2020

Summary of Benefits

WellCare Classic (PDP)

S4802

WellCare Wellness Rx (PDP)

S4802

WellCare Value Script (PDP)

S4802

WellCare Medicare Rx Select (PDP)

S5810

WellCare Medicare Rx Saver (PDP)

S5810

WellCare Medicare Rx Value Plus (PDP)

S5768



This booklet gives you a brief overview of what we cover and what you can expect to pay. It doesn't list every service we cover or every limitation or exclusion. To get a complete list of services we cover, give us a call and ask for the "Evidence of Coverage." You can also find a copy on our website at www.wellcare.com/PDP.

To join WellCare Classic (PDP), WellCare Wellness Rx (PDP), WellCare Value Script (PDP), WellCare Medicare Rx Saver (PDP) and WellCare Medicare Rx Value Plus (PDP) you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B and live in our service area. Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.

You can access and/or order your current "Medicare & You" handbook online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (www.wellcare.com/PDP). Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plans group each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible, if applicable: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plans' pharmacy directory at our website (<u>www.wellcare.com/PDP</u>). Or, call us and we will send you a copy of the pharmacy directory.

This document is available in languages other than English. For additional information, call us at 1-877-374-4056, (TTY 711).

This booklet is also available in different formats, including Braille, large print and audio compact disc (CD).

Find Your State

Find the table with your state-specific pricing on the following pages:

State	Region	Page	State	Region	Page	State	Region	Page
Alabama	12	25-26	Kentucky	15	31-32	North Dakota	25	51-52
Alaska	34	69-70	Louisiana	21	43-44	Ohio	14	29-30
Arizona	28	57-58	Maine	01	3-4	Oklahoma	23	47-48
Arkansas	19	39-40	Maryland	05	11-12	Oregon	30	61-62
California	32	65-66	Massachusetts	02	5-6	Pennsylvania	06	13-14
Colorado	27	55-56	Michigan	13	27-28	Rhode Island	02	5-6
Connecticut	02	5-6	Minnesota	25	51-52	South Carolina	09	19-20
D.C.	05	11-12	Mississippi	20	41-42	South Dakota	25	51-52
Delaware	05	11-12	Missouri	18	37-38	Tennessee	12	25-26
Florida	11	23-24	Montana	25	51-52	Texas	22	45-46
Georgia	10	21-22	Nebraska	25	51-52	Utah	31	63-64
Hawaii	33	67-68	Nevada	29	59-60	Vermont	02	5-6
Idaho	31	63-64	New Hampshire	01	3-4	Virginia	07	15-16
Illinois	17	35-36	New Jersey	04	9-10	Washington	30	61-62
Indiana	15	31-32	New Mexico	26	53-54	West Virginia	06	13-14
Iowa	25	51-52	New York	03	7-8	Wisconsin	16	33-34
Kansas	24	49-50	North Carolina	08	17-18	Wyoming	25	51-52

Region 01
State(s) ME, NH

Initial Coverage Stage (after you pay your deductible, if		Preferred		Preferred Mail				
	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$2. 00	\$6. 00	\$6. 00	\$18 .00	\$7 .00	\$21 .00	\$2. 00	\$5 .00
Tier 3: Preferred Brand Drug	\$34. 00	\$102 .00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$34. 00	\$85 .00
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 01

State(s) ME, NH

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2. 00	\$6. 00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$30 .00	\$90 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	40%	40%	50%	50%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	WellCare C	lassic (PD	P)	WellCa:	re Wellness	Rx (PDP)	WellCare Value Script (PDP)				
		9.50	- /	, , on ou	\$13.70	111 (1 21)	, , on our	\$16.70			
	\$4	135			\$435		\$435				
	on al	l tiers			Tiers 3 to 5	5		Tiers 3 to	5		
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in n	etwork)		
Wel	llCare	We	llCare	We	WellCare		1Care	We	llCare		
Wellness	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellness	s Rx (PDP)	Value Sc	ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6. 00	\$8. 00	\$24 .00	\$5 .00	\$15 .00		
\$6. 00	\$15 .00	\$7 .00	\$17.50	\$5 .00	\$15 .00	\$15. 00	\$45 .00	\$12 .00	\$36 .00		
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$47 .00	\$141 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00		
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%		
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		
WellC	Care Medica	re Rx Selec	et (PDP)	Well	Care Medic Saver (PDF			e Medicaro Plus (PDF			
	\$20	0.20			\$32.10	,	\$68.60				
	\$4	135			\$435		N	No Deductible			
	Tiers	3 to 5			on all tiers						
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in n	etwork)		
W 110	N. / 1 ·	***	110	W 110	N. / 1·	W 110	N. // 1·	W 110	ъл 1.		
	re Medicare rer (PDP)		llCare lus (PDP)		re Medicare ect (PDP)		e Medicare er (PDP)		e Medicare lus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1.00	\$0 .00	\$15.00	\$45.00	\$2.00	\$6 .00	\$10 .00	\$3 0 .00		
\$2. 00	\$5.00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5. 00	\$15 .00	\$20 .00	\$60 .00		
\$30 .00	\$75 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00		
40%	40%	50%	50%	49%	49%	45%	45%	50%	50%		

25%

N/A

33%

N/A

25%

N/A

33%

N/A

Region 02	
State(s) CT, MA, RI,	VT

Initial Coverage Stage (after you pay your deductible, if		Preferred	Retail cost	-sharing (in	-network)		Preferred Mail	
	WellCare Classic (PDP)			WellCare Wellness Rx(PDP)		Care	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$2. 00	\$6. 00	\$8.00	\$24 .00	\$8.00	\$24 .00	\$2 .00	\$5 .00
Tier 3: Preferred Brand Drug	\$32. 00	\$96 .00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$32. 00	\$80 .00
Tier 4: Non-Preferred Drug	34%	34%	46%	46%	47%	47%	34%	34%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 02

State(s) CT, MA, RI, VT

Monthly Premium:

Annual Deductible:

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3.00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4 .00	\$12 .00	\$3 .00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	38%	38%	47%	47%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

