

New York

Producer's First Look

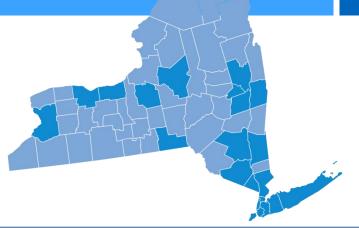
A look at WellCare's 2017 Medicare Advantage and Prescription Drug Plans

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PDP Medicare

Medicare Advantage & PDP

Because WellCare means better care.

Serving members nationwide

- 1.3 million Medicare Advantage and Prescription Drug Plan members
- 2.4 million Medicaid members

Serving the full spectrum of member needs

- Traditional MAPD with strong value propositions
- Dual-eligible populations (Medicare and Medicaid)
- Managed Long Term Care

Spearheading efforts to sustain the social safety net

- The WellCare Community Foundation
- Advocacy programs
- Public-Private Partnerships

Industry Leading Clinical Models driving product stability and sustainability

- Annual In-Home Assessments
- Value-Based Provider Relationships
- HEDIS and Pharmacy Management Tools for Providers
- · Field Based Case Management

A significant contributor to the national economy

- A FORTUNE 500 and Barron's 500 Company
- Approximately 7,000 associates nationwide
- · Offices in all states where the company provides managed care

Visit <u>www.wellcare.com/Producers/Producer-Contracting</u> to begin the contracting process today!





Key Producer Benefits

Convenient contracting and training

- · Online contracting and training/certification
- \$50 discount for AHIP training

Ongoing sales support

- Weekly commissions
- · Competitive benefits and networks
- Lifetime renewals on MAPD business for Producers
- Local DSM support: training, supplies, questions, event reporting, etc.
- Corporate support: compensation, communications, corporate sales support team and local market support

Time-saving tools

- Personalized URL is available for non-producer-assisted enrollments
- Online, interactive, secure producer portal providing access to enrollments and commission information
- Electronic applications submission improves processing and accuracy

The Producer's Edge

Products with value, competitive compensation and the tools you need to make the sale



	WellCare Advance (HMO)	
	H3361059	
Counties	Albany, Broome, Dutchess, Erie, Monroe, Niagara, Oneida, Onondaga, Orange, Rockland, Saratoga, Schenectady, Ulster, Wayne, Westchester	
Premium Part B Giveback	\$0.00	
Total Premium (Part C part D)	\$0.00	
In-Network Plan Deductible	N/A	
Maximum Out of Pocket (MOOP)	\$6,700	
Inpatient Hospital - Acute	\$300 co-pay per day for Days 1-5	
PCP Office Visits	\$10	
Specialist Office Visits	\$35	
Over-the-Counter Items	N/A	
Medically Necessary Transportation	N/A	
Fitness Membership	\checkmark	
Dental Benefits	\checkmark	
Vision Benefits	\checkmark	
Hearing Benefits	\checkmark	
Rx Deductible	N/A	
Deductible Tiers	N/A	
Tier 1: Preferred Generic	N/A	
Tier 2: Generic	N/A	
Tier 3: Preferred Brand	N/A	
Tier 4: Non-Preferred Drug	N/A	
Tier 5: Specialty Tier	N/A	



	WellCare Value (HMO) H3361099	WellCare Choice (HMO-POS) H3361106
Counties	Albany, Broome, Erie, Monroe, Niagara, Oneida, Rensselaer, Rockland, Saratoga, Schenectady	Bronx, Kings, New York, Queens, Richmond
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C part D)	\$0.00	\$0.00
In-Network Plan Deductible	\$190	N/A
Maximum Out of Pocket (MOOP)	\$5,000	\$6,700
Inpatient Hospital - Acute	\$591 co-pay per day for Days 1-3	\$295 co-pay per day for Days 1-6
PCP Office Visits	\$10	\$0
Specialist Office Visits	\$45	\$40
Over-the-Counter Items	\checkmark	\checkmark
Medically Necessary Transportation	N/A	\checkmark
Fitness Membership	✓	\checkmark
Dental Benefits	✓	\checkmark
Vision Benefits	✓	\checkmark
Hearing Benefits	✓	\checkmark
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic	\$3	\$0
Tier 2: Generic	\$15	\$15
Tier 3: Preferred Brand	\$47	\$47
Tier 4: Non-Preferred Drug	48%	48%
Tier 5: Specialty Tier	33%	33%



	W 110 D (1110)	
	WellCare Rx (HMO)	WellCare Choice (HMO)
	H3361130	H3361132
Counties	Bronx, Kings, New York, Queens, Richmond	Nassau
Counties	Bronx, Kings, New York, Queens, Kionmond	Nassau
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C part D)	\$5.00	\$0.00
In-Network Plan Deductible	N/A	\$250
Maximum Out of Pocket (MOOP)	\$6,700	\$6,700
Inpatient Hospital - Acute	\$250 co-pay per day for Days 1-6	\$500 co-pay per day for Days 1-3
PCP Office Visits	\$0	\$15
Specialist Office Visits	\$30	\$40
Over-the-Counter Items	\checkmark	N/A
Medically Necessary Transportation	✓	N/A
Fitness Membership	✓	\checkmark
Dental Benefits	✓	\checkmark
Vision Benefits	✓	\checkmark
Hearing Benefits	✓	\checkmark
Rx Deductible	\$400	\$0
Deductible Tiers	All	N/A
Tier 1: Preferred Generic	\$2	\$0
Tier 2: Generic	\$9	\$15
Tier 3: Preferred Brand	\$36	\$47
Tier 4: Non-Preferred Drug	48%	48%
Tier 5: Specialty Tier	25%	33%



