



2018 One-on-One Sales Presentation



Welcome to WellCare Health Plan

Thank you for considering a WellCare plan.

For more than 30 years, WellCare has focused exclusively on providing government-sponsored managed care services.

Our corporate mission is to provide high-quality care that is comprehensive, convenient and affordable.

My goal today is to provide you with the information you need to get the most out of your plan.

Today, we will discuss our Medicare Advantage and Prescription Drug Plans. This discussion may include Health Maintenance Organizations (HMOs), HMO Point of Service (POS), Special Needs Plans (SNPs), and/or stand-alone Prescription Drug Plans (PDP).



- Over 30 years specializing in Medicare and Medicaid programs
- Over 4.1 million members nationwide in our Medicare Advantage, Medicaid & PDP plans
- Over 68,000 contracted pharmacies nationwide
- Access to 376,000 contracted health care providers

About Me

My Experience

- My background and expertise
- My personal mission

As a Licensed Insurance Agent,

- I am a licensed insurance agent with the state and have been further certified as a WellCare plan representative. I do not represent the government, Medicare or Medicaid.
- I may be compensated based on your enrollment.
- I am prohibited from making comparisons between our plan and your current plan. (Although I encourage you to directly compare co-payments, prescription drug coverage and other plan specifics.)
- I want you to know that you are under no obligation to join a plan.



Our Time Together

Today's presentation will review topics to help you better understand your Medicare options, including:

- Medicare eligibility
- Medicare choices:
 - Original Medicare
 - Medicare Advantage plans
 - Prescription Drug Plans
- Accessing your care
- WellCare Summary of Benefits
- Plan enrollment options
- WellCare Quick Start Guide (for new members)



- Does someone normally help you make health care decisions?
- Have you assigned a power of attorney to someone to assist you with making health care decisions?

Are You Eligible for WellCare?

Let's get started with three questions.

**Medicare
A & B**



Are you entitled to Medicare Part A and enrolled in Part B?

Plan Area



Do you reside in this state, county or parish for at least six months of the year?

No ESRD



Do you have end-stage renal disease (ESRD)?*

Additional health-related questions help determine which WellCare plan is most suitable for you.



MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY JOHN Q SAMPLE	
MEDICARE CLAIM NUMBER 000-00-0000-A	SEX MALE
IS ENTITLED TO HOSPITAL (PART A) MEDICAL (PART B)	EFFECTIVE DATE 01-01-2011 01-01-2011
SIGN HERE <i>John Q Sample</i>	

*This is the only health-related issue that would disqualify you from participating in a Medicare Advantage plan. WellCare does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability or geographic location.

To be eligible for our Chronic Special Needs plan, you must also be diagnosed with Diabetes, Chronic Heart Failure, or Cardiovascular Disorder and live in our service area.

Let's Confirm Your Current Coverage

- Turning 65, eligible for Medicare Part A and Part B
- Covered through Original Medicare (Medicare Part A and Part B)
- Prescription drug (Part D)
- Are you eligible for Medicaid?
- Medicare supplemental insurance
- Medicare Advantage plan (Part C)
- TRICARE
- VA benefits
- Employer or union benefits
- Current coverage ending soon

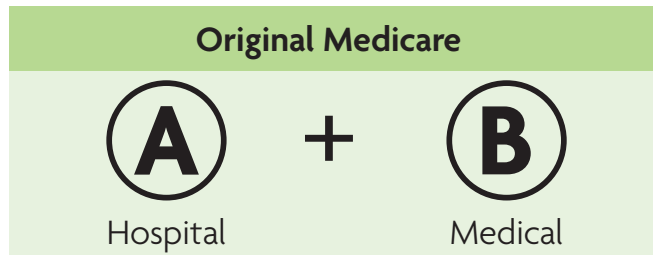


When Can You Enroll?

Initial Coverage Enrollment Period (ICEP):	All year	7-month period that starts 3 months before and ends 3 months after the month of your 65 th birthday.
Open Enrollment Period (OEP):	Oct. 15–Dec. 7*	If you're eligible, you can enroll in Medicare health benefits such as a Medicare Advantage plan, with or without prescription drug coverage, or you can enroll in a stand-alone Prescription Drug Plan (PDP). This would take effect January 1.
Special Enrollment Period (SEP):	All year	You may qualify to make plan changes based on special circumstances (e.g., you move, you are diagnosed with specific chronic conditions, you qualify for or lose eligibility for Medicaid).
Medicare Advantage Disenrollment Period (MADP):	Jan. 1–Feb. 14*	Medicare Advantage plan members can return to Original Medicare only and can enroll in a stand-alone PDP plan.

*Dates are determined annually by the Centers for Medicare & Medicaid Services (CMS).

