



SOUTH CAROLINA 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 South Carolina include all the benefits of traditional Medicare Advantage, plus:



Wellcare Spendable™ debit card offers over-the-counter (OTC) benefits. Monthly OTC benefits roll-over.



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

Available in the following counties:

Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York

Plan Name	Wellcare Mutual of Omaha No Premium Open (PPO)	
Contract Number	H7326001000	
IN/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	40% of the total cost for days 1-90
Plan Deductible	No	
Maximum Out of Pocket (MOOP) INN	\$6,700	N/A
Maximum Out of Pocket (MOOP) Combined	\$10,000	

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Plan Name	Wellcare Mutual of Omaha No Premium Open (PPO)	
PCP Office Visits	\$0	\$35
Specialist Office Visits	\$35	40%
Wellcare Spendables™	Single allowance for OTC and/or additional Dental, Vision, and Hearing Services of \$29/month (rolling)	
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	\$750 — 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/\$0/\$42/50%/30%/\$0	
RX Deductible	\$150	
RX Deductible Tiers	Tiers 3-5	

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