



wellcare.<sup>TM</sup>

2023

# Agent **First Look**

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## NEBRASKA

Wellcare is pleased to highlight the following plans, which will be a great addition to your portfolio. These plans have been carefully designed to provide high-quality healthcare choices for your beneficiaries, greatly impacting your 2023 selling season.

# 2023 Key Features

NEBRASKA

PLAN	Product Space	Key Selling Features
<b>Wellcare No Premium (HMO) H1215002000</b>	\$0 Premium MAPD	Flex card (D/V/H); OTC Quarterly allowance; PCP \$0; Dental; Vision
<b>Wellcare Giveback (HMO) H1215003000</b>	Giveback MAPD	Giveback; PCP \$0; Dental; Vision; Hearing
<b>Wellcare Dual Liberty (HMO D-SNP) H1215001000</b>	DSNP-Full	OTC (\$200+/quarter); Flex card (D/V/H); Dental with dentures; Vision; Hearing
<b>Wellcare Dual Access Open (PPO D-SNP) H1395001000</b>	DSNP-Full	Flex card (D/V/H); OTC (\$100+/quarter); Dental; Vision; Transportation, Non-emergency
<b>Wellcare No Premium Open (PPO) H1395002000</b>	\$0 Premium MAPD	Flex card (D/V/H); PCP \$0; Dental; Vision; Hearing
<b>Wellcare Assist Open (PPO) H1395003000</b>	LIS	Flex card (D/V/H); OTC Quarterly allowance; Dental; Vision; Transportation, Non-emergency

# 2023 Wellcare Plan Offerings

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



Plan Benefits	Wellcare No Premium (HMO) H1215002000 In-Network
<b>Counties</b>	Adams, Antelope, Banner, Blaine, Boone, Boyd, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dawson, Dixon, Dodge, Douglas, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Madison, Merrick, Nance, Nemaha, Otoe, Pawnee, Perkins, Phelps, Pierce, Polk, Saline, Sarpy, Saunders, Scotts Bluff, Seward, Sherman, Stanton, Thayer, Valley, Washington, Wayne, Webster, Wheeler, York
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$3,900</b>
<b>Inpatient Hospital - Acute</b>	<b>\$375 copay per day for day 1-5; \$0 copay per day for days 6-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$25</b>
<b>Over-the-Counter Items</b>	<b>\$50 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>
<b>Fitness Benefits</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$2,000 comp dental services incl. dentures (\$0 copay)</b>
<b>Vision Benefits</b>	<b>\$200 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$750 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></b>	<b>\$750</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Tier 1 Drugs*</b>	<b>\$0</b>
<b>Tier 2 Drugs*</b>	<b>\$4</b>
<b>Tier 6 Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>Meals</b>	<b>Post-Acute</b>

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

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Plan Benefits	Wellcare Giveback (HMO) H1215003000 In-Network
<b>Counties</b>	Adams, Antelope, Banner, Blaine, Boone, Boyd, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dawson, Dixon, Dodge, Douglas, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Madison, Merrick, Nance, Nemaha, Otoe, Pawnee, Perkins, Phelps, Pierce, Polk, Saline, Sarpy, Saunders, Scotts Bluff, Seward, Sherman, Stanton, Thayer, Valley, Washington, Wayne, Webster, Wheeler, York
<b>Premium Part B Giveback</b>	<b>\$30.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$4,500</b>
<b>Inpatient Hospital - Acute</b>	<b>\$400 copay per day for days 1-5; \$0 copay per day for days 6-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$40</b>
<b>Over-the-Counter Items</b>	<b>N/A</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>
<b>Fitness Benefits</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$1,000 comp dental services (\$0 copay)</b>
<b>Vision Benefits</b>	<b>\$100 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$350 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></b>	<b>N/A</b>
<b>In-Home Support Services</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$200</b>
<b>Deductible Tiers</b>	<b>Tiers 3-5</b>
<b>Tier 1 Drugs*</b>	<b>\$0</b>
<b>Tier 2 Drugs*</b>	<b>\$10</b>
<b>Tier 6 Drugs*</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>Meals</b>	<b>N/A</b>