Medicare Choices



Part A: Hospital

- Inpatient hospital
- Skilled nursing
- Home health
- Hospice care

Part B: Medical

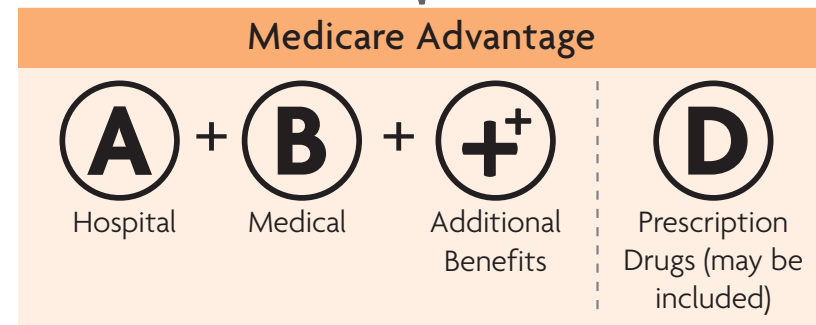
- Doctor visits
- Outpatient rehab
- Urgent care
- Durable medical equipment
- Outpatient hospital
- Lab test & X-rays

Part D: Prescription Drugs

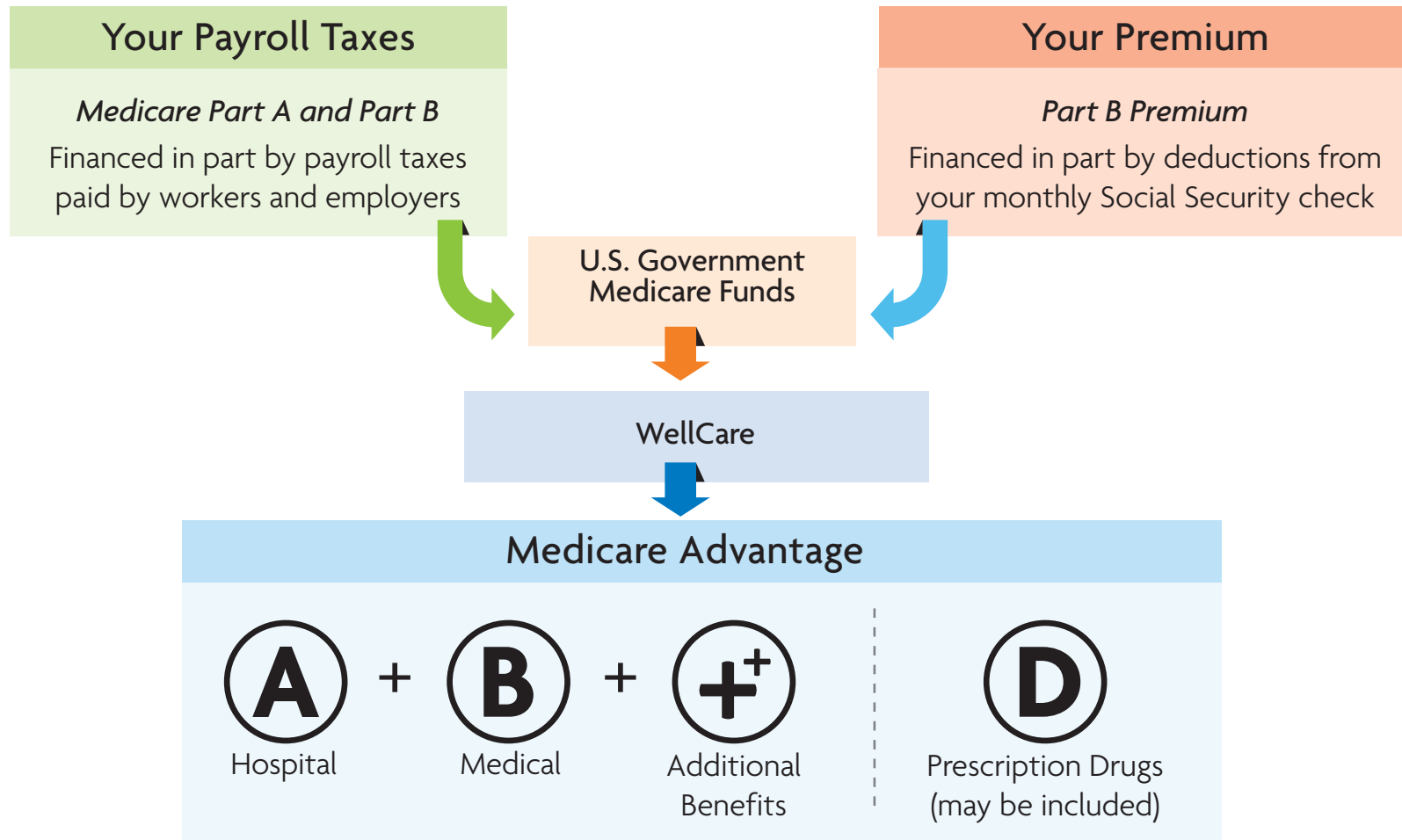
Helps cover the cost of prescription drugs

Part C: WellCare's Medicare Advantage

Health plan offered by a private insurance company with a Medicare contract (like WellCare) that provides your health care coverage.



