



Compare Our Plans

Find the right plan for you.

Note: The benefit information provided herein is a summary, not a comprehensive description of benefits. For more information contact the plan. Benefits, premium and/or co-payments/co-insurance may change on January 1, 2013.

| WellCare Value (HMO) WellCare of Connecticut, Inc. | | WellCare Choice (HMO-POS) WellCare of Connecticut, Inc. | |
|---|--|--|---|
| Total Estimated Annual Cost | | Total Estimated Annual Cost | |
| | \$1,179.62 | | \$1,467.93 |
| Plan Premium | | Plan Premium | |
| Total Monthly Plan Premium | \$0 | Total Monthly Plan Premium | \$49.00 |
| Medical Coverage | | Medical Coverage | |
| Primary Physician Visit | \$10 | Primary Physician Visit | \$10 |
| Specialist Visit | \$35 | Specialist Visit | \$25 |
| Inpatient Hospitalization | Days 1 - 5: \$320 per day; additional days: \$0 | Inpatient Hospitalization | Days 1 - 7: \$200 per day; additional days: \$0 |
| Outpatient Hospital Services (Surgery/Non-Surgery) | \$200 | Outpatient Hospital Services (Surgery/Non-Surgery) | \$150 |
| Maximum Annual Out Of Pocket | \$4,900.00 | Maximum Annual Out Of Pocket | \$3,250.00 |
| Routine Dental | Not covered | Routine Dental | Preventive services: \$0, comprehensive services: not covered |
| Routine Vision | \$0 routine exam; eye wear: not covered | Routine Vision | \$0 routine exam; eye wear benefit maximum of \$100 annually |
| Routine Hearing | \$0 annual exam; 1 hearing aid every 3 years up to \$350 maximum value | Routine Hearing | \$50 annual exam; 1 hearing aid every 3 years up to \$350 maximum value |
| Fitness Club Membership | Yes | Fitness Club Membership | Yes |
| HealthStuff OTC Allowance | \$10/month | HealthStuff OTC Allowance | \$25/month |
| Prescription Drug Coverage | | Prescription Drug Coverage | |
| Deductible | \$0.00 | Deductible | \$0.00 |
| Initial Coverage Limit | \$2,930.00 | Initial Coverage Limit | \$2,930.00 |
| Coverage Gap | Generics: 86% coinsurance; Brands: approximately 50% discount | Coverage Gap | Generics: 86% coinsurance; Brands: approximately 50% discount |
| Catastrophic Coverage | Greater of: 5% or \$2.60 (Generics)/\$6.50 (Brands) | Catastrophic Coverage | Greater of: 5% or \$2.60 (Generics)/\$6.50 (Brands) |
| One Month Supply (Retail) | | One Month Supply (Retail) | |
| Generic Drugs | \$5.00 | Generic Drugs | \$0.00 |
| Preferred Brand Drugs | \$45.00 | Preferred Brand Drugs | \$39.00 |
| Non-Preferred Brand Drugs | \$89.00 | Non-Preferred Brand Drugs | \$79.00 |
| Specialty Tier Drugs | 33% | Specialty Tier Drugs | 33% |
| Three Month Supply (Preferred Mail Order) | | Three Month Supply (Preferred Mail Order) | |
| Generic Drugs | \$12.50 | Generic Drugs | \$0.00 |
| Preferred Brand Drugs | \$112.50 | | |
| Non-Preferred Brand Drugs | \$222.50 | | |

| Other Extras | |
|---|---|
| Rides to your Doctor | Not covered |
| Nutrition (Meals) Benefits | No |
| Viagra | No |
| Plan Documents | |
| Evidence of Coverage | Evidence of Coverage |
| Summary of Benefits | Summary of Benefits |
| Comprehensive Formulary | Comprehensive Formulary |
| Information for People who Receive Extra Help  | |
| Extra Help Premium | \$0 |
| Extra Help Deductible | \$0 |
| Extra Help Initial Coverage Co-Pays | Generics: \$0, \$1.10, \$2.60 or 15%; Brands: \$0, \$3.30, \$6.50 or 15% |
| Extra Help Coverage Gap Co-Pays | Eligible members pay Extra Help co-pays through the gap |
| Extra Help Catastrophic Coverage Co-Pays | \$0 or \$2.60 (Generics)/\$6.50 (Brands) |

| Preferred Brand Drugs | \$97.50 |
|---|---|
| Non-Preferred Brand Drugs | \$197.50 |
| Other Extras | |
| Rides to your Doctor | Not covered |
| Nutrition (Meals) Benefits | No |
| Viagra | No |
| Plan Documents | |
| Evidence of Coverage | Evidence of Coverage |
| Summary of Benefits | Summary of Benefits |
| Comprehensive Formulary | Comprehensive Formulary |
| Information for People who Receive Extra Help  | |
| Extra Help Premium | \$0 - \$8.60 |
| Extra Help Deductible | \$0 |
| Extra Help Initial Coverage Co-Pays | Generics: \$0, \$1.10, \$2.60 or 15%; Brands: \$0, \$3.30, \$6.50 or 15% |
| Extra Help Coverage Gap Co-Pays | Eligible members pay Extra Help co-pays through the gap |
| Extra Help Catastrophic Coverage Co-Pays | \$0 or \$2.60 (Generics)/\$6.50 (Brands) |

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

POWERED BY 

Wellcare is a Medicare-approved Part D sponsor. Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc. WellCare is a health plan with a Medicare contract.

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