`	WellCare C	`	?)	WellCar	e Wellness	Rx (PDP)	WellCare	e Value Scri	ipt (PDP)	
		.90			\$13.30		\$15.70			
		35			\$435	,		\$435	,	
		l tiers			Tiers 3 to 5		Tiers 3 to 5			
cost-shari				-	ard Retail a					
	1Care		lCare		1Care		Care		Care	
	Rx (PDP)		ipt (PDP)		c (PDP)		Rx (PDP)		ipt (PDP)	
30-day	90-day	30-day	90-day	30-day 90-day		30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$3 .00	\$9 .00	\$8. 00	\$24 .00	\$5. 00	\$15 .00	
\$8. 00	\$20 .00	\$8 .00	\$20 .00	\$5 .00	\$15 .00	\$15 .00	\$45 .00	\$13 .00	\$39. 00	
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$43 .00	\$129 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	Care Medicar	re Rx Select	t (PDP)		Care Medic Saver (PDP		WellCare Medicare Rx Value Plus (PDP)			
	\$21	.90			\$35.10		\$70.30			
	\$4	00			\$435		No Deductible			
	Tiers	3 to 5			on all tiers					
cost-shari	ing			Stand	ard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)	
WellCar	e Medicare	Well	lCare	WellCare	e Medicare	WellCare	Medicare	WellCare	Medicare	
	er (PDP)		us (PDP)		ct (PDP)		er (PDP)		us (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45.00	\$2 .00	\$6 .00	\$10 .00	\$30 .00	
\$2. 00	\$5 .00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00	
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00	

49%

N/A

44%

25%

44%

N/A

47%

33%

47%

N/A

38%

25%

38%

N/A

47%

33%

47%

N/A

49%

Region	03
State(s)	NY

Initial Coverage Stage (after you pay your deductible, if		Preferred	Retail cost	-sharing (in	-network)		Preferred Mail	
	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$3. 00	\$9 .00	\$5 .00	\$15 .00	\$6. 00	\$18 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$33. 00	\$99. 00	\$40 .00	\$120 .00	\$43 .00	\$129 .00	\$33. 00	\$82.50
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 03

State(s) NY

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4 .00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$27 .00	\$81 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	36%	36%	43%	43%	42%	42%
Tier 5: Specialty Tier Drug	27%	N/A	25%	N/A	33%	N/A	27%	N/A

	WellCare C	lassic (PD	P)	WellCa	re Wellness	Rx (PDP)	WellCare Value Script (PDP)			
	\$35	5.40			\$14.20			\$17.20		
	\$4	35			\$435			\$435		
	on al	l tiers			Tiers 3 to 5	5		Tiers 3 to	5	
cost-shar	ing			Stand	dard Retail a	nd Mail Sei	rvice cost-sh	aring (in n	etwork)	
	llCare		llCare		11Care		lCare		llCare	
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellness	Rx (PDP)	Value Sc	ript (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$3 .00	\$9 .00	\$8 .00	\$24 .00	\$5 .00	\$15 .00	
\$5. 00	\$12.50	\$6 .00	\$15 .00	\$5 .00	\$15 .00	\$15 .00	\$45 .00	\$11 .00	\$33. 00	
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$47 .00	\$141 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	Care Medica	re Rx Selec	et (PDP)	WellCare Medicare Rx Saver (PDP)			WellCare Medicare Rx Value Plus (PDP)			
	\$35	5.70			\$38 .00			\$74.60		
	\$3	800		\$435			No Deductible			
	Tiers	3 to 5		on all tiers						
cost-shar	ring			Standard Retail and Mail Ser			rvice cost-sharing (in network)			

cost-shar	ing			Stand	Standard Retail and Mail Service cost-sharing (in network)						
WellCare Medicare Rx Saver (PDP)		WellCare Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Value Plus (PDP)			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10. 00	\$30 .00		
\$2. 00	\$5.00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00		
\$27 .00	\$67.50	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$38. 00	\$114 .00	\$47 .00	\$141 .00		
36%	36%	43%	43%	47%	47%	40%	40%	43%	43%		
25%	N/A	33%	N/A	27%	N/A	25%	N/A	33%	N/A		

Region	04
State(s)	NJ

T 1 C		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$2 .00	\$6. 00	\$5.00	\$15 .00	\$6. 00	\$18 .00	\$2. 00	\$5 .00
Tier 3: Preferred Brand Drug	\$33. 00	\$99. 00	\$41 .00	\$123 .00	\$43. 00	\$129 .00	\$33. 00	\$82.50
Tier 4: Non-Preferred Drug	34%	34%	48%	48%	49%	49%	34%	34%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 04

State(s) NJ

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3.00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9 .00	\$2 .00	\$6 .00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	38%	38%	48%	48%	42%	42%
Tier 5: Specialty Tier Drug	26%	N/A	25%	N/A	33%	N/A	26%	N/A

	****		2)	**** 44.00	WellCare Wellness Rx (PDP) WellC				V.1 ((DDD)		
	WellCare C	lassic (PDI 4.90	P)	WellCai	re Wellness \$13.30	Rx (PDP)	WellCare Value Script (PDP) \$15.70				
		135			\$435		\$435				
	on all tiers			Tiers 3 to 5				Tiers 3 to 5	<u> </u>		
cost-shar		1 (1013		Standard Retail and Mail Service cost-shar							
	llCare	Wel	ICare				Care		Care		
	Ilness Rx (PDP) Value Script (PDP)			c (PDP)		Rx (PDP)		ript (PDP)			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8.00	\$24 .00	\$5 .00	\$15 .00		
\$5 .00	\$12.50	\$6. 00	\$15 .00	\$5 .00	\$15 .00	\$15 .00	\$45 .00	\$11. 00	\$33. 00		
\$41 .00	\$102.50	\$43 .00	\$107.50	\$45.00	\$135. 00	\$47 .00	\$141 .00	\$47.00	\$141 .00		
48%	48%	49%	49%	45%	45%	50%	50%	50%	50%		
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		
WellO	Care Medica	re Rx Selec	t (PDP)	WellCare Medicare Rx Saver (PDP)			WellCare Medicare Rx Value Plus (PDP)				
	\$24	4 .00			\$37.50		\$74.60				
	\$3	345			\$435		N	No Deductible			
	Tiers	3 to 5		_	on all tiers						
cost-shar	ing			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
WellCar	e Medicare	Wel	1Care	WellCar	e Medicare	WellCard	e Medicare	 WellCare	e Medicare		
	rer (PDP)		us (PDP)	Rx Sele	ect (PDP)		er (PDP)		us (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1 .00	\$0. 00	\$15 .00	\$45.00	\$2 .00	\$6. 00	\$10 .00	\$30 .00		
\$2. 00	\$5 .00	\$4. 00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00		
\$28 .00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00		