How is a Medicare Advantage Plan Paid for?



With a WellCare Plan...

You choose how to spend your money

Coverage	Original Medicare	Medicare Advantage**
No or low monthly plan premium*	✓	✓
Doctor and hospital coverage	✓	✓
No (or reduced) deductibles on doctor and hospital visits		✓
More predictable out-of-pocket expenses		✓
Part D coverage in many plans		✓***
Additional benefits		✓

*You must continue to pay your Medicare Part B premium. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full.

**Covers all benefits of Original Medicare, plus additional benefits available through your plan.

***You may not enroll in both a stand-alone Prescription Drug Plan and a Medicare Advantage plan at the same time. To avoid late enrollment penalties, your Medicare coverage should include a Part D plan.

With a WellCare Plan...

You enjoy added benefits and services. Plans vary; many offer additional benefits like:



Dental



Prescription Drug Coverage



Hearing



Nurse Advice Line



Vision



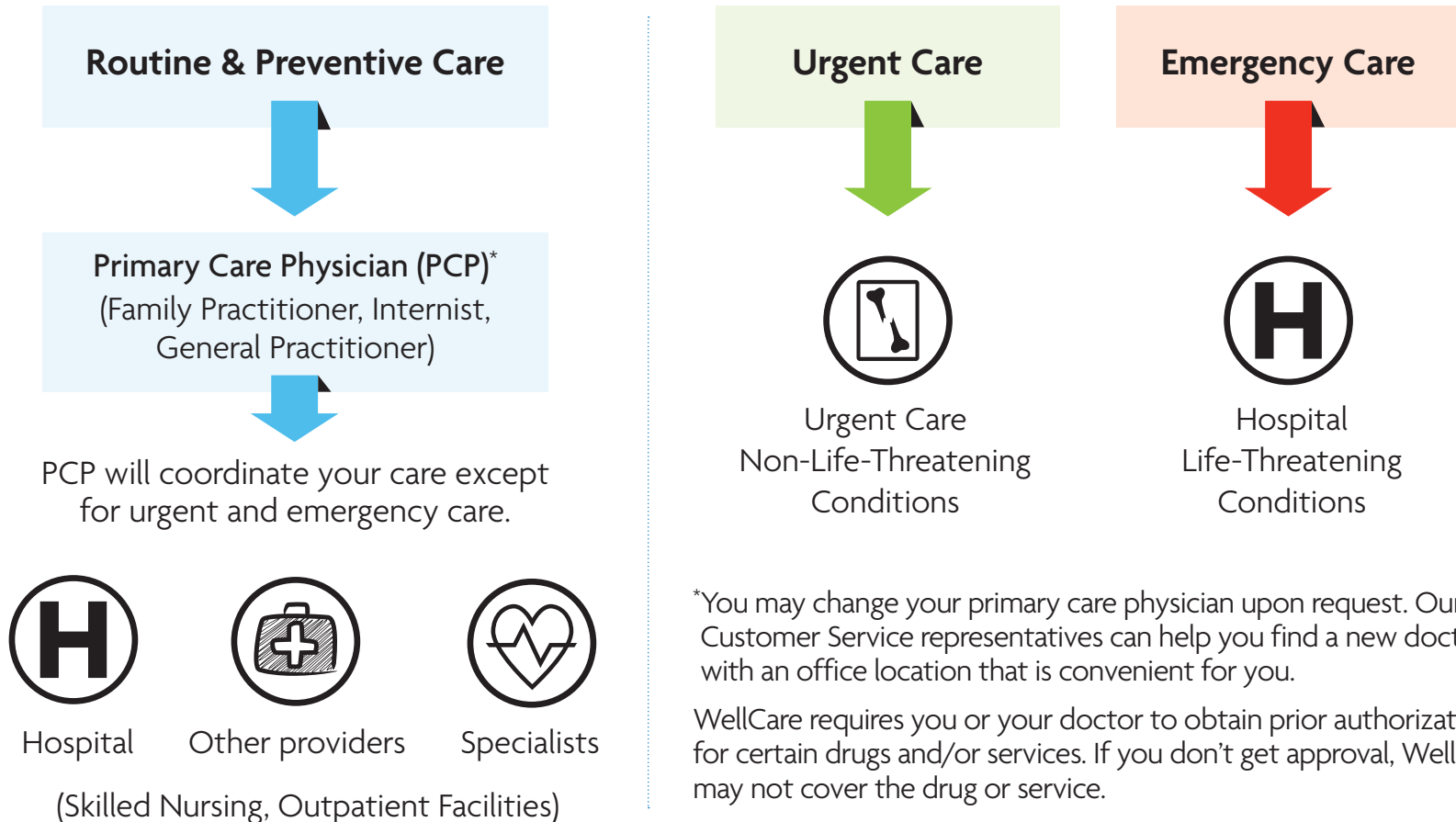
Fitness Memberships

Some plans offer additional benefits such as Over-the-Counter items and Transportation. Your licensed insurance agent will explain the benefits available in your area.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year.

