



Wellcare 2022 Product Launch

Partnership for Success



Agenda

- Introductions
- Brand Transition
- 2022 MI Market Updates
- Expanded Flex Card Benefits
- Expanded SSBCI Benefits
- 2022 Plan Overview

Introductions

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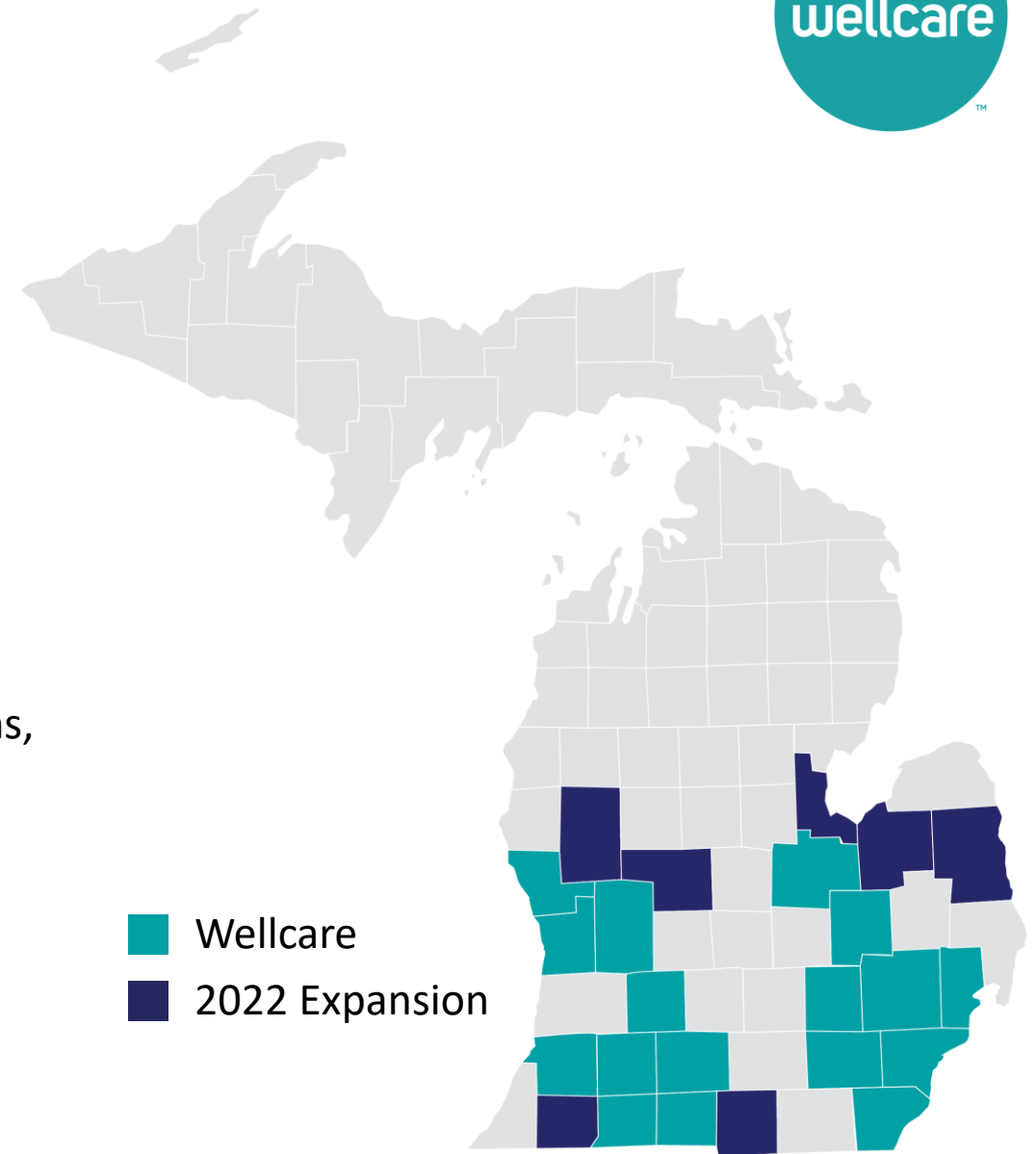
Introducing the New Wellcare