49%

N/A

42%

25%

42%

N/A

48%

33%

48%

N/A

49%

26%

38%

25%

38%

N/A

48%

33%

48%

N/A

Region 05
State(s) DC, DE, MD

I 1 C		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$8. 00	\$24 .00	\$8. 00	\$24 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$34 .00	\$102 .00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$34. 00	\$85 .00
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 05

State(s) DC, DE, MD

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3. 00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2. 00	\$6. 00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84. 00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	38%	38%	47%	47%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

,	WellCare C	lassic (PD	P)	WellCar	re Wellness	Rx (PDP)	WellCare Value Script (PDP)			
	\$27	7.50			\$13.30		\$15.70			
	\$4	35			\$435			\$435		
	on al	l tiers			Tiers 3 to 5					
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
Wel	1Care	Wel	1Care	We	11Care	Wel	1Care	Wel	1Care	
Wellness	Wellness Rx (PDP)		ript (PDP)	Classi	c (PDP)	Wellness	s Rx (PDP)	Value Sc1	ript (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$3 .00	\$9 .00	\$8 .00	\$24 .00	\$5. 00	\$15 .00	
\$8. 00	\$20 .00	\$8.00	\$20 .00	\$6 .00	\$18. 00	\$15 .00	\$45 .00	\$13 .00	\$39. 00	
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$47 .00	\$141 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	Care Medica	re Rx Selec	et (PDP)	WellCare Medicare Rx WellC Saver (PDP)				are Medicare Rx Value Plus (PDP)		
	\$2 1	1.90			\$30.10	,	\$70.60			
	\$4	25			\$435		N	No Deductible		
	Tiers	3 to 5		on all tiers						
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
	8					Ι		1		
WellCar	e Medicare	Wel	llCare	WellCar	e Medicare	WellCar	e Medicare	WellCare	e Medicare	
Rx Sav	er (PDP)	Value Pi	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value Pl	us (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00	
\$2. 00	\$5. 00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20. 00	\$60 .00	
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00	
38%	38%	47%	47%	49%	49%	42%	42%	47%	47%	

25%

N/A

33%

N/A

N/A

25%

N/A

33%

Region 06	
State(s) PA,	WV

T 1 C		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$5.00	\$15 .00	\$6 .00	\$18 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$34. 00	\$102 .00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$34. 00	\$85 .00
Tier 4: Non-Preferred Drug	34%	34%	46%	46%	47%	47%	34%	34%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 06

State(s) PA, WV

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00	
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4 .00	\$12 .00	\$3. 00	\$7.50	
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$29 .00	\$87 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50	
Tier 4: Non-Preferred Drug	42%	42%	40%	40%	50%	50%	42%	42%	
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A	

	WellCare C	lassic (PD 3.60	P)	WellCa	re Wellness \$14.20	Rx (PDP)	WellCard	e Value Sci \$17.20	ript (PDP)
		35			\$435			\$435	
	"	1 tiers			Tiers 3 to 5 Tiers 3 to 5				5
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in n	etwork)
We	llCare	WellCare		We	11Care	Wel	1Care	Wel	1Care
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellness Rx (PDP)		Value Script (PDP	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$3 .00	\$9 .00	\$8. 00	\$24 .00	\$5 .00	\$15 .00
\$5 .00	\$12.50	\$6 .00	\$15 .00	\$6 .00	\$18. 00	\$15 .00	\$45 .00	\$11 .00	\$33 .00
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$45 .00	\$135 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%
25%	N/A	25%	N/A	25% N/A 25%			N/A	25%	N/A

					Saver (PDP)				Plus (PDP)		
	\$2 1	1.90			\$35. 00			\$71.80			
	\$4	15			\$435		N	No Deductil	ble		
	Tiers	3 to 5			on all tiers						
cost-shar	ing			Stand	Standard Retail and Mail Service cost-sharing (in net						
	e Medicare er (PDP)		llCare lus (PDP)		e Medicare	WellCare Medicare Rx Saver (PDP)		WellCare Medicare Value Plus (PDP)			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$2. 00	\$5.00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5.00	\$15 .00	\$20 .00	\$60 .00		
\$29 .00	\$72.50	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00		
40%	40%	50%	50%	49%	49%	45%	45%	50%	50%		
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A		

Region 07	
State(s) VA	

1 1 0		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)			Care	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$2 .00	\$6. 00	\$7. 00	\$21 .00	\$8. 00	\$24 .00	\$2 .00	\$5 .00
Tier 3: Preferred Brand Drug	\$33. 00	\$99. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$33. 00	\$82.50
Tier 4: Non-Preferred Drug	34%	34%	46%	46%	47%	47%	34%	34%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 07

State(s) VA

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00	
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4 .00	\$12 .00	\$3. 00	\$7.50	
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50	
Tier 4: Non-Preferred Drug	42%	42%	39%	39%	49%	49%	42%	42%	
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A	

,	W 110 0	1 · /DD	n)	W 11C	XX7 11	D (DDD)	WellCare Value Script (PDP)			
	WellCare C \$26	1assic (PD) 5.60	P)	vvenCai	e Wellness \$13.20	KX (PDP)	vvenCar	*\$16.20	ipt (PDP)	
		35			\$435		\$435			
		l tiers			Tiers 3 to 5	j		Tiers 3 to 5	í	
cost-shari	ng			Stand	lard Retail a	nd Mail Se	rvice cost-sh	vice cost-sharing (in network)		
	ICare	Wel	1Care		llCare		1Care			
Wellness	Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Scr	ipt (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8 .00	\$24 .00	\$5 .00	\$15 .00	
\$7 .00	\$17.50	\$8. 00	\$20 .00	\$5. 00	\$15 .00	\$15 .00	\$45 .00	\$13 .00	\$39 .00	
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$45 .00	\$135 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	47%	47%	46%	46%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	are Medica	re Rx Selec	t (PDP)	WellCare Medicare Rx WellCare Medicare Rx V Saver (PDP) Plus (PDP)						
	\$15	5.60			\$31.10		\$69.80			
	\$4	35		\$435 No Deductible						
	Tiers	3 to 5		on all tiers						
cost-shari	ng			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
WellCare	e Medicare	Wel	1Care	WellCar	e Medicare	WellCar	e Medicare	WellCare	Medicare	
	er (PDP)		lus (PDP)		ect (PDP)		er (PDP)		us (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00	
\$2. 00	\$5. 00	\$4. 00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60. 00	
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00	
39%	39%	49%	49%	49%	49%	45%	45%	49%	49%	

