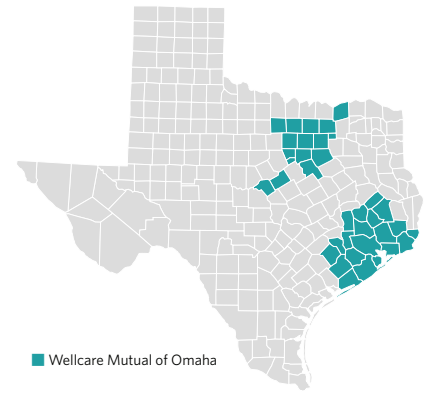


# TEXAS OVERVIEW 2024



Wellcare Mutual of Omaha

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 Texas 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. Spendable™ benefits vary by plan.



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

## Dallas/Ft. Worth

Available in the following counties:

Collin, Dallas, Denton, Ellis, Fannin, Hamilton, Hill, Hood, Jack, Johnson, Mills, Parker, Rockwall, Somervell, Tarrant, Wise

## Houston

Available in the following counties:

Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Grimes, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Orange, Polk, San Jacinto, Trinity, Walker, Waller, Wharton

| Plan Name                        | Wellcare Mutual of Omaha No Premium Open (PPO) — Dallas/Ft. Worth                           |                                     |
|----------------------------------|---|-------------------------------------|
| Contract Number                  | H7323002000   |                                     |
| INN/OON/Tier                     | INN   | OON                                 |
| Total Premium (Part C Part D)    | \$0.00  |                                     |
| Inpatient Acute                  | \$320 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  |                                     |
| Maximum Out of Pocket (MOOP) INN | \$5,900   | N/A                                 |

| Plan Name                        | Wellcare Mutual of Omaha No Premium Open (PPO) — Houston                                    |                                     |
|----------------------------------|---|-------------------------------------|
| Contract Number                  | H7323003000   |                                     |
| INN/OON/Tier                     | INN   | OON                                 |
| Total Premium (Part C Part D)    | \$0.00  |                                     |
| Inpatient Acute                  | \$300 Co-pay/day for days 1-5 and \$0 co-pay/day for days 6-90. No additional hospital days | 35% of the total cost for days 1-90 |
| Plan Deductible                  | No  |                                     |
| Maximum Out of Pocket (MOOP) INN | \$6,700   | N/A                                 |

\*Agent/Broker use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. The plan information contained in this document is pending government approval and subject to change. Final 2024 plan and benefit information may be discussed with beneficiaries on or after October 1.

| Plan Name   | Wellcare Mutual of Omaha<br>No Premium Open (PPO) —<br>Dallas/Ft. Worth   |  |
|---|---|--|
| Maximum Out of Pocket (MOOP) Combined             | \$9,550   |  |
| PCP Office Visits                                 | \$0   | \$35   |
| Specialist Office Visits                          | \$35  | \$65   |
| Wellcare Spendables™                              | OTC Allowance of <b>\$103</b> /quarter (non-rolling) for covered items  |  |
| Fitness   | \$0   |  |
| Dental Benefits                                   | No annual prev max plus \$2,000 in comp dental services, Incl. exams, fillings, minor restorative services & dentures (\$0 copay) | No annual prev max plus \$2,000 in comp dental services, Incl. exams, fillings, minor restorative services & dentures (50% cost share) |
| Vision Benefits                                   | \$0 copay for a routine exam, plus get up to \$200 for unlimited contacts, glasses, lenses, and/or frames per year                |  |
| Hearing Benefits                                  | \$500 — hearing aids per ear every year   |  |
| Lab Services                                      | \$0-\$50  | 30%  |
| X-Ray Services                                    | \$0   | 30%  |
| Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6 | \$0/\$5/\$42/46%/30%/\$0  |  |
| RX Deductible                                     | \$200   |  |
| RX Deductible Tiers                               | Tiers 3-5   |  |

| Plan Name   | Wellcare Mutual of Omaha<br>No Premium Open (PPO) — Houston   |  |
|---|---|--|
| Maximum Out of Pocket (MOOP) Combined             | \$10,000  |  |
| PCP Office Visits                                 | \$0   | \$35   |
| Specialist Office Visits                          | \$35  | \$65   |
| Wellcare Spendables™                              | OTC Allowance of <b>\$90</b> /quarter (non-rolling) for covered items   |  |
| Fitness   | \$0   |  |
| Dental Benefits                                   | No annual prev max plus \$2,000 in comp dental services, Incl. exams, fillings, minor restorative services & dentures (\$0 copay) | No annual prev max plus \$2,000 in comp dental services, Incl. exams, fillings, minor restorative services & dentures (50% cost share) |
| Vision Benefits                                   | \$0 copay for a routine exam, plus get up to \$100 for unlimited contacts, glasses, lenses, and/or frames per year                |  |
| Hearing Benefits                                  | \$500 — hearing aids per ear every year   |  |
| Lab Services                                      | \$0-\$50  | 40%  |
| X-Ray Services                                    | \$0   | 40%  |
| Prescription Drug Copays (Pref) T1/T2/T3/T4/T5/T6 | \$0/\$5/\$42/50%/30%/\$0  |  |
| RX Deductible                                     | \$200   |  |
| RX Deductible Tiers                               | Tiers 3-5   |  |

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