- Wellcare will be the new face of Medicare plans currently offered by Allwell, Fidelis Care, Health Net, 'Ohana Health Plan, Trillium Advantage, and legacy WellCare
- Wellcare is here to provide our members with an overall better Medicare experience and to support them through the nonsense that may exist in navigating Medicare



Michigan | *Updates*

- **NEW PPO Plans in all service areas**
 - \$0 premium HMO and PPO plans
 - MA Only with Giveback (designed for Veterans)
 - D-SNP PPO plan
- **7 Expansion counties for 2022**
- **Provider Network Expansion:** Metro Health, Visiting Physicians, ChenMed, Oak Street Health, Ascension, U of M & more



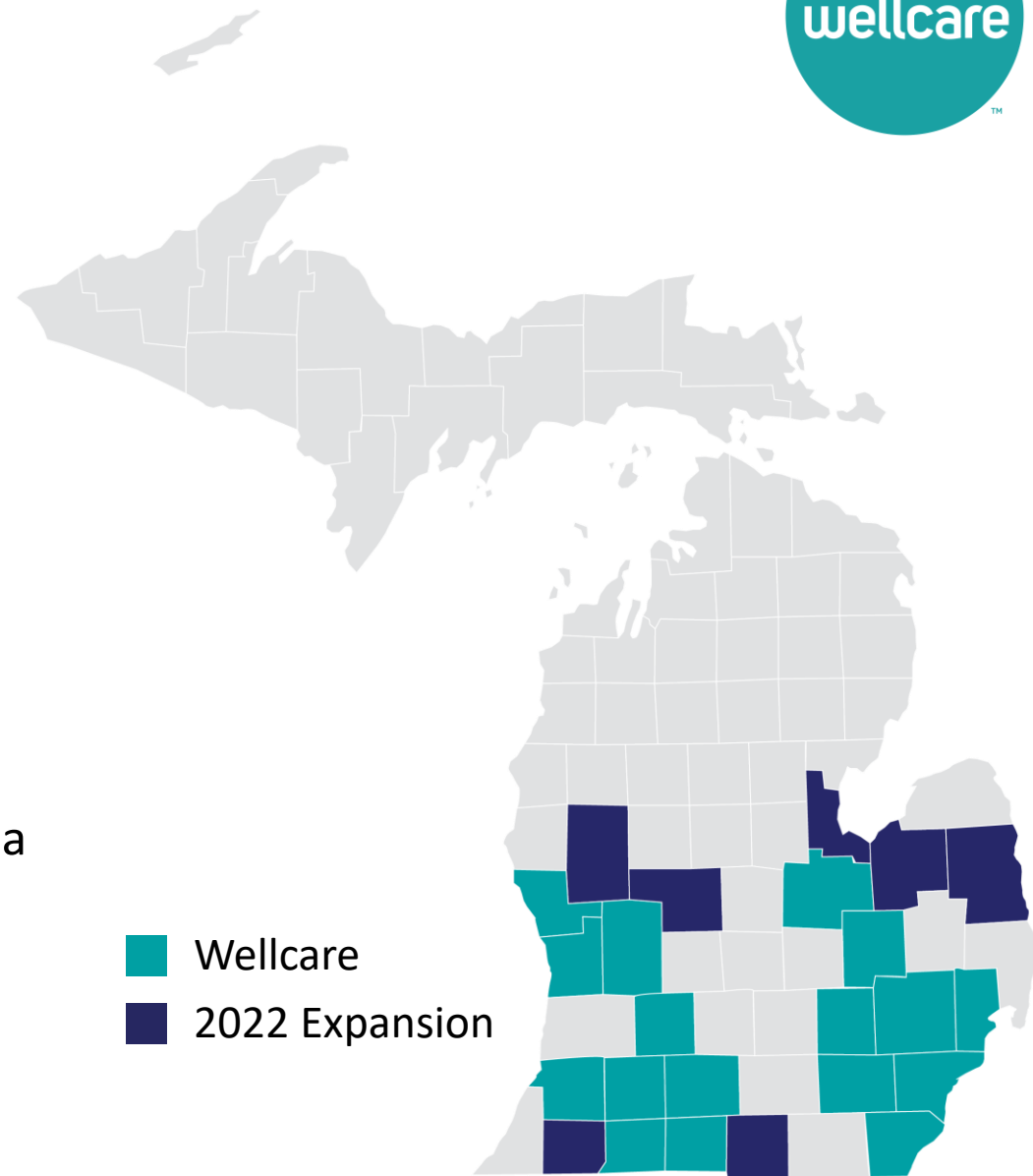
Michigan | *Service Area*

Wellcare Continued Coverage Counties:

- Barry, Branch, Calhoun, Genesee, Kalamazoo, Kent, Livingston, Macomb, Monroe, Muskegon, Oakland, Ottawa, Saginaw, St. Joseph, Van Buren, Washtenaw, Wayne

2022 Expansion Counties:

- Bay, Cass, Hillsdale, Montcalm, Newaygo, Sanilac, Tuscola





Expanded Flex Card

- Almost doubled number of plan offerings with this benefit
- Benefit amounts ranging from \$200 to \$2500
- **New for 2022:** Benefits with an allowance of \$750 or greater will have separate purses, Vision Only and Dental and Hearing combined. The Vision purse will be capped at \$250 and the rest of the allowance will be allocated to the Dental and Hearing benefit
- Gives members greater “buying power” than using our Flex Card alone – in and out of network expenses
- Submit a claim for reimbursement for transactions at Wellcare providers who do not accept VISA
- The debit card will only work at providers with a valid Merchant Category Codes (MCC) who accepts VISA
- Eligible MCCs are: 8021-Dental; 8042 & 8043-Vision; 5975-Hearing Aids and Sales
- Members receiving dental, vision or hearing services at a hospital may submit claims for reimbursement as long as they provide supporting documentation of the services and payment rendered





NEW SSBCI: Flex Card for Utility Expenses

- Assistance with utility bill payments
- Allowance of \$50-\$125 per month and does **not** carry over month to month