25%

N/A

33%

N/A

N/A

25%

33%

N/A

Region 08
State(s) NC

1 1 0		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$6 .00	\$18 .00	\$7. 00	\$21 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$31 .00	\$93. 00	\$43 .00	\$129 .00	\$43 .00	\$129 .00	\$31 .00	\$77.50
Tier 4: Non-Preferred Drug	35%	35%	48%	48%	49%	49%	35%	35%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 08

State(s) NC

		Preferred Retail cost-sharing (in-network)						ed Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2. 00	\$6. 00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84. 00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	37%	37%	47%	47%	42%	42%
Tier 5: Specialty Tier Drug	26%	N/A	25%	N/A	33%	N/A	26%	N/A

	W-11C C	1:- (DD)	D)	W-11C-	XX7-11	D (DDD)	W-11C	- V Z-1 C	:		
	WellCare C	1assic (PD) 5.40	P)	WellCa	re Wellness \$13.70	Kx (PDP)	WellCar	WellCare Value Script (PDP) \$16.70			
		35			\$435			\$435			
		l tiers			Tiers 3 to 5	5		Tiers 3 to 5			
cost-shar	ring			Stand	dard Retail a	nd Mail Se	rvice cost-sh	vice cost-sharing (in network)			
	llCare	Wel	llCare	}			1Care	_	llCare		
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellness	s Rx (PDP)				
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2. 00 \$6. 00		\$8 .00	\$24 .00	\$5 .00	\$15 .00		
\$6. 00	\$15 .00	\$7 .00	\$17.50	\$6 .00	\$18 .00	\$15 .00	\$45.00	\$12 .00	\$36 .00		
\$43 .00	\$107.50	\$43 .00	\$107.50	\$46 .00 \$138 .00 \$		\$47 .00	\$141 .00	\$47 .00	\$141 .00		
48%	48%	49%	49%	45%	45%	50%	50%	50%	50%		
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		
WellC	Care Medica	re Rx Selec	et (PDP)	Well	Care Medic Saver (PDF		WellCare Medicare Rx Value Plus (PDP)				
	\$2 1	1.90			\$27.80 \$71				•		
	\$3	665		\$435 No Deductible							
	Tiers	3 to 5		on all tiers							
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in no	etwork)		
WellCar	e Medicare	Wel	llCare	WellCar	e Medicare	WellCar	e Medicare	WellCar	e Medicare		
Rx Sav	er (PDP)	Value P	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P	lus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$2. 00	\$5 .00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00		
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00		
37%	37%	47%	47%	49%	49%	44%	44%	47%	47%		

25%

N/A

33%

N/A

25%

N/A

33%

N/A

Region 09
State(s) SC

Initial Coverage Stage (after you pay your deductible, if		Preferred	Retail cost	-sharing (in	-network)		Preferred	Mail
	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$8. 00	\$24 .00	\$8.00	\$24 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$32 .00	\$96. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$32. 00	\$80 .00
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 09

State(s) SC

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	39%	39%	47%	47%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	W 11C C	1 · /DD	D)	W 110	XX7 11	D (DDD)	WellCare Value Script (PDP)				
	WellCare C	1assic (PD 2.20	P)	vvenCa	re Wellness \$13.80	KX (PDP)	vvenCar	*\$16.80	npt (PDP)		
		35			\$435		\$435				
		l tiers			Tiers 3 to 5	5		Tiers 3 to	5		
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	vice cost-sharing (in network)			
We	llCare	We	llCare	We	11Care	Wel	1Care	Wel	llCare		
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	s Rx (PDP)	Value Sc	ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$3 .00	\$9 .00	\$8. 00	\$24 .00	\$5 .00	\$15 .00		
\$8.00	\$20 .00	\$8.00	\$20 .00	\$5 .00	\$15 .00	\$15 .00	\$45 .00	\$13 .00	\$39. 00		
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$47 .00	\$141 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00		
46%	46%	47%	47%	47%	47%	50%	50%	50%	50%		
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		
WellO	Care Medica	re Rx Selec	ct (PDP)	Well	Care Medic Saver (PDF		WellCare Medicare Rx Value Plus (PDP)				
	\$2 1	1.80			\$21.20	,	\$73.40				
	\$4	35			\$435		N	lo Deducti	ble		
	Tiers	3 to 5			on all tiers						
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in n	etwork)		
WellCaı	e Medicare	We	11Care	WellCar	e Medicare	WellCar	e Medicare	WellCar	e Medicare		
Rx Sav	rer (PDP)		lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P	lus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$2. 00	\$5. 00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5. 00	\$15 .00	\$20 .00	\$60. 00		
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00		
39%	39%	47%	47%	49%	49%	43%	43%	47%	47%		

25%

N/A

33%

N/A

N/A

33%

25%

N/A

Region 10 State(s) GA

Monthly Premium: Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if		Preferred	Retail cost	-sharing (in	-network)		Preferred Mail	
	WellCare Classic (PDP)			WellCare Wellness Rx (PDP)		Care	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$2 .00	\$6. 00	\$7. 00	\$21 .00	\$8. 00	\$24 .00	\$2 .00	\$5 .00
Tier 3: Preferred Brand Drug	\$31 .00	\$93. 00	\$39. 00	\$117 .00	\$43. 00	\$129 .00	\$31 .00	\$77.50
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 10

