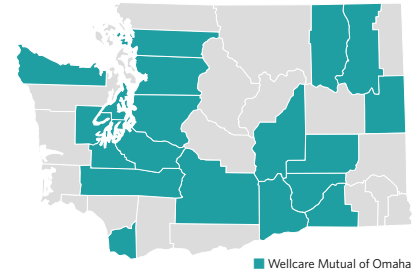


# WASHINGTON STATE OVERVIEW 2024



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 Washington include all the benefits of traditional Medicare Advantage, plus:



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



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

### Available in the following counties:

Adams, Benton, Clallam, Clark, Ferry, Franklin, Grant, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Yakima

Plan Name	Wellcare Mutual of Omaha No Premium Open (PPO)		Wellcare Mutual of Omaha Low Premium Open (PPO)	
<b>Contract Number</b>	H5965002000		H5965005000	
<b>IN/OON/Tier</b>	IN	OON	IN	OON
<b>Total Premium (Part C Part D)</b>	\$0.00		\$29.00	
<b>Inpatient Acute</b>	\$400 co-pay per day for days 1-5 and a \$0 co-pay per day for days 6-90. No additional hospital days.	30% of the total cost for days 1-90	\$400 co-pay per day for days 1-5 and a \$0 co-pay per day for days 6-90. No additional hospital days.	30% of the total cost for days 1-90
<b>Plan Deductible</b>	No		No	
<b>Maximum Out of Pocket (MOOP) INN</b>	\$6,700	N/A	\$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 No Premium Open (PPO)		Wellcare Mutual of Omaha Low Premium Open (PPO)	
Maximum Out of Pocket (MOOP) Combined	\$10,000		\$10,000	
PCP Office Visits	\$0	\$35	\$0	\$20
Specialist Office Visits	\$25	\$65	\$10	\$40
Wellcare Spendables™	OTC allowance of <b>\$114</b> per quarter (non-rolling) for covered items	OTC allowance of <b>\$114</b> per quarter (non-rolling) for covered items	Single allowance for OTC and/or additional Dental, Vision, and Hearing services of <b>\$65</b> every month (rolling)	Single allowance for OTC and/or additional Dental, Vision, and Hearing services of <b>\$65</b> every month (rolling)
Fitness	\$0		\$0	
Dental Benefits	No annual prev max plus \$1,500 in comp dental services, Incl. exams, fillings, minor restorative services and dentures (\$0 copay)	No annual prev max plus \$1,500 in comp dental services, Incl. exams, fillings, minor restorative services and dentures (50% cost share)	No annual prev max plus \$1,000 in comp dental services, Incl. exams, fillings, minor restorative services and dentures (\$0 copay)	No annual prev max plus \$1,000 in comp dental services, Incl. exams, fillings, minor restorative services and 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		\$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		\$500 — 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%/31%/\$0		\$0/\$5/\$42/50%/33%/\$0	
RX Deductible	\$100		\$0	
RX Deductible Tiers	Tiers 3-5		N/A	

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## Wellcare Local Support

### Shane Shown

Senior Regional Agency Manager  
253-508-6024  
shane.shown@wellcare.com

### Connie Tam

Sales Manager  
408-823-4685  
connie.y.tam@wellcare.com

## Mutual of Omaha Support

### Chris Scruggs

Associate Sales Manager  
402-351-2886  
chris.scruggs@mutualofomaha.com