- Plans with multiple flex benefits will receive a single debit card with a separate allowance for each benefit
- Qualifying Merchant Category Codes (MCCs) include:
 - 4900 Electric, Gas, Sanitary and Water Utilities
 - 4814 Telecommunication service including local and long-distance calls, credit card calls, calls through use of magnetic strip reading telephones and fax services – phone bill
 - 4899 Cable and other pay television (may include cable, phone and/or internet)
 - 5172 Petroleum and Petroleum Products
 - 9399 Government Services (Not Elsewhere Classified)





Expanded SSBCI Qualifying Conditions

- Benefit will positively impact several social determinants of health (SDoH) for our members!
- 7 qualifying conditions in 2021, now over 35 qualifying conditions for 2022 plans!
 - Chronic alcohol and other drug dependence, Autoimmune disorders limited to: Polyarteritis nodosa, Polymyalgia rheumatica, Polymyositis, Rheumatoid arthritis, and Systemic lupus erythematosus Cancer, excluding pre-cancer conditions or in-situ status, Cardiovascular disorders limited to: Cardiac arrhythmias, Coronary artery disease, Peripheral vascular disease, and Chronic venous thromboembolic disorder, Chronic heart failure, Dementia, Diabetes mellitus, End-stage liver disease, End-stage renal disease (ESRD) requiring dialysis, Severe hematologic disorders limited to: Aplastic anemia, Hemophilia, Immune thrombocytopenic purpura, Myelodysplastic syndrome, Sickle-cell disease (excluding sickle-cell trait), and Chronic venous thromboembolic disorder, HIV/AIDS, Chronic lung disorders limited to: Asthma, Chronic bronchitis, Emphysema, Pulmonary fibrosis, and Pulmonary hypertension, Chronic and disabling mental health conditions limited to: Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, and Schizoaffective disorder, Neurologic disorders limited to: Amyotrophic lateral sclerosis (ALS), Epilepsy, Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and Stroke-related neurologic deficit, and/or Stroke, will receive an additional benefit for a Grocery Delivery Benefit. Providing members access to such a benefit could positively impact several social determinants of health (SDoH).