With a WellCare Plan...

You determine where and when you get the care you need



*You may change your primary care physician upon request. Our Customer Service representatives can help you find a new doctor with an office location that is convenient for you.

WellCare requires you or your doctor to obtain prior authorization for certain drugs and/or services. If you don't get approval, WellCare may not cover the drug or service.

With a WellCare Plan...

You have access to our network of providers

We partner with members, providers and community partners to enhance the health and quality of our members' lives.



You can find a plan physician in your area by visiting our website at www.wellcare.com/medicare, or by calling Customer Service.



If you would like a Provider Directory (as applicable) mailed to you, you may call 1-877-MY-WELLCARE, or request one at www.wellcare.com/RequestDirectory.



Unless your plan offers an out-of-network benefit, you must use plan providers except in emergency or urgent care situations or if you are temporarily out of your service area and need renal dialysis. If you obtain routine care from out-of-network providers without first getting approval from WellCare, neither Medicare nor WellCare will be responsible for the costs.

HOW YOUR CHOICES COMPARE

Pre-authorization Required	HMO Health Maintenance Organization	POS Point-of-Service
In-network services	Y	Y
Out-of-network services	N/A	Y
Flexibility	Low	Medium

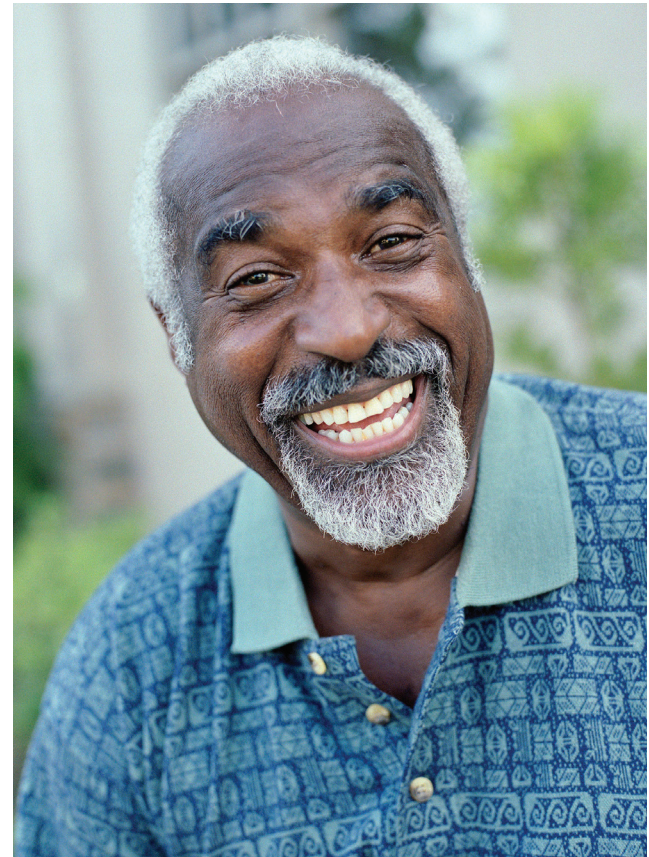


With a WellCare Plan...

You Get the Right Care at the Right Time – Complete the Health Risk Assessment

WellCare cares about our members and is committed to connecting you to the care you need to lead a healthier life. Complete your Health Risk Assessment (HRA) health survey to get on the path to living well. Answer the important health-related questions on the HRA. This completed form allows our health care specialists to assess your current health care needs. We want to ensure that you get the right type of care and see the doctors and specialists at the right time. Your answers are confidential and have no effect on plan membership or coverage.

In the upcoming weeks, you may receive a call from WellCare. Be an active participant as we help you navigate through your health care journey.



Preventive care is a cornerstone of good health. It's the screenings and shots that can stop an illness before it starts. Many of these services are available to members at no cost. So take advantage of them! Your body will thank you for it. Everybody is different. Be sure to talk with your doctor or nurse about preventive and other services that meet your unique needs.

With a WellCare Plan...

You can access prescriptions through our formulary

A formulary is a list of covered drugs selected by WellCare working with a team of health care providers. The list represents the prescription therapies believed to be a necessary part of a quality treatment program and is approved by the Centers for Medicare & Medicaid Services.

WellCare will generally cover the drugs listed in our formulary as long as:

- The drug is medically necessary.
- Eligible beneficiaries use network pharmacies to access their prescription drug benefit, except under non-routine circumstances. Quantity limitations and restrictions may apply.
- Other plan rules are followed.