State(s) GA

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4 .00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	38%	38%	49%	49%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	WellCare C	lassia (DD)	D)	WallCar	re Wellness	D _w (DI\D)	WollCor.	WellCare Value Script (PDP)			
		1.40	r <i>)</i>	Wenca	\$13.20	KX (FDF)	vvencar	\$16.20			
	\$4	35			\$435			\$435			
	on al	l tiers			Tiers 3 to 5	5		Tiers 3 to 5	5		
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)		
Wel	llCare	Care WellCare			11Care	Wel	1Care	Wel	lCare		
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	s Rx (PDP)	Value Sci	ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8 .00	\$24 .00	\$5 .00	\$15 .00		
\$7 .00	\$17.50	\$8.00	\$20 .00	\$4 .00	\$12. 00	\$15 .00	\$45 .00	\$13 .00	\$39 .00		
\$39 .00	\$97.50	\$43 .00	\$107.50	\$46 .00	\$138 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00		
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%		
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		
WellC	Care Medica	re Rx Selec	et (PDP)	Well	Care Medic Saver (PDF			WellCare Medicare Rx Value Plus (PDP)			
	\$2 1	1.90			\$23.20		\$74.60				
	\$4	35			\$435		N	No Deductible			
	Tiers	3 to 5		,	on all tiers						
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
WellCar	e Medicare	Wel	1Care	 WellCar	e Medicare	 WellCar	e Medicare	 WellCare	e Medicare		
Rx Sav	rer (PDP)	Value P	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value Pl	us (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$2. 00	\$5 .00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00		
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00		
38%	38%	49%	49%	49%	49%	42%	42%	49%	49%		

25%

N/A

33%

N/A

N/A

33%

25%

N/A

Region 11 State(s) FL

Monthly Premium: Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if		Preferred	Retail cost	-sharing (in	-network)		Preferred Mail	
	WellCare Classic (PDP)			WellCare Wellness Rx (PDP)		Care	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$2 .00	\$6 .00	\$6 .00	\$18 .00	\$7 .00	\$21 .00	\$2 .00	\$5 .00
Tier 3: Preferred Brand Drug	\$30 .00	\$90. 00	\$42 .00	\$126 .00	\$43. 00	\$129 .00	\$30 .00	\$75 .00
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 11

State(s) FL

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2. 00	\$6 .00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84. 00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	37%	37%	47%	47%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	WellCare C	lassic (PDI	2)	WellCar	e Wellness	Rx (PDP)	WellCare	e Value Scr	ipt (PDP)	
	\$25	5.90			\$13.20		\$15.10			
	\$4	35			\$435			\$435		
	on al	l tiers			Tiers 3 to 5	5		Tiers 3 to 5	i	
cost-shar	cost-sharing				lard Retail a	nd Mail Sei	vice cost-sh	aring (in ne	twork)	
Wel	1Care	Well	lCare	We	llCare	Well	Care	Well	lCare	
Wellness	s Rx (PDP)	Value Scr	ipt (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Scr	ipt (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8. 00	\$24 .00	\$5. 00	\$15 .00	
\$6. 00	\$15 .00	\$7 .00	\$17.50	\$4 .00	\$12 .00	\$15 .00	\$45 .00	\$12. 00	\$36. 00	
\$42 .00	\$105 .00	\$43 .00	\$107.50	\$43 .00	\$129 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	Care Medica	re Rx Select	t (PDP)	Well	Care Medic Saver (PDF			e Medicare Plus (PDP)		
	\$2 1	1.90			\$46.30			\$74 .00		
	\$4	35			\$435		N	lo Deductib	ole	
	Tiers	3 to 5			on all tiers					
cost-shar	cost-sharing				lard Retail a	nd Mail Sei	vice cost-sh	aring (in ne	twork)	
WellCar	e Medicare	Well	lCare	WellCar	e Medicare	WellCare	Medicare	WellCare	Medicare	
Rx Sav	er (PDP)	Value P1	us (PDP)	Rx Sele	ect (PDP)	Rx Save	er (PDP)	Value P1	us (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
	+	•	+	1	+	1	+	•		

ing			Standard Retail and Mail Service cost-sharing (in network)							
WellCare Medicare Rx Saver (PDP)		WellCare Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		e Medicare lus (PDP)		
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45.00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$5.00	\$4. 00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00		
\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00		
37%	47%	47%	49%	49%	45%	45%	47%	47%		
N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A		
	e Medicare er (PDP) 90-day \$0.00 \$5.00 \$70.00	e Medicare er (PDP) Value Pl V	e Medicare er (PDP) WellCare Value Plus (PDP) 90-day 30-day 90-day \$0.00 \$1.00 \$0.00 \$5.00 \$4.00 \$10.00 \$70.00 \$47.00 \$117.50 37% 47% 47%	e Medicare er (PDP) WellCare Value Plus (PDP) WellCare Rx Selection 90-day 30-day 90-day 30-day \$0.00 \$1.00 \$0.00 \$15.00 \$5.00 \$4.00 \$10.00 \$20.00 \$70.00 \$47.00 \$17.50 \$47.00 37% 47% 47% 49%	e Medicare er (PDP) WellCare Value Plus (PDP) WellCare Rx Select (PDP) 90-day 30-day 90-day 30-day 90-day \$0.00 \$1.00 \$0.00 \$15.00 \$45.00 \$5.00 \$4.00 \$10.00 \$20.00 \$60.00 \$70.00 \$47.00 \$117.50 \$47.00 \$141.00 37% 47% 47% 49% 49%	e Medicare er (PDP) WellCare Value Plus (PDP) WellCare Rx Select (PDP) WellCare Rx Save 30-day 90-day 30-day 90-day 30-day 90-day 30-day 90-day 30-day 90-day 30-day \$2.00 \$5.00 \$4.00 \$10.00 \$20.00 \$60.00 \$5.00 \$70.00 \$47.00 \$117.50 \$47.00 \$141.00 \$40.00 37% 47% 47% 49% 49% 45%	e Medicare er (PDP) WellCare Value Plus (PDP) WellCare Medicare Rx Select (PDP) WellCare Medicare Rx Saver (PDP) 90-day 30-day 90-day 30-day 90-day 30-day 90-day \$0.00 \$1.00 \$0.00 \$15.00 \$45.00 \$2.00 \$6.00 \$5.00 \$4.00 \$10.00 \$20.00 \$60.00 \$5.00 \$15.00 \$70.00 \$47.00 \$117.50 \$47.00 \$141.00 \$40.00 \$120.00 37% 47% 47% 49% 49% 45% 45%	e Medicare er (PDP) WellCare Value Plus (PDP) WellCare Medicare Rx Saver (PDP) WellCare Rx Saver (PDP)		

Region 12 State(s) AL, TN

Monthly Premium: Annual Deductible:

T 1 C		Preferred	Retail cost	-sharing (in	-network)		Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)			WellCare Wellness Rx (PDP)		Care	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$2. 00	\$6. 00	\$5 .00	\$15 .00	\$6 .00	\$18 .00	\$2. 00	\$5. 00
Tier 3: Preferred Brand Drug	\$31 .00	\$93. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$31 .00	\$77.50
Tier 4: Non-Preferred Drug	34%	34%	46%	46%	47%	47%	34%	34%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 12

State(s) AL, TN

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4 .00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	37%	37%	45%	45%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	WallCana C	1:- (DD)	D)	WallCa.	W.11	D (DI\D)	WellCare Value Script (PDP)			
	WellCare C \$28	1assic (FD) 3.50	r)	Wenca	re Wellness \$14.20	KX (FDF)	Wencar	\$17.20	ipi (FDF)	
		35			\$435		\$435			
	"	l tiers			Tiers 3 to 5	5		Tiers 3 to 5	í	
cost-shar	ing			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
	1Care	Wel	1Care		llCare	•	1Care			
Wellness	s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	s Rx (PDP)	 Value Sci	ipt (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3.00	\$3. 00 \$8. 00 \$24. 00		\$5. 00	\$15 .00	
\$5 .00	\$12.50	\$6 .00	\$15 .00	\$4 .00	\$12 .00	\$15 .00	\$45 .00	\$11 .00	\$33. 00	
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$46 .00	\$138 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	47%	47%	45%	45% 45% 50% 50%		50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	Care Medica	re Rx Selec	t (PDP)	Well	Care Medic Saver (PDF		WellCare Medicare Rx Value Plus (PDP)			
	\$19	0.40		\$31. 00			\$70.10			
		35			\$435		No Deductible			
		3 to 5			on all tiers					
cost-shar	ing	*		Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
WellCar	e Medicare	Wel	1Care	 WellCar	e Medicare	 WellCar	e Medicare	 WellCare	Medicare	
Rx Sav	er (PDP)	Value Pl	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P1	us (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00 \$45 .00 \$2 .00		\$2 .00	\$6 .00	\$10 .00	\$30. 00	
\$2. 00	\$5.00	\$4. 00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00	
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00	
37%	37%	45%	45%	49%	49%	44%	44%	45%	45%	

25%

N/A

33%

N/A

N/A

25%

25%

N/A

Region 13 State(s) MI

Monthly Premium: Annual Deductible:

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred	Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)			WellCare Wellness Rx(PDP)		Care	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$1 .00	\$3. 00	\$6 .00	\$18 .00	\$7 .00	\$21 .00	\$1 .00	\$2.50
Tier 3: Preferred Brand Drug	\$30. 00	\$90. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$30. 00	\$75 .00
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 13

State(s) MI

		Preferred		Preferr	ed Mail			
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2. 00	\$6 .00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84. 00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	35%	35%	45%	45%	42%	42%
Tier 5: Specialty Tier Drug	27%	N/A	25%	N/A	33%	N/A	27%	N/A

		. (22	~`	*** 44.0	*** 44	- ()	WellCare Value Script (PDP)			
	WellCare C	lassic (PDI).40	?)	WellCa	re Wellness \$13.70	Rx (PDP)	WellCar	e Value Scr \$16.80	ipt (PDP)	
		.40 35			\$435					
		l tiers			Tiers 3 to 5	;		\$435 Tiers 3 to 5		
anat aham		1 11618		Stand	Standard Retail and Mail Service cost-sharing (in networ					
cost-shar	1Care	XX7 1:	lCare	<u> </u>			ICare		Care	
	Rx (PDP)				c (PDP)		Rx (PDP)		icare	
	· · ·		ript (PDP)		·		1			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8 .00	\$24 .00	\$5. 00	\$15 .00	
\$6 .00	\$15 .00	\$7 .00	\$17.50	\$4 .00	\$12 .00	\$15 .00	\$45 .00	\$12 .00	\$36 .00	
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$41 .00	\$123 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	Care Medica	re Rx Selec	t (PDP)	Well	Care Medic Saver (PDP		WellCare Medicare Rx Value Plus (PDP)			
	\$2 1	1.90			\$32.10			\$64.50		
	\$3	15			\$435		No Deductible			
	Tiers	3 to 5			on all tiers					
cost-shar	ing			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
WellCar	e Medicare	Wel	lCare	 WellCar	e Medicare	 WellCar	e Medicare	 WellCare	Medicare	
Rx Sav	er (PDP)	Value Pl	us (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value Pl	us (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00	
\$2. 00	\$5. 00	\$4. 00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00	
\$28 .00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00	
35%	35%	45%	45%	49%	49%	40%	40%	45%	45%	

25%

N/A

33%

N/A

25%

N/A

33%

N/A

Region 14 State(s) OH

Monthly Premium: Annual Deductible:

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$2 .00	\$6. 00	\$5.00	\$15 .00	\$6 .00	\$18 .00	\$2 .00	\$5 .00
Tier 3: Preferred Brand Drug	\$31 .00	\$93. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$31 .00	\$77.50
Tier 4: Non-Preferred Drug	34%	34%	46%	46%	47%	47%	34%	34%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 14

State(s) OH

		Preferred		Preferr	ed Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)			WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3. 00	\$0 .00	\$0 .00	
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2. 00	\$6. 00	\$4. 00	\$12 .00	\$3. 00	\$7.50	
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84. 00	\$47 .00	\$141 .00	\$47 .00	\$117.50	
Tier 4: Non-Preferred Drug	42%	42%	39%	39%	47%	47%	42%	42%	
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A	

	WellCare C	lassic (DD)	D)	WellCar	re Wellness	D _w (DI)D)	WellCare Value Script (PDP)			
).20	· <i>)</i>	WellCal	\$14.20	IXX (I DI)	Wencar	\$17.10	ipt (1 D1)	
		35			\$435		\$435			
		l tiers			Tiers 3 to 5	õ		Tiers 3 to 5	;	
cost-shar	ing			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
Wel	1Care	Wel	1Care		llCare	•	1Care		Care	
Wellness	s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Scr	ipt (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$2. 00 \$6. 00 \$8. 00 \$24. 00		\$24 .00	\$5 .00	\$15 .00	
\$5. 00	\$12.50	\$6 .00	\$15 .00	\$5 .00	\$15 .00	\$15 .00	\$45 .00	\$11. 00	\$33. 00	
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$46 .00	\$138 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	Care Medica		t (PDP)	Well	Care Medic Saver (PDF		WellCare Medicare Rx Value Plus (PDP)			
		1.10		\$33. 00			\$70.90			
		35			\$435		No Deductible			
		3 to 5		Ĭ	on all tiers					
cost-shar	ing	1		Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
WellCar	e Medicare	Wel	1Care	 WellCar	e Medicare	 WellCar	e Medicare	 WellCare	Medicare	
Rx Sav	er (PDP)	Value Pi	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value Pl	us (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$15 .00 \$45 .00 \$2 .		\$6 .00	\$10 .00	\$30 .00	
\$2. 00	\$5.00	\$4. 00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00	
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00	
39%	39%	47%	47%	49%	49%	45%	45%	47%	47%	