2022 Plan Overview



PPO Plan Options

2022

Plan Benefits	Wellcare No Premium Open (PPO) H2117001000	
Counties	Barry, Bay, Branch, Calhoun, Cass, Genesee, Hillsdale, Kalamazoo, Kent, Livingston, Macomb, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, St. Joseph, Sanilac, Tuscola, Van Buren, Washtenaw, Wayne	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$5,000	\$7,500 (combined)
Inpatient Hospital - Acute	\$325 copay per day for days 1-6; \$0 copay per day for days 7-90	\$325 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$35	\$35
Over-the-Counter Items	\$75 every quarter	\$75 every quarter
Medically Necessary Transportation	N/A	N/A
Health Club Membership	\$0	\$0
Dental Benefits	\$2,000 for comprehensive services including dentures	\$2,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit	\$200 eyewear limit
Hearing Benefits	\$1,000 / year for 2 hearing aids	\$1,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$750	\$750
In-Home Support Services	N/A	N/A
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$5	\$5
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
SSBCI Package	Grocery Delivery	N/A
Optional Supplemental Packages	N/A	N/A

Quick View

- Semi Passive Mirrored Benefits
- Strong Ancillaries
 - \$2,000 Dental
 - \$200 Vision
 - \$1,000 Hearing
 - \$750 Flex Card
 - \$50 SHIPT Grocery
 - \$75/quarter OTC
 - ISP



Plan Benefits	Wellcare Patriot Giveback Open (PPO) H2117003000	
Counties	Barry, Bay, Branch, Calhoun, Cass, Genesee, Hillsdale, Kalamazoo, Kent, Livingston, Macomb, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, St. Joseph, Sanilac, Tuscola, Van Buren, Washtenaw, Wayne	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$60.00	\$60.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$5,000	\$10,000 (combined)
Inpatient Hospital - Acute	\$325 copay per day for days 1-6; \$0 copay per day for days 7-90	\$325 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$30	\$30
Over-the-Counter Items	\$75 every quarter	\$75 every quarter
Medically Necessary Transportation	24 one-way trips every year	24 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$2,000 for comprehensive services	\$2,000 for comprehensive services
Vision Benefits	\$300 eyewear limit	\$300 eyewear limit
Hearing Benefits	\$5,000 / year for 2 hearing aids	\$5,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$750	\$750
In-Home Support Services	N/A	N/A
Rx Deductible	N/A	N/A
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	N/A	N/A
Tier 2: Generic*	N/A	N/A
Tier 6: Select Care Drugs*	N/A	N/A
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
SSBCI Package	N/A	N/A
Optional Supplemental Packages	N/A	N/A

Quick View

- Semi Passive – Mirrored Benefits
- \$60 Part B Giveback
- MA Only - Designed for Veterans
- Strong Ancillaries
 - \$2,000 Dental
 - \$300 Vision
 - \$5,000 Hearing
 - \$750 Flex Card
 - Transportation
 - \$75/quarter OTC





