



MISSOURI OVERVIEW 2024

Mutual of Omaha is committed to offering a comprehensive suite of senior health products. Medicare Advantage offers all-in-one coverage that includes dental, vision, hearing and prescription drug coverage.

Wellcare Mutual of Omaha plans in Missouri include all the benefits of traditional Medicare Advantage, plus:



Wellcare Spendable™ debit card offers over-the-counter (OTC) benefits. Quarterly OTC benefits do not rollover.



Expansive network — PPO plans offer a wide network and allows flexibility.

Available in the following counties:

Audrain, Barry, Barton, Bates, Benton, Boone, Callaway, Camden, Cass, Cedar, Christian, Clay, Clinton, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Franklin, Gasconade, Greene, Henry, Hickory, Howell, Iron, Jackson, Jasper, Jefferson, Johnson, Laclede, Lafayette, Lawrence, Lincoln, Maries, McDonald, Miller, Moniteau, Montgomery, Morgan, Newton, Oregon, Osage, Ozark, Phelps, Platte, Polk, Pulaski, Ray, Reynolds, Shannon, St. Charles, St. Clair, St. Louis, St. Louis City, Ste. Genevieve, Stone, Taney, Texas, Vernon, Warren, Washington, Webster, Wright

Plan Name	Wellcare Mutual of Omaha No Premium Open (PPO)		Wellcare Mutual of Omaha Low Premium Open (PPO)	
Contract Number	H7518001000		H7518004000	
IN/OON/Tier	INN	OON	INN	OON
Total Premium (Part C Part D)	\$0.00		\$19.00	
Inpatient Acute	\$300 Co-pay/day for days 1-5 and \$0 co-pay/day for days 6-90. No additional hospital days	30% of the total cost for days 1-90	\$300 Co-pay/day for days 1-5 and \$0 co-pay/day for days 6-90. No additional hospital days	30% of the total cost for days 1-90
Plan Deductible	No		No	
Maximum Out of Pocket (MOOP) INN	\$4,900	N/A	\$4,900	N/A

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Plan Name	Wellcare Mutual of Omaha No Premium Open (PPO)		Wellcare Mutual of Omaha Low Premium Open (PPO)	
Maximum Out of Pocket (MOOP) Combined	\$7,900		\$7,900	
PCP Office Visits	\$0	\$35	\$0	\$20
Specialist Office Visits	\$20	\$50	\$10	\$40
Wellcare Spendables™	OTC Allowance of \$125 /quarter (non-rolling) for covered items		Single allowance for OTC and/or additional Dental, Vision, and Hearing Services of \$84 /month (rolling)	
Fitness	\$0		\$0	
Dental Benefits	Dental services with no annual max, incl. exams, fillings, dentures & implants (\$0 copay)	Dental services with no annual max, incl. exams, fillings, dentures & implants (50% cost share)	Dental services with no annual max, incl. exams, fillings, dentures & implants (\$0 copay)	Dental services with no annual max, incl. exams, fillings, dentures & implants (50% cost share)
Vision Benefits	\$0 copay for a routine exam, plus get up to \$300 for unlimited contacts, glasses, lenses, and/or frames per year		\$0 copay for a routine exam, plus get up to \$300 for unlimited contacts, glasses, lenses, and/or frames per year	
Hearing Benefits	\$1,000 — hearing aids per ear every year		\$1,000 — hearing aids per ear every year	
Lab Services	\$0-\$50	40%	\$0-\$50	40%
X-Ray Services	\$0	40%	\$0	40%
Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6	\$0/\$5/\$42/50%/33%/\$0		\$0/\$5/\$42/50%/33%/\$0	
RX Deductible	\$0		\$0	
RX Deductible Tiers	N/A		N/A	

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