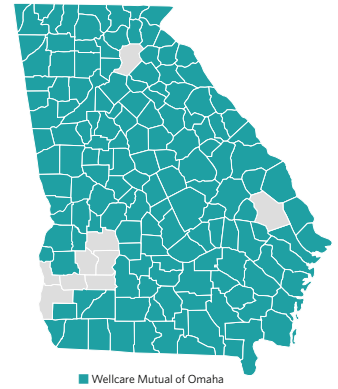


# GEORGIA OVERVIEW 2024



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



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



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

### Available in the following counties:

Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Burke, Butts, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Douglas, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Glynn, Gordon, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson, Worth

| Plan Name                     | Wellcare Mutual of Omaha No Premium Open (PPO)  |                                     |
|-------------------------------|---|-------------------------------------|
| Contract Number               | H0111001000   |                                     |
| INN/OON/Tier                  | INN   | OON                                 |
| Total Premium (Part C Part D) | \$0.00  |                                     |
| Inpatient Acute               | \$350 Co-pay/day for days 1-5 and \$0 co-pay/day for days 6-90. No additional hospital days | 50% of the total cost for days 1-90 |
| Plan Deductible               | No  |                                     |

\*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)  |  |
|---|---|--|
| Maximum Out of Pocket (MOOP) INN                  | \$7,500   | N/A  |
| Maximum Out of Pocket (MOOP) Combined             | \$13,300  |  |
| PCP Office Visits                                 | \$0   | \$35   |
| Specialist Office Visits                          | \$35  | 50%  |
| Wellcare Spendables™                              | OTC Allowance of \$75/quarter (non-rolling) for covered items   |  |
| Fitness   | \$0   |  |
| Dental Benefits                                   | No annual prev max plus \$1,500 in comp dental services, Incl. exams, fillings, minor restorative services & dentures (\$0 copay) | No annual prev max plus \$1,500 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  | 50%  |
| X-Ray Services                                    | \$0   | 50%  |
| 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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