If you do not have Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's) for a continuous period of 63 days or more, you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

With a WellCare Plan...

You can access prescriptions through our formulary

- You can ask WellCare to make an exception to our prescription drug coverage rules. You can begin the exception process by contacting our Customer Service Department, or visiting **www.wellcare.com/medicare**, or completing an exception request form.

For a complete listing of rules and prescription drugs covered by WellCare, please visit our website at **www.wellcare.com/medicare**.

WellCare plans have a mail service pharmacy that offers preferred cost sharing. By filling your prescription at a network pharmacy that offers standard cost sharing, you could pay more than you would at the network mail service pharmacy that offers preferred cost sharing.



WellCare Prescription Insurance Inc.'s pharmacy network offers limited access to pharmacies with preferred cost sharing in urban areas of ID; suburban areas of OR; and rural areas of AK, ND, OK, SD, and WY. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-888-550-5252. (TTY only, call 1-888-816-5252) or consult the online pharmacy directory at www.wellcare.com/PDP.

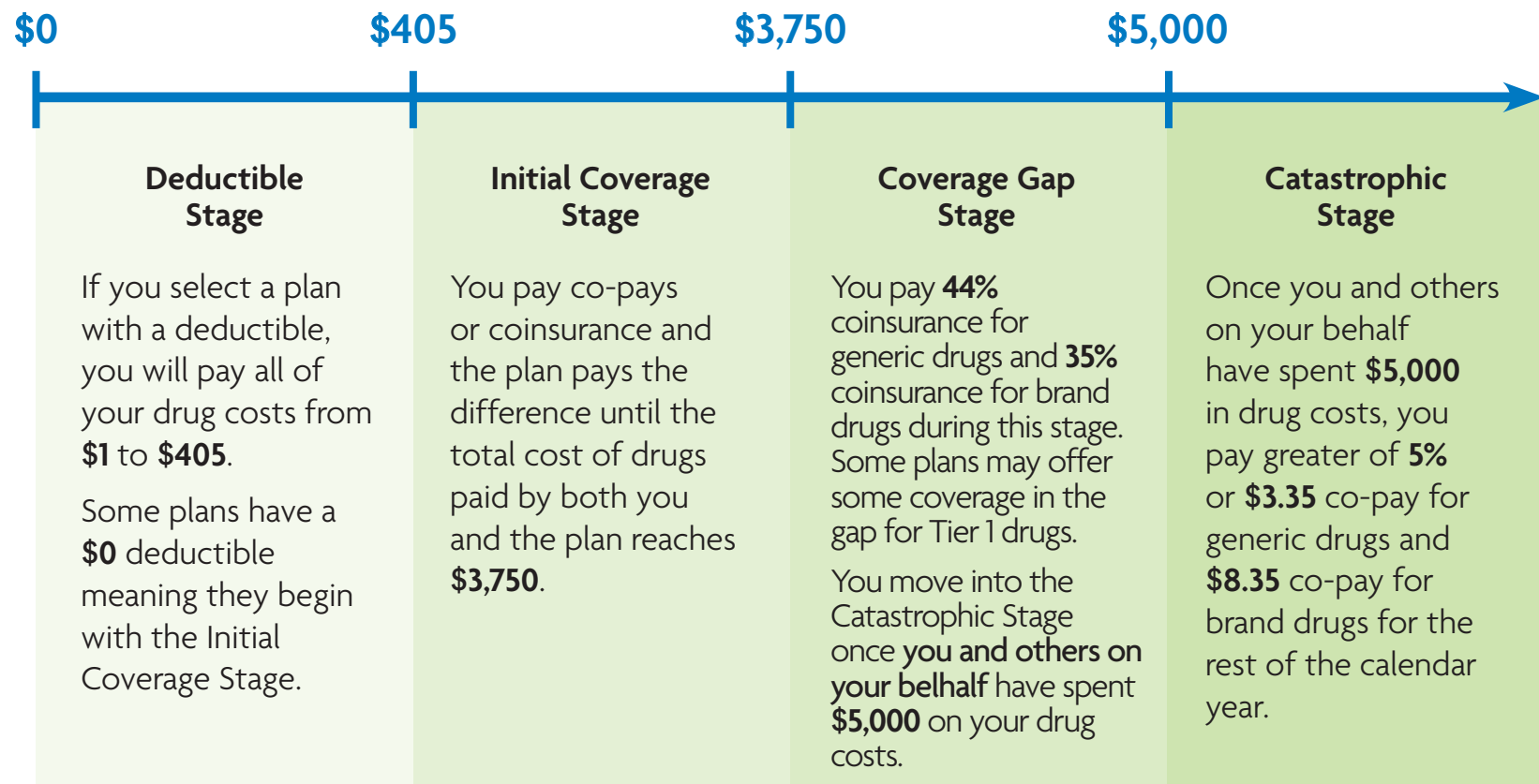
Are There Any Restriction On My Coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** WellCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill these prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug we will cover. For example, WellCare provides 30 tablets for 30 days per prescription for Brintellix 20mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, WellCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary.