25%

N/A

N/A

33%

N/A

33%

25%

N/A

Region 15 State(s) IN, KY

Monthly Premium: Annual Deductible:

T 1 C		Preferred	Retail cost	-sharing (in	-network)		Preferred	Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		, , , , , ,	WellCare Wellness Rx (PDP)		Care	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$2. 00	\$6 .00	\$5 .00	\$15 .00	\$6 .00	\$18 .00	\$2 .00	\$5 .00
Tier 3: Preferred Brand Drug	\$32. 00	\$96 .00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$32. 00	\$80 .00
Tier 4: Non-Preferred Drug	34%	34%	46%	46%	47%	47%	34%	34%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 15

State(s) IN, KY

		Preferred	Retail cost	-sharing (in	-network)		Preferr	ed Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)			WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3. 00	\$0 .00	\$0 .00	
Tier 2: Generic Drug	\$3. 00	\$9 .00	\$2. 00	\$6. 00	\$4. 00	\$12 .00	\$3. 00	\$7.50	
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28. 00	\$84. 00	\$47 .00	\$141 .00	\$47 .00	\$117.50	
Tier 4: Non-Preferred Drug	42%	42%	39%	39%	46%	46%	42%	42%	
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A	

	WellCare C	lassia (DD	D)	WallCa	re Wellness	D _w (DI)D)	Well Car	o Valuo So	ript (PDP)	
		1.90	1,	Wenca	\$14.20	KX (I DI)	Wencar	\$17.20	iipt (i Di)	
	\$4	35			\$435		\$435			
	on al	l tiers			Tiers 3 to 5	5		Tiers 3 to	5	
cost-shar	ring			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in n	etwork)	
We	llCare	We	llCare	We	llCare	Wel	1Care	Wel	llCare	
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellness	s Rx (PDP)	Value Sc	ript (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	2 .00 \$6 .00 \$8 .00 \$24 .00		\$24 .00	\$5 .00	\$15 .00	
\$5 .00	\$12.50	\$6 .00	\$15 .00	\$5 .00	\$15 .00	\$15 .00	\$45 .00	\$11 .00	\$33. 00	
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$47 .00	\$141 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	Care Medica	re Rx Selec	et (PDP)	Well	Care Medic Saver (PDF			WellCare Medicare Rx Value Plus (PDP)		
	\$18	3.70			\$32.70	,	\$69.60			
	\$4	15			\$435		No Deductible			
	Tiers	3 to 5			on all tiers					
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in n	etwork)	
WellCar	e Medicare	We	llCare	WellCar	e Medicare	WellCar	e Medicare	WellCar	e Medicare	
Rx Sav	rer (PDP)	Value P	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P	lus (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2. 00	\$6 .00	\$10 .00	\$30 .00	
\$2. 00	\$5. 00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5. 00	\$15 .00	\$20 .00	\$60 .00	
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$42 .00	\$126 .00	\$47 .00	\$141 .00	
39%	39%	46%	46%	49%	49%	45%	45%	46%	46%	

25%

N/A

33%

N/A

N/A

33%

25%

N/A

Region	16
State(s)	WI

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred	Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)			WellCare Wellness Rx (PDP)		Care	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$1 .00	\$3. 00	\$7 .00	\$21 .00	\$8.00	\$24 .00	\$1 .00	\$2.50
Tier 3: Preferred Brand Drug	\$31 .00	\$93. 00	\$43. 00	\$129 .00	\$43. 00	\$129 .00	\$31 .00	\$77.50
Tier 4: Non-Preferred Drug	33%	33%	47%	47%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 16

State(s) WI

	Preferred Retail cost-sharing (in-network)							Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00	
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4 .00	\$12 .00	\$3. 00	\$7.50	
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50	
Tier 4: Non-Preferred Drug	42%	42%	37%	37%	45%	45%	42%	42%	
Tier 5: Specialty Tier Drug	27%	N/A	25%	N/A	33%	N/A	27%	N/A	

WellCare C	lassic (PDP)	WellCare Wellness	Rx (PDP) WellCar	WellCare Value Script (PDP)		
\$34.20		\$13.10		\$15.60		
\$435		\$435		\$435		
on all tiers		Tiers 3 to 5		Tiers 3 to 5		
cost-sharing		Standard Retail as	nd Mail Service cost-sh	rvice cost-sharing (in network)		
WellCare	WellCare	WellCare	WellCare	WellCare		
Wellness Rx (PDP)	Value Script (PDP)	Classic (PDP)	Wellness Rx (PDP)	Value Script (PDP)		

