

Introduction

WellCare Health Plans, Inc. is a leading provider of managed care services dedicated to government-sponsored healthcare programs, focusing on Medicaid and Medicare. We operate a variety of plans, including health plans for families, children, the aged, blind or disabled, as well as prescription drug plans.

Headquartered in Tampa, Florida, WellCare serves more than 2.5 million members nationwide. The WellCare group of companies operates plans under the WellCare, Staywell, HealthEase and Harmony brands.

Mission

WellCare will:

- Enhance its members' health and quality of life,
- Partner its providers and governments to provide quality, cost-effective healthcare solutions, and
- Create a rewarding and enriching environment for its associates.

Core Values

Partnership

Members are the reason we are in business; providers are our partners in serving our members; and regulators are the stewards of the public's resources and trust. We will deliver excellent service to our partners.

Integrity

Our actions must consistently demonstrate a high level of integrity that earns the trust of those we work and serve.

Accountability

All associates must be responsible for the commitments we make and the results we deliver.

Teamwork

With our fellow associates, we can expect - and are expected to demonstrate - a collaborative approach in the way we work.

WellCare (Medicare Advantage)

As a Medicare Advantage plan, coverage includes all of the benefits traditionally covered by Medicare plus added benefits identified in coverage documents.

Such additional benefits may include*:

- No or low monthly health plan premiums with predictable co-pays for in-network services;
- Outpatient prescription drug coverage, including Tier 1 drugs through the coverage gap;
- Routine dental, vision and hearing benefits; and
- Preventive care from participating providers with no co-payment.

**Subject to change. Availability varies by plan and county.*

Our Products

Our products are designed to offer enhanced benefits to our members as well as cost sharing alternatives. Starting in 2008, additional HMO plan options such as Point-of-Service (POS), Concentric Network options, and the Preferred Provider Organization (PPO) plan were available in select areas.

These products are offered in selected markets to allow flexibility and offer a distinct set of benefits to fit member needs in each area. Please refer to the state-specific **Quick Reference Guide** for product information. Below is a list of distinctions (not all-inclusive) among our Medicare Advantage products.

HMO

Our traditional Medicare Advantage plan. All services must be provided within the Plan network unless an emergency or urgent need for care arises, or such service is not available in network. Some services require prior authorization by the Plan, or its designee.

HMO with POS Option (HMO/POS)

Members may choose to visit out-of-network providers for selected specialty, ancillary and hospital services. Out-of-network services may require authorization by the Plan. Member cost share for covered out-of-network services is a coinsurance or percentage of the payment made by the Plan.

HMO/POS with Concentric Network

Available in select markets only. Members have access to expanded benefits not traditionally covered by Medicare. Members must choose a Primary Care Physician (PCP) from a subset of the Plan network PCPs. Some services require authorization by the Plan.

PPO

Allows members to visit in-network or out-of-network providers for covered services. Some in-network services require authorization by the Plan. Out-of-network services do not require authorization. However, notification to the Plan is recommended for verification of benefits or when emergency care was needed. Member cost share for out-of-network services is a coinsurance or percentage of the payment made by the Plan.