*	$0	$0
In-Network Plan Deductible	$0	$0
Maximum Out of Pocket (MOOP)	$3,400	$3,400
Inpatient Hospital - Acute	$0 co-pay up to 90 days per admission.	$0 co-pay up to 90 days per admission.
PCP Office Visits	$0	$0
Specialist Office Visits	$0	$0
Over-the-Counter Items	$150 Every Month	$125 Every Month
Medically Necessary Transportation	Unlimited One-way trips every year	36 One-way trips Every Year
Fitness Membership	Covered	Covered
Dental Benefits	Dental 2500	Dental 2000

Notes:

Use the scroll bar to view the entire grid.

30. PDP

30.1 PDP Attestation



Notes:

For 2020, WellCare will offer Medicare Advantage and Medicare Advantage Prescription Drug (MAPD) in the following states:
- Alabama
- Arkansas

- Arizona
- California
- Connecticut
- Florida
- Georgia
- Hawaii
- Illinois
- Kentucky
- Louisiana
- Maine
- Mississippi
- New Jersey
- New York
- North Carolina
- South Carolina
- Tennessee
- Texas

I attest that I am not marketing and/or selling in any of the states above, therefore acknowledging I am completing only the Prescription Drug Plan (PDP) product training. Further, I understand I am required to pass the mastery exam which may include Coordinated Care Plan (CCP) product related questions.
Select the checkbox to continue.

31. Summary

31.1 Plans by State

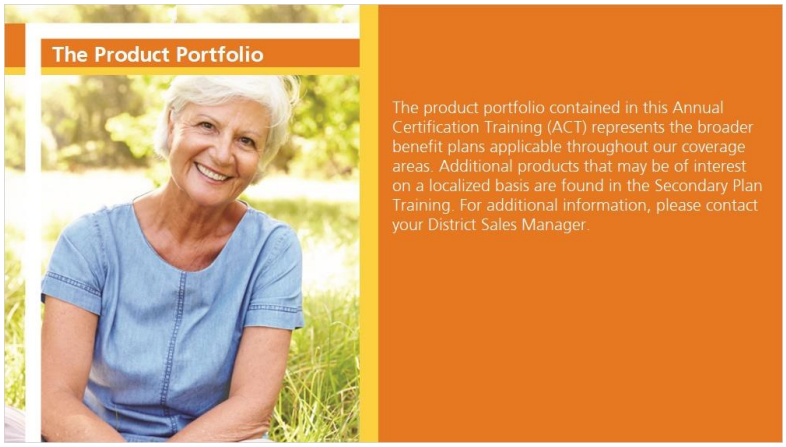
Notes:

Great!

If there are any other states you plan to market/sell product in, you can continue with additional state training.

If you are finished reviewing state training, select the Next button to continue.

31.2 The Product Portfolio



Notes:

The product portfolio contained in this Annual Certification Training (ACT) represents the broader benefit plans applicable throughout out our coverage areas. Additional products that may be of interest on a localized basis are found in the Secondary Plan Training. For additional information, please contact your District Sales Manager.

31.3 Summary

Notes:

Congratulations, you have completed the 2020 ACT Product module. Please utilize the Exit tab *(located at the upper-right corner of the player)* to continue to the What's Next section of this training.

1. Identify WellCare's plan offerings for 2020.
2. Summarize the product highlights and changes.
3. Explain the 2020 benefits and coverage.
4. Identify available coverage by state.