Prescription Drug Payment Stages



This example represents a non-subsidized member

Extra Assistance Programs

What is Extra Help?

Extra Help, also called Low-Income Subsidy (LIS), is a Medicare program to help people with limited income and resources pay for their Medicare prescription drugs, premiums, deductibles, co-pays and coinsurance.

This program works in combination with our plans that offer prescription drug coverage

What is a Medicare Savings Program?

Medicare Savings Programs (MSPs) are Medicaid-administered programs available to Medicare- and Medicaid-eligible beneficiaries with limited income and resources to assist with Medicare cost sharing.

- Assistance paying for Medicare Part A and/or Part B premiums, coinsurance, co-pays and deductibles
- The program works in combination with your plan to offer additional medical and prescription drug coverage

What are State Pharmaceutical Assistance Programs (SPAPs)?

State-sponsored programs that provide eligible individuals increased access to prescription drugs by paying for or improving drug coverage. These programs may provide assistance with:

- Coverage for specific drugs, classes of drugs, or
- May reduce the cost for various drugs

Dual Special Needs Plans (D-SNP)

Eligibility Requirements

Medicaid



You may be eligible if you receive assistance from the state and Medicare

Advantages

- D-SNP benefits are specifically designed to take advantage of the combination of Medicare and Medicaid funding and benefits available to Dual-Eligible members.* These plans are available only to those who have medical assistance from both the state and Medicare.
- Insurers offering D-SNP plans are required to offer a unique Model of Care that meets the special needs of Dual-Eligible members.
- Dual-Eligible members have a continuous Special Enrollment Period (SEP) lasting all year.

Changes in Eligibility

- If your circumstances change and you no longer meet eligibility requirements, your membership in the D-SNP will end within six months of your loss of eligibility unless you regain your eligibility during that time.
- If this happens, we will send you a notice informing you of your loss of eligibility and the end date of your membership in the D-SNP.
- You will also receive a notice outlining your ability to switch into other plans.

Some plans are available to those who have medical assistance from both the state and Medicare.

*Premiums, co-pays, coinsurance and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

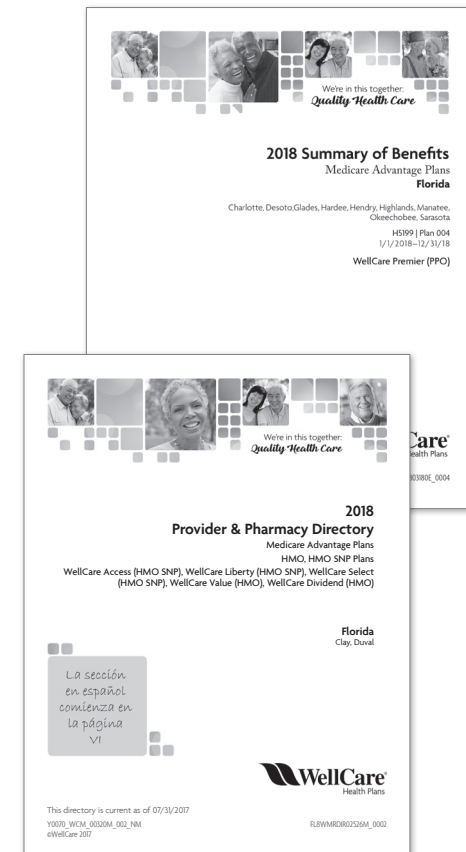
With a WellCare Plan...

You can access the services and benefits you deserve

I will now review a Summary of Benefits, Provider and Pharmacy Directory for a WellCare plan. Together, we will cover the following:

- Plan premium
- Prescription drug coverage and formulary review
- Network (primary care physician and specialist availability)
- Co-pays and/or coinsurance
- Additional benefits such as dental, vision, hearing and transportation
- Plan Specific 2018 Star Rating (CMS 5-Star Quality Rating System)*

While I am prohibited from making comparisons between our plan and your current plan, I encourage you to directly compare your current coverage with what we will discuss.





*You can use the Star Rating to compare our plan's performance to other plans. WellCare is committed to continuously improving the quality of care and services you need. Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next.

Welcome to WellCare!

Plan members


- Will use their WellCare member ID cards to access Medicare Advantage benefits

		2018
		Card Issued: 1/1/2018
Plan: 80840		Policy #: FL035
ID: 12345678		RxBIN: 004336
Name: Jane A. Sample		RxPCN: MEDDADV
		RxGRP: 788257
PCP Name: James Brown, MD		
PCP Phone: 1-800-123-4567		
\$20	\$50	\$35 \$75
PCP	Specialist	Urgent Care ER
WellCare Value (HMO-POS) H1112-079-000		
		

Present to health care provider

Remember, WellCare members ...