HMO Plan Options

2022

Plan Benefits	Wellcare No Premium (HMO-POS) H5475026000 In-Network
Counties	Bay, Genesee, Hillsdale, Livingston, Macomb, Monroe, Montcalm, Newaygo, Oakland, Saginaw, Sanilac, Tuscola, Washtenaw, Wayne
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$3,450 (combined)
Inpatient Hospital - Acute	\$300 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0
Specialist Office Visits	\$30
Over-the-Counter Items	\$110 every quarter
Medically Necessary Transportation	12 one-way trips every year
Health Club Membership	\$0
Dental Benefits	\$3,000 for comprehensive services including dentures
Vision Benefits	\$200 eyewear limit
Hearing Benefits	\$3,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$1,500
In-Home Support Services	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$5
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	Non-Medical Transportation
Optional Supplemental Packages	N/A

Quick View

- Open Access Network – No Referrals!
- Name Change – No Longer Explore
- Strong Ancillaries
 - \$3,000 Dental
 - \$200 Vision
 - \$3,000 Hearing
 - \$1,500 Flex Card
 - Transportation
 - Chores
 - \$110/quarter OTC
 - \$1,500 Flex Card
 - ISP



Plan Benefits	Wellcare No Premium Exclusive (HMO) H5475033000 In-Tier 1	Wellcare No Premium Exclusive (HMO) H5475033000 In-Tier 2
Counties	Genesee, Macomb, Oakland, Wayne	Genesee, Macomb, Oakland, Wayne
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	No	No
Maximum Out of Pocket (MOOP)	\$3,450	\$3,450
Inpatient Hospital - Acute	\$300 copay per day for days 1-7; \$0 copay per day for days 8-90	\$300 copay per day for days 1-7; \$0 copay per day for days 8-90
PCP Office Visits	\$0	\$35
Specialist Office Visits	\$15	\$35
Over-the-Counter Items	\$135 every quarter	\$135 every quarter
Medically Necessary Transportation	12 one-way trips every year	12 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$3,000 for comprehensive services including dentures	\$3,000 for comprehensive services including dentures
Vision Benefits	\$400 eyewear limit	\$400 eyewear limit
Hearing Benefits	\$2,000 / year for 2 hearing aids	\$2,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$1,500	\$1,500
In-Home Support Services	Chores	Chores
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	\$5	\$5
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
SSBCI Package	Non-Medical Transportation	Non-Medical Transportation
Optional Supplemental Packages	N/A	N/A

Quick View

- Open Access Network – No Referrals!
- Oak Street Health – Tiered PCP Plans
- Strong Ancillaries
 - \$3,000 Dental
 - \$400 Vision
 - \$2,000 Hearing
 - \$1,500 Flex Card
 - Transportation
 - SSBCI Transportation
 - Chores
 - \$135/quarter OTC
 - ISP





Special Needs Plans

DSNP & CSNP

Plan Benefits	Wellcare Specialty No Premium (HMO-POS C-SNP) H5475029000 In-Network
Counties	Barry, Branch, Calhoun, Kalamazoo, St. Joseph, Van Buren
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	No
Maximum Out of Pocket (MOOP)	\$3,450 (combined)
Inpatient Hospital - Acute	\$275 copay per day for days 1-6; \$0 copay per day for days 7-90
PCP Office Visits	\$0
Specialist Office Visits	\$20-\$40
Over-the-Counter Items	\$45 every quarter
Medically Necessary Transportation	N/A
Health Club Membership	\$0
Dental Benefits	\$2,000 for comprehensive services including dentures
Vision Benefits	\$300 eyewear limit
Hearing Benefits	\$1,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	N/A
In-Home Support Services	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	\$0
Tier 6: Select Care Drugs*	\$11
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	N/A
Optional Supplemental Packages	N/A

Quick View

- Qualifying Health Condition – Diabetes
- Lowered specialist copays for diabetic specific providers
- Strong Ancillaries
 - \$2,000 Dental
 - \$300 Vision
 - \$1,000 Hearing
 - \$45/quarter OTC
 - Chores
 - ISP



