

## Product Details

<b>Product Name:</b> WellCare Select
<b>Product Type:</b> Group
<b>Class Of Coverage:</b> A,B
<b>Fob:</b> In-Patient,Emergency Room,Ambulatory

## Plans

Fob	Insured institution	Class	Type	Name	Value
In-Patient	General Directorate of State Security	A	Copart	IN(A)-0	0
In-Patient	Cooperative Of Government Employees	B	Copart	IN(B)-0	0

## Networks

Fob	Network	Class
In-Patient	Last Copy	A
In-Patient	Last Copy	B

## Limits

Type	Benefits	Class	Limit Value
Group Yearly Cases	In-Patient	A	500

## Reimburesment

Fob	Type	Special Remarks
In-Patient	Within Territorial Scope Within Network	0
In-Patient	Territory within Network Elective	
Emergency Room	Territory within Network Elective	note

## Deductible Exceptions

Provider Name	Product Plan	Participation Type	Co-Pay Value
AUBMC	IN(B)-0	Copart	100

## Premiums

Age (From - To)	IN(A)-0	IN(B)-0
0 - 17	4424	180
18 - 24	760	700
25 - 40	601	800
41 - 45	800	900
46 - 50	1001	1001
51 - 55	1200	1100
56 - 66	1400	1200
67 - 80	1500	1699