- Still get all regular Medicare-covered services
- Still have Medicare rights and protections
- Are still in the Medicare program, but will no longer use their Original Medicare card and benefits
- Should store their Medicare card in a safe place

MEDICARE			HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY JOHN Q SAMPLE			
MEDICARE CLAIM NUMBER 000-00-0000-A		SEX MALE	
IS ENTITLED TO HOSPITAL (PART A) MEDICAL (PART B)		EFFECTIVE DATE 01-01-2011 01-01-2011	
SIGN HERE <u>John Q Sample</u>			

Save and store in a safe place

Thank You!

Please take some time to review the Quick Start Guide.



Remember to tell your friends and family about your decision and the reasons why you selected WellCare as your Medicare Advantage health plan.



Appendix

- Extra Help with Prescription Drugs
- Extra Help: Standard Part D Cost Share
- State Pharmaceutical Assistance Program (SPAP)
- Medicare Savings Programs
- Understanding Medicare Savings Programs
- Medicare Product Options Comparison
- Note for Those in a Medicare Advantage Plan
- Medicare Information Resources

Extra Help with Prescription Drugs

What is Extra Help?

Extra Help, also called Low-Income Subsidy (LIS), is a Medicare program to help people with limited income and resources pay for their Medicare prescription drugs, premiums, deductibles, co-pays and coinsurance.

This program works in combination with our plans that offer prescription drug coverage.

We use a formulary. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call:

- The Social Security office at **1-800-772-1213** 7 a.m. to 7 p.m., Monday-Friday. TTY users should call **1-800-325-0778**;
or
- Your state Medicaid office.

Are you eligible for Extra Help?

Medicare A & B



Do you have Medicare Part A and/or Part B?

Plan Area



Do you reside in one of the 50 states or the District of Columbia?

Income & Resources



Do you meet income and resource limitations*?

*Resources do not include items such as the home you live in, vehicles, personal possessions, burial plots or irrevocable burial contracts.

If you have more than the allowable income/resource amounts, you may not qualify for Extra Help.

If you do not qualify for Extra Help, you can still enroll in an approved Medicare Prescription Drug Plan for coverage.

Extra Help: Standard Part D Cost Share

CMS Co-pay Category	Your Eligibility	Your Premium Subsidy	Deductible You Pay (if applicable)	Your Standard LIS Cost Share			
				Deductible Stage Initial Coverage Stage Coverage Gap Stage		Catastrophic Stage	
				Generic	Brand	Generic	Brand
3	Full Subsidy - Institutionalized Beneficiaries	100% ¹	\$0	\$0	\$0	\$0	
2	Full Subsidy - Full Benefit Dual Eligible (FBDE) Individuals - Non-Institutionalized Beneficiaries	100% ¹	\$0	\$1.25 ²	\$3.70 ²	\$0	
1	Full Subsidy - Full Benefit Dual Eligible (FBDE) Individuals - Non-Institutionalized Beneficiaries - Over 100% FPL OR Full Subsidy - Non-FBDE Individuals - Income at or below 135% FPL <i>and</i> resources <= \$8,890 (individuals) or <= \$14,090 (couples) ³	100% ¹	\$0	\$3.35 ²	\$8.35 ²	\$0	
4	Partial Subsidy - Income below 150% FPL <i>and</i> resources below \$13,820 (individual) or \$27,600 (couples) ³	100%, 75%, 50% or 25% ¹	\$83 ²	15% ²		\$3.35 ²	\$8.35 ²

1. If you qualify for 100% subsidy, you may still pay a premium depending on the plan you select.
 2. Your deductible and co-pays may be lower, depending on your coverage phase (i.e., deductible, initial, gap) and your plan choice.
 3. 2018 resource amounts quoted, based on 4/3/17 Call Letter.
- Note: If you qualify for LIS, you would pay no more than a single co-pay for any day supply.

State Pharmaceutical Assistance Program (SPAP)

What is SPAP?

State Pharmaceutical Assistance Programs (SPAPs) are state-sponsored programs that provide eligible individuals increased access to prescription drugs by paying for or improving drug coverage. These programs may provide assistance with coverage for specific drugs, classes of drugs, premium assistance or may even reduce the costs for various drugs.

Who is Eligible?

State Criteria



Eligibility for the SPAP is determined by the individual states and may require applicants to meet income, asset, age and Part D eligibility standards.

How to Apply

Beneficiaries must fill out the SPAP application and should contact the local state office for additional help in completing the form.

Medicare Savings Programs

Are you currently receiving help with the cost of your Medicare?

What is a Medicare Savings Program (MSP)?

- An MSP offers help with your Medicare Part A and/or Part B premiums, coinsurance, co-pays and deductibles.
- The program works in combination with your WellCare plan to offer additional medical and prescription drug coverage.

Who is eligible for a Medicare Savings Program?