	WellCare Choice (HMO)	WellCare Essential (HMO)
	H3361133	H3361134
Counties	Ulster	Erie, Niagara, Oneida, Schenectady
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C part D)	\$0.00	\$0.00
n-Network Plan Deductible	\$250	\$190
Maximum Out of Pocket (MOOP)	\$6,700	\$5,000
Inpatient Hospital - Acute	\$575 co-pay per day for Days 1-3	\$300 co-pay per day for Days 1-5
PCP Office Visits	\$10	\$0
Specialist Office Visits	\$50	\$40
Over-the-Counter Items	\checkmark	\checkmark
Medically Necessary Transportation	N/A	N/A
Fitness Membership	N/A	✓
Dental Benefits	\checkmark	\checkmark
Vision Benefits	✓	✓
Hearing Benefits	\checkmark	✓
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic	\$4	\$0
Tier 2: Generic	\$15	\$15
Tier 3: Preferred Brand	\$47	\$47
Tier 4: Non-Preferred Drug	48%	48%
Tier 5: Specialty Tier	33%	33%



WellCare Preferred (HMO-POS) H3361135

Counties	Bronx, Kings, New York, Queens, Richmond, Westchester
Premium Part B Giveback	\$0.00
Total Premium (Part C part D)	\$45.00
In-Network Plan Deductible	N/A
Maximum Out of Pocket (MOOP)	\$6,700
Inpatient Hospital - Acute	\$295 co-pay per day for Days 1-6
PCP Office Visits	\$0
Specialist Office Visits	\$20
Over-the-Counter Items	N/A
Medically Necessary Transportation	\checkmark
Fitness Membership	\checkmark
Dental Benefits	\checkmark
Vision Benefits	\checkmark
Hearing Benefits	✓
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic	\$0
Tier 2: Generic	\$15
Tier 3: Preferred Brand	\$47
Tier 4: Non-Preferred Drug	48%
Tier 5: Specialty Tier	33%



	WellCare Liberty (HMO SNP) H3361043	
Counties	Albany, Broome, Erie, Monroe, Niagara, Oneida, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Ulster	
Premium Part B Giveback	\$0.00	
Total Premium (Part C part D)	\$0.00	
In-Network Plan Deductible	\$0	
Maximum Out of Pocket (MOOP)	\$6,700	
Inpatient Hospital - Acute	\$0 co-pay up to 90 days per admission	
PCP Office Visits	\$0	
Specialist Office Visits	\$0	
Over-the-Counter Items	\checkmark	
Medically Necessary Transportation	\checkmark	
Fitness Membership	\checkmark	
Dental Benefits	✓	
Vision Benefits	\checkmark	
Hearing Benefits	✓	
Rx Deductible	\$0	
Deductible Tiers	Tiers 2-5	
Tier 1: Preferred Generic		
Tier 2: Generic	\$0 Preferred Generics & Preferred Brand	
Tier 3: Preferred Brand	Generics: \$0 / \$1.20 / \$3.30 / 15%	
Tier 4: Non-Preferred Drug	Brands: \$0 / \$3.70 / \$8.25 / 15%	
Tier 5: Specialty Tier	<u> </u>	



	WellCare Access (HMO SNP) H3361065
Counties	Broome, Dutchess, Erie, Niagara, Oneida, Orange, Rockland, Saratoga, Schenectady, Suffolk, Wayne, Westchester
Premium Part B Giveback	\$0.00
Total Premium (Part C part D)	\$0.00
In-Network Plan Deductible	\$0
Maximum Out of Pocket (MOOP)	\$6,700
Inpatient Hospital - Acute	\$0 co-pay up to 90 days per admission
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\checkmark
Medically Necessary Transportation	N/A
Fitness Membership	\checkmark
Dental Benefits	N/A
Vision Benefits	\checkmark
Hearing Benefits	\checkmark
Rx Deductible	\$0
Deductible Tiers	Tiers 2-5
Tier 1: Preferred Generic	
Tier 2: Generic	\$0 Preferred Generics & Preferred Brand
Tier 3: Preferred Brand	Generics: \$0 / \$1.20 / \$3.30 / 15%
Tier 4: Non-Preferred Drug	Brands: \$0 / \$3.70 / \$8.25 / 15%
Tier 5: Specialty Tier	<u></u>

Tier 4: Non-Preferred Drug

Tier 5: Specialty Tier



WellCare Access	(HMO SNP)
H33611	09

Brands: \$0 / \$3.70 / \$8.25 / 15%

Counties	Bronx, Kings, Nassau, New York, Queens, Richmond	
Premium Part B Giveback	\$0.00	
Total Premium (Part C part D)	\$0.00	
In-Network Plan Deductible	\$0	
Maximum Out of Pocket (MOOP)	\$6,700	
Inpatient Hospital - Acute	\$0 co-pay up to 90 days per admission	
PCP Office Visits	\$0	
Specialist Office Visits	\$0	
Over-the-Counter Items	\checkmark	
Medically Necessary Transportation	\checkmark	
Fitness Membership	\checkmark	
Dental Benefits	\checkmark	
Vision Benefits	\checkmark	
Hearing Benefits	\checkmark	
Rx Deductible	\$0	
Deductible Tiers	Tiers 2-5	
Tier 1: Preferred Generic		
Tier 2: Generic	\$0 Preferred Generics & Preferred Brand	
Tier 3: Preferred Brand	Generics: \$0 / \$1.20 / \$3.30 / 15%	