Plan Benefits	Wellcare Dual Access (HMO-POS D-SNP) H5475001000 In-Network
Counties	Barry, Bay, Branch, Calhoun, Cass, Genesee, Hillsdale, Kalamazoo, Kent, Livingston, Macomb, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, Sanilac, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne
Premium Part B Giveback	\$0.00
Total Premium (Part C Part D)	\$0.00
In-Network Plan Deductible	\$0
Maximum Out of Pocket (MOOP)	\$3,450 (combined)
Inpatient Hospital - Acute	\$0 per stay
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$350 every quarter
Medically Necessary Transportation	24 one-way trips every year
Health Club Membership	\$0
Dental Benefits	No Max allowance for comprehensive services including dentures and implants
Vision Benefits	\$300 eyewear limit
Hearing Benefits	\$3,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$2,500
In-Home Support Services	Chores
Rx Deductible	\$0
Deductible Tiers	N/A
Tier 1: Preferred Generic*	\$0
Tier 2: Generic*	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
Tier 6: Select Care Drugs*	\$0
Laboratory Services	\$0
X-Ray Services	\$0
SSBCI Package	Grocery Delivery, Non-Medical Transportation, Utilities Flex Card
Optional Supplemental Packages	N/A

Quick View

- Open Access Network – No Referrals!
- Expanded to ALL counties!
- Strong Ancillaries
 - No Maximum on Comprehensive Dental Services
 - \$300 Vision
 - \$3,000 Hearing
 - \$2,500 Flex Card
 - \$100 Shipt
 - \$50 Utilities Flex Card
 - Transportation
 - SSBCI Transportation
 - Chores
 - \$350/quarter OTC
 - ISP



Plan Benefits	Wellcare Dual Access Open (PPO D-SNP) H2117002000	
Counties	Barry, Bay, Branch, Calhoun, Cass, Genesee, Hillsdale, Kalamazoo, Kent, Livingston, Macomb, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, St. Joseph, Sanilac, Tuscola, Van Buren, Washtenaw, Wayne	
Network / Tiers	In-Network	Out-of-Network
Premium Part B Giveback	\$0.00	\$0.00
Total Premium (Part C Part D)	\$0.00	\$0.00
In-Network Plan Deductible	\$0	\$0
Maximum Out of Pocket (MOOP)	\$3,450	\$5,100 (combined)
Inpatient Hospital - Acute	\$0 copay per day for days 1-90	\$0 per stay
PCP Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Over-the-Counter Items	\$300 every quarter	\$300 every quarter
Medically Necessary Transportation	24 one-way trips every year	24 one-way trips every year
Health Club Membership	\$0	\$0
Dental Benefits	\$3,000 for comprehensive services including dentures	\$3,000 for comprehensive services including dentures
Vision Benefits	\$300 eyewear limit	\$300 eyewear limit
Hearing Benefits	\$2,000 / year for 2 hearing aids	\$2,000 / year for 2 hearing aids
Flex Card D/V/H Services (per year)	\$1,000	\$1,000
In-Home Support Services	Chores and personal care services	Chores and personal care services
Rx Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1: Preferred Generic*	\$0	\$0
Tier 2: Generic*	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
Tier 6: Select Care Drugs*	\$0	\$0
Laboratory Services	\$0	\$0
X-Ray Services	\$0	\$0
SSBCI Package	Grocery Delivery, Utilities Flex Card	N/A
Optional Supplemental Packages	N/A	N/A

Quick View

- Open Access Network – No Referrals!
- Strong Ancillaries
 - \$3,000 Dental
 - \$300 Vision
 - \$2,000 Hearing
 - \$1,000 Flex Card
 - \$50 Shipt/month
 - \$50 Utilities Flex Card/month
 - Transportation
 - Chores & Personal Care
 - \$300/quarter OTC
 - ISP



Questions!





More to come...

- AHIP & ACT are here – Don't wait!
- September:
 - Veteran Marketing Strategies
 - Virtual Product Refreshers
- February 2022 Engagement and Retention Strategies



Thank You!