Medicare



The program is available to those covered by Medicare who are at least 65 years of age as well as those who are disabled.

Legal Resident



You must be a citizen or legal resident of the United States.

Income & Resources



The state determines eligibility based on income and resource levels.

Understanding Medicare Savings Programs

Dual Eligible Categories	Eligibility**		Coverage			
	Income Requirement	Asset Limits	Medicare FFS Part A Premium Covered?	Medicare Part B Premium Covered?	Medicare Part A & B Cost Sharing Covered?	Full Medicaid Benefits Provided?
Full-Benefit Dual Eligibles	Between 0%–135% of the Federal Poverty Level	\$7,390/Individual \$11,090/Couple	YES	YES	OPTIONAL***	YES
Qualified Medicare Beneficiary Plus (QMB+)	At or below 100% of the Federal Poverty Level	\$7,390/Individual \$11,090/Couple	YES	YES	YES	YES
Qualified Medicare Beneficiary (QMB)	At or below 100% of the Federal Poverty Level	\$7,390/Individual \$11,090/Couple	YES	YES	YES	NO
Specified Low-Income Medicare Beneficiary Plus (SLMB+)	At or below 100%–120% of the Federal Poverty Level	Varies	NO	YES	OPTIONAL***	YES
Specified Low-Income Medicare Beneficiary (SLMB)	Between 100%–120% of the Federal Poverty Level	\$7,390/Individual \$11,090/Couple	NO	YES	NO	NO
Qualifying Individual (QI)	Between 121%–135% of the Federal Poverty Level	\$7,390/Individual \$11,090/Couple	NO	YES	NO	NO
Qualified Disabled Working Individual (QDWI)	Between 0%–200% of the Federal Poverty Level	\$4,000/Individual \$6,000/Couple	YES*	NO	NO	NO

*QDWIs must qualify for coverage of Part A premiums. **Eligibility based on 2017 criteria and may vary slightly by state. ***Each State Medicaid Program chooses whether to extend cost share protection to its FBDE and SLMB-Plus beneficiaries.

Medicare Product Options Comparison

Medicare Product Options	Medicare Advantage Plans		Medicare Supplement	Stand-alone Prescription Drug Plans (PDP)	Original Medicare
	Coordinated Care and PPO (HMO/HMO POS)	Private Fee-for-Service (PFFS)			
Additional benefits like routine vision and hearing	✓	✓		N/A	
No or low monthly plan premium ⁽¹⁾	✓				
Reduced/no deductible on doctor & hospital	✓	✓	✓	N/A	
Reduced co-pays on doctor & hospital	✓	✓	✓	N/A	
Part D prescription drug coverage	✓ ⁽²⁾	✓ ⁽³⁾	✓ ⁽⁴⁾	✓	
Doctor & hospital coverage	✓	✓	✓	N/A	✓

(1) You must continue to pay your Medicare Part B premium. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full. (2) May not enroll in both a Prescription Drug Plan and a Coordinated Care Plan. You must get Part D from your Coordinated Care Plan.

(3) Some PFFS plans may be combined with a Prescription Drug Plan. (4) Must buy stand-alone Prescription Drug Plan for Part D drug coverage.

Note: See Summary of Benefits for local information.

Note for Those in a Medicare Advantage Plan

What you should know about joining a Prescription Drug Plan

- 1** If you **JOIN A PRESCRIPTION DRUG PLAN**, then you may be automatically disenrolled from your health plan and **LOSE YOUR HEALTH PLAN BENEFITS**.
- 2** You do not need to join a Prescription Drug Plan to get Part D coverage. You can also get Part D coverage with a Medicare Advantage plan like WellCare.

Type of health coverage	Can be combined with a Prescription Drug Plan?
Original Medicare	Yes
Open Access (PFFS)	Yes*
Medicare Advantage (HMO/PPO)	No, but you can get Part D in your plan.

*Must be combined with a Private Fee-for-Service plan that does not include Part D coverage.

Medicare Information Resources



www.medicare.gov



“Medicare and You” annual resource book



1-800-772-1213 Social Security Administration 7 a.m. to 7 p.m., Monday–Friday. TTY users should call **1-800-325-0778**.

Make sure you understand:

- Deductibles – Parts A, B and/or D
- Co-pays and coinsurance
- Part D (including the coverage gap)
- Acronyms: MAPD, PDP, HMO, POS, PPO, SNP, etc.

WellCare (HMO) is a Medicare Advantage organization with a Medicare contract. WellCare (PDP) is a Medicare-approved Part D sponsor. Enrollment in WellCare (HMO) or WellCare (PDP) depends on contract renewal. Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits.

This information is available for free in other languages. Please call our Customer Service number at 1-877-374-4056, Monday–Friday, 8 a.m. to 8 p.m. Between October 1 and February 14, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. TTY users should call 1-877-247-6272.

WellCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-374-4056 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-374-4056 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-374-4056 (TTY: 711)。