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Plan Benefits	Wellcare Dual Liberty (HMO D-SNP) H1215001000 In-Network
<b>Counties</b>	Adams, Antelope, Banner, Blaine, Boone, Boyd, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dawson, Dixon, Dodge, Douglas, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Madison, Merrick, Nance, Nemaha, Otoe, Pawnee, Perkins, Phelps, Pierce, Polk, Saline, Sarpy, Saunders, Scotts Bluff, Seward, Sherman, Stanton, Thayer, Valley, Washington, Wayne, Webster, Wheeler, York
<b>Premium Part B Giveback</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>\$0</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$8,300</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 copay per day for days 1-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>
<b>Over-the-Counter Items</b>	<b>\$350 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>
<b>Fitness Benefits</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$5,000 comp dental services incl. dentures (\$0 copay)</b>
<b>Vision Benefits</b>	<b>\$300 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$1,500 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></b>	<b>\$1,000</b>
<b>In-Home Support Services</b>	<b>Chores and Personal Care Services</b>
<b>Rx Deductible</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>
<b>Prescription Drugs<sup>2</sup></b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>
<b>Meals</b>	<b>Post-Acute and Chronic</b>
<b>Healthy Food Card<sup>2</sup></b>	<b>\$25 every month</b>

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Plan Benefits	Wellcare Dual Access Open (PPO D-SNP) H1395001000	
<b>Counties</b>	Adams, Antelope, Banner, Blaine, Boone, Boyd, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dawson, Dixon, Dodge, Douglas, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Madison, Merrick, Nance, Nemaha, Otoe, Pawnee, Perkins, Phelps, Pierce, Polk, Saline, Sarpy, Saunders, Scotts Bluff, Seward, Sherman, Stanton, Thayer, Valley, Washington, Wayne, Webster, Wheeler, York	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Premium Part B Giveback</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$8,300</b>	<b>\$12,450 (Combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$0 copay per day for days 1-90</b>	<b>\$0 copay per day for days 1-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Specialist Office Visits</b>	<b>\$0</b>	<b>\$0</b>
<b>Over-the-Counter Items</b>	<b>\$150 every quarter</b>	<b>\$150 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>36 one-way trips every year</b>	<b>36 one-way trips every year</b>
<b>Fitness Benefits</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$2,000 comp dental services incl. dentures (\$0 copay)</b>	<b>No annual preventive max + \$2,000 comp dental services incl. dentures (50% cost-share)</b>
<b>Vision Benefits</b>	<b>\$300 eyewear allowance</b>	<b>\$300 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$1,000 per ear</b>	<b>\$1,000 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></b>	<b>\$750</b>	<b>\$750</b>
<b>In-Home Support Services</b>	<b>Chores and Personal Care Services</b>	<b>Chores and Personal Care Services</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Prescription Drugs<sup>2</sup></b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>\$0</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>\$0</b>
<b>Meals</b>	<b>Post-Acute and Chronic</b>	<b>Post-Acute and Chronic</b>
<b>Healthy Food Card<sup>2</sup></b>	<b>\$25 every month</b>	<b>\$25 every month</b>

