

PLAN DETAILS FOR WELLCARE TEXANPLUS CLASSIC (HMO)

Note: The information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year.

If you choose not to select a pharmacy, your estimated drug costs will be based on network retail pharmacies. You may pay more for your prescriptions at non-network retail pharmacies.

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| Costs | |
|---|---|
| Premium | ? \$0.00 per year |
| Estimated medical costs based on age 65 - 69 and Good health change | ? \$744 per year |
| Estimated Drug Costs based on 0 drugs in My Drug List change | ? \$0 per year See Estimate By Month |
| Total Estimated Costs | ? \$744 per year See Estimate By Month |

| Coverage Overview | |
|---|-------------------------------------|
| Medicare Star Rating | Plan too new to be measured |
| Is My Physician in the Network? | Physician Directory |
| Is My Pharmacy in the Network? <i>Check the Pharmacy Directory OR Add a Pharmacy</i> | Pharmacy Directory |
| Plan covers these drugs from My Drug List | ? |
| Plan does not cover these drugs from My Drug List | ? |

| Benefits—Amounts You Pay | |
|--------------------------------|--|
| Medical Coverage ? | |
| Medical Deductible | \$0.00 |
| Maximum Annual Out Of Pocket | \$5,000.00 |
| Doctor Office Visits | \$0 |
| Specialist Office Visit | \$35 |
| Inpatient Hospital Care | \$150 co-pay per day for Days 1-10 / \$0 co-pay per day for Days 11-90. |
| Skilled Nursing Facility (SNF) | \$0 co-pay per day for Days 1-20 / \$172.00 co-pay per day for Days 21-100 |
| Home Health Care | \$0 |
| Outpatient Mental Health Care | \$20 for individual or group |
| Dental Services | You pay nothing for the following preventive dental services: Cleaning (for up to 1 every six months), Dental x-ray(s) (for up to 1 every 12 to 36 months), Oral exam (for up to 1 every six months), Fluoride treatment (for up to 1 every year). Our plan pays up to \$500 every year for most dental services. Additional comprehensive dental services you will pay nothing for include one periodontics procedure every 6 to 36 months or one extraction per year as well as 1 oral maxillofacial procedure every 60 months. The dental benefits on this plan include coverage of preventive and comprehensive services up to \$500, including but not limited to cleanings, x-ray(s), oral exams, fluoride treatment and fillings. |
| Vision Services | You pay a \$0 copay for 1 routine eye exam every year. Our plan pays up to \$100 every year for up to 1 pair of contact lenses, eyeglasses (frames and lenses), eyeglass frames or eyeglass lenses. You pay nothing for eyeglasses or contact lenses after cataract surgery. You pay nothing for Medicare-covered Glaucoma screenings. |

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| | |
|---|---|
| Hearing Services | You pay \$0 copay for 1 routine hearing exam per year and 1 hearing aid fitting or evaluation. Our plan pays up to \$700 every year towards the purchase of 2 hearing aids (\$350 per ear). |
| Transportation | \$0 for 24 One-way trips every year |
| Over-the-Counter Items | \$40 Every Quarter OTC catalog. Unused amounts do not carry over to the next month/quarter. |
| Additional Services | Worldwide Emergency and Urgent coverage: \$90 with a maximum benefit coverage amount of \$25,000. Additional Routine Annual Physical: \$0 |
| Fitness Benefit | \$0 |
| Emergency Care | \$90 |
| Ambulance Services | \$250 |
| Outpatient Prescription Drugs | Please refer to the Evidence of Coverage for more information. |
| Pharmacy Coverage ? | |
| Pharmacy Deductible | \$250.00 |
| Pharmacy Deductible Drug Tier Exclusions | \$0 Deductible on Tier(s) 1; \$250 Deductible on Tier(s) 2, 3, 4, 5 |
| Initial Coverage Limit | \$3,820.00 |
| One Month Supply (Retail) Standard Pharmacy | |
| Preferred Generic | \$0.00 |
| Generic | \$5.00 |
| Preferred Brand | \$35.00 |
| Non-Preferred Drug | \$75.00 |
| Specialty Tier | 28% |
| Three Month Supply (Mail-Order) Pharmacy with Preferred Cost Sharing | |
| Preferred Generic | \$0.00 |
| Generic | \$0.00 |
| Preferred Brand | \$70.00 |
| Non-Preferred Drug | \$150.00 |
| Three Month Supply (Mail-Order) Standard Pharmacy | |
| Preferred Generic | \$0.00 |
| Generic | \$12.50 |
| Preferred Brand | \$87.50 |
| Non-Preferred Drug | \$187.50 |
| Plan Documents | |
| Summary of Benefits | Summary Of Benefits |
| Comprehensive Formulary | Comprehensive Formulary |
| Star Ratings | Star Ratings |
| Foreign Language/Non Discrimination | Foreign Language/Non Discrimination |
| Enrollment Form | Enrollment Form |

WellCare TexanPlus Classic (HMO)

ENROLL IN THIS PLAN

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Plan: H0174-003-000

Limitations, copayments, and restrictions may apply. See above or contact the plan for more details.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call:

- The Social Security Office at 1-800-772-1213. TTY users should call 1-800-325-0778. Monday through Friday, 7 a.m. to 7 p.m.
- Your State Medicaid Office.

HELPFUL TOOLS/LINKS

[WellCare Medicare Advantage Plans](#)
[WellCare Prescription Drug Plans](#)
[‘Ohana Medicare Advantage Plans](#)

MY INFORMATION

Cost estimates are based on the information below.

- Plans shown are available in ZIP code 79903 [change](#)
- 0 drugs [change](#)
- No pharmacy selected [change](#)

ACCESS YOUR ACCOUNT

Sign in to complete a started enrollment, see saved plans, or continue shopping with saved information.

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- This information is not a complete description of benefits. Call 1-800-960-2530, TTY 711, for more information.
- Every year, Medicare evaluates plans based on a 5-star rating system.
- Medicare beneficiaries may also enroll in WellCare, 'Ohana, Easy Choice or WellCare TexanPlus through the CMS Medicare Online Enrollment Center located at <https://www.medicare.gov>.
- For a complete list of available plans please contact 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week or consult www.medicare.gov.
- Out-of-network/non-contracted providers are under no obligation to treat WellCare, 'Ohana, Easy Choice or WellCare TexanPlus members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services.

WellCare/Easy Choice/WellCare TexanPlus CCP:

- WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

'Ohana HMO (Hawai'i):

- 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

WellCare PDP:

- WellCare Health Plans, Inc., (PDP) is a Medicare-approved Part D sponsor. Enrollment in our plans depends on contract renewal.
- WellCare Prescription Insurance Inc.'s pharmacy network includes limited lower-cost, preferred pharmacies in rural areas of AK. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-888-550-5252 (TTY only, call 711) or consult the online pharmacy directory at www.wellcare.com/PDP.

Our Plans use a formulary. For plans that provide drug coverage, the formulary may change during the year.

Estimated drug costs are based on the total drug cost at the selected pharmacy. If you do not select a pharmacy, drug costs are based on in network pharmacies. This may be different than your actual costs.

IMPORTANT REMINDER: To protect your account and your information, you should log out immediately when you are finished using our services.

Cost Estimates are based on the information shown under My Information, using data about past experiences by beneficiaries with similar attributes and the premiums and benefits provided by the plan. Actual costs may vary. Monthly medical costs are represented by annual figures divided evenly per month.

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Last Updated: 10/15/2018 12:00 AM

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