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Plan Benefits	Wellcare No Premium Open (PPO) H1395002000	
<b>Counties</b>	Adams, Antelope, Banner, Blaine, Boone, Boyd, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dawson, Dixon, Dodge, Douglas, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Madison, Merrick, Nance, Nemaha, Otoe, Pawnee, Perkins, Phelps, Pierce, Polk, Saline, Sarpy, Saunders, Scotts Bluff, Seward, Sherman, Stanton, Thayer, Valley, Washington, Wayne, Webster, Wheeler, York	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Premium Part B Giveback</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$4,900</b>	<b>\$8,950 (Combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$375 copay per day for days 1-5; \$0 copay per day for days 6-90</b>	<b>40% coinsurance per day for days 1-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>40%</b>
<b>Specialist Office Visits</b>	<b>\$35</b>	<b>40%</b>
<b>Over-the-Counter Items</b>	<b>\$40 every quarter</b>	<b>\$40 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>N/A</b>	<b>N/A</b>
<b>Fitness Benefits</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$1,500 comp dental services incl. dentures (\$0 copay)</b>	<b>No annual preventive max + \$1,500 comp dental services incl. dentures (50% cost-share)</b>
<b>Vision Benefits</b>	<b>\$200 eyewear allowance</b>	<b>\$200 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$500 per ear</b>	<b>\$500 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></b>	<b>\$200</b>	<b>\$200</b>
<b>In-Home Support Services</b>	<b>N/A</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Tiers</b>	<b>N/A</b>	<b>N/A</b>
<b>Tier 1 Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2 Drugs*</b>	<b>\$7</b>	<b>\$7</b>
<b>Tier 6 Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>40%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>40%</b>
<b>Meals</b>	<b>Post-Acute</b>	<b>Post-Acute</b>

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Plan Benefits	Wellcare Assist Open (PPO) H1395003000	
<b>Counties</b>	Adams, Antelope, Banner, Blaine, Boone, Boyd, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dawson, Dixon, Dodge, Douglas, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Logan, Madison, Merrick, Nance, Nemaha, Otoe, Pawnee, Perkins, Phelps, Pierce, Polk, Saline, Sarpy, Saunders, Scotts Bluff, Seward, Sherman, Stanton, Thayer, Valley, Washington, Wayne, Webster, Wheeler, York	
<b>Network / Tiers</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Premium Part B Giveback</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Premium (Part C Part D)</b>	<b>\$14.50</b>	<b>\$14.50</b>
<b>In-Network Plan Deductible</b>	<b>No</b>	<b>No</b>
<b>Maximum Out of Pocket (MOOP)</b>	<b>\$4,500</b>	<b>\$8,950 (Combined)</b>
<b>Inpatient Hospital - Acute</b>	<b>\$225 copay per day for days 1-7; \$0 copay per day for days 8-90</b>	<b>40% coinsurance per day for days 1-90</b>
<b>PCP Office Visits</b>	<b>\$0</b>	<b>40%</b>
<b>Specialist Office Visits</b>	<b>\$20</b>	<b>40%</b>
<b>Over-the-Counter Items</b>	<b>\$55 every quarter</b>	<b>\$55 every quarter</b>
<b>Medically Necessary Transportation</b>	<b>24 one-way trips every year</b>	<b>24 one-way trips every year</b>
<b>Fitness Benefits</b>	<b>\$0</b>	<b>\$0</b>
<b>Dental Benefits</b>	<b>No annual preventive max + \$2,000 comp dental services incl. dentures (\$0 copay)</b>	<b>No annual preventive max + \$2,000 comp dental services incl. dentures (50% cost-share)</b>
<b>Vision Benefits</b>	<b>\$200 eyewear allowance</b>	<b>\$200 eyewear allowance</b>
<b>Hearing Benefits</b>	<b>\$1,000 per ear</b>	<b>\$1,000 per ear</b>
<b>Flex Card D/V/H Services (per year)<sup>1</sup></b>	<b>\$300</b>	<b>\$300</b>
<b>In-Home Support Services</b>	<b>N/A</b>	<b>N/A</b>
<b>Rx Deductible</b>	<b>\$505</b>	<b>\$505</b>
<b>Deductible Tiers</b>	<b>Tiers 2-5</b>	<b>Tiers 2-5</b>
<b>Tier 1 Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Tier 2 Drugs*</b>	<b>\$20</b>	<b>\$20</b>
<b>Tier 6 Drugs*</b>	<b>\$0</b>	<b>\$0</b>
<b>Laboratory Services</b>	<b>\$0</b>	<b>40%</b>
<b>X-Ray Services</b>	<b>\$0</b>	<b>40%</b>
<b>Meals</b>	<b>Post-Acute and Chronic</b>	<b>Post-Acute and Chronic</b>

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