ing			Standard Retail and Ivian Service cost-sharing (in netwo					twork)
WellCare WellCare		WellCare		Wel	WellCare		WellCare	
s Rx (PDP)	Value Sci	ript (PDP)	Classi	c (PDP)	Wellness Rx (PDP)		Value Script (PDI	
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8 .00	\$24 .00	\$5 .00	\$15 .00
\$17.50	\$8. 00	\$20 .00	\$4 .00	\$12 .00	\$15 .00	\$45 .00	\$13 .00	\$39 .00
\$107.50	\$43 .00	\$107.50	\$45 .00	\$135 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00
47%	47%	47%	45%	45%	50%	50%	50%	50%
N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A
	Care S Rx (PDP) 90-day \$0.00 \$17.50 \$107.50	Care Well Value Scr 90-day 30-day \$0.00 \$17.50 \$8.00 \$107.50 \$43.00 \$47% \$47	ICare WellCare 8 Rx (PDP) Value Script (PDP) 90-day 30-day 90-day \$0.00 \$0.00 \$0.00 \$17.50 \$8.00 \$20.00 \$107.50 \$43.00 \$107.50 47% 47% 47%	ICare WellCare Well Care Well Case Well Case Well Case Classic 90-day 30-day 90-day 30-day 30-day 30-day \$2.00 \$2.00 \$17.50 \$8.00 \$20.00 \$4.00 \$45.00 \$45.00 \$107.50 \$43.00 \$107.50 \$45.00 \$45.00	ICare WellCare WellCare 8 Rx (PDP) Value Script (PDP) Classic (PDP) 90-day 30-day 90-day \$0.00 \$0.00 \$2.00 \$17.50 \$8.00 \$20.00 \$107.50 \$43.00 \$107.50 \$45.00 \$135.00	ICare WellCare WellCare WellCare Wellness 90-day 30-day 90-day 30-day 90-day 30-day 30-day 30-day 30-day 30-day 30-day 30-day \$0.00 \$8.00 \$8.00 \$8.00 \$8.00 \$12.00 \$15.00 \$15.00 \$107.50 \$43.00 \$107.50 \$45.00 \$135.00 \$47.00 \$47.00 \$107.50 \$47.00 \$107.50 \$45.00 \$107.50<	Care WellCare Classic (PDP) WellCare WellCare WellCare WellCare WellCare WellCare WellCare WellCare Wellness Rx (PDP) 90-day 30-day 90-day 30-day 90-day 30-day 90-day \$0.00 \$0.00 \$0.00 \$2.00 \$6.00 \$8.00 \$24.00 \$17.50 \$8.00 \$20.00 \$4.00 \$12.00 \$15.00 \$45.00 \$107.50 \$43.00 \$107.50 \$45.00 \$135.00 \$47.00 \$141.00 47% 47% 47% 45% 45% 50% 50%	Care WellCare We

WellCare Medicare Rx Select (PDP)	WellCare Medicare Rx Saver (PDP)	WellCare Medicare Rx Value Plus (PDP)
\$22.30	\$38.60	\$72 .00
\$300	\$435	No Deductible
Tiers 3 to 5	on all tiers	

cost-sharing				Stanc	Standard Retail and Mail Service cost-sharing (in network)							
	VellCare Medicare WellCare Rx Saver (PDP) Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Value Plus (PDP)					
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00			
\$2. 00	\$5.00	\$4. 00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00			
\$28 .00	\$70. 00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$35 .00	\$105 .00	\$47 .00	\$141 .00			
37%	37%	45%	45%	49%	49%	40%	40%	45%	45%			
25%	N/A	33%	N/A	27%	N/A	25%	N/A	33%	N/A			

Region 17 State(s) IL

Monthly Premium: Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if	Preferred Retail cost-sharing (in-network)							Mail
	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$2 .00	\$6. 00	\$6. 00	\$18 .00	\$8. 00	\$24 .00	\$2 .00	\$5 .00
Tier 3: Preferred Brand Drug	\$32. 00	\$96 .00	\$41 .00	\$123 .00	\$43. 00	\$129 .00	\$32 .00	\$80 .00
Tier 4: Non-Preferred Drug	35%	35%	46%	46%	48%	48%	35%	35%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 17

State(s) IL

	Preferred Retail cost-sharing (in-network)							Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00	
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2. 00	\$6 .00	\$4. 00	\$12 .00	\$3. 00	\$7.50	
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28. 00	\$84. 00	\$47 .00	\$141 .00	\$47 .00	\$117.50	
Tier 4: Non-Preferred Drug	42%	42%	40%	40%	47%	47%	42%	42%	
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A	

	WellCare C	lassic (PD	P)	WellCa	re Wellness	Rx (PDP)	WellCare Value Script (PDP)			
	\$24	1.50			\$13.20			\$16.20		
	\$4	35			\$435			\$435		
	on al	l tiers			Tiers 3 to 5	5		Tiers 3 to	5	
cost-shar	ring			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in n	etwork)	
Wel	llCare	We	llCare	We	11Care	Wel	1Care	Wel	llCare	
Wellnes	ellness Rx (PDP) Value Script (PDP) Classic (PDP) Wellness Rx (PDF					s Rx (PDP)	Value Sc	ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	90-day		
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00 \$6 .00 \$8 .00		\$24 .00	\$5 .00	\$15 .00		
\$6. 00	\$15 .00	\$8.00	\$20 .00	\$5 .00	\$15 .00	\$15 .00	\$45 .00	\$13 .00	\$39 .00	
\$41 .00	\$102.50	\$43 .00	\$107.50	\$45 .00	\$135 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	48%	48%	45%	45%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	Care Medica	re Rx Selec	et (PDP)	Well	Care Medic Saver (PDI		WellCare Medicare Rx Value Plus (PDP)			
	\$15	5.50		\$27 .00			\$71.70			
	\$4	35		\$435 No Deductible					ole	
	Tiers	3 to 5		on all tiers						
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in n	etwork)	

Tiers Medicare (PDP) 90-day	Wel	1Care	WellCar	on all tiers lard Retail as				<u> </u>	
Tedicare			WellCar					<u> </u>	
(PDP)				e Medicare	WallCan	B # 1.			
90-day		` ,	Rx Sele	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Value Plus (PDP)	
o day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$1. 00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6. 00	\$10 .00	\$30 .00	
\$5 .00	\$4. 00	\$10 .00	\$20 .00	\$60 .00	\$5. 00	\$15 .00	\$20 .00	\$60 .00	
\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$45 .00	\$135 .00	\$47 .00	\$141 .00	
40%	47%	47%	49%	49%	45%	45%	47%	47%	
N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A	
\$. \$.	5 .00 70 .00 0 %	5.00 \$4.00 70.00 \$47.00 0% 47%	5.00 \$4.00 \$10.00 70.00 \$47.00 \$117.50 0% 47% 47%	5.00 \$4.00 \$10.00 \$20.00 70.00 \$47.00 \$117.50 \$47.00 0% 47% 47% 49%	5.00 \$4.00 \$10.00 \$20.00 \$60.00 70.00 \$47.00 \$117.50 \$47.00 \$141.00 0% 47% 47% 49% 49%	5.00 \$4.00 \$10.00 \$20.00 \$60.00 \$5.00 70.00 \$47.00 \$117.50 \$47.00 \$141.00 \$45.00 0% 47% 47% 49% 49% 45%	5.00 \$4.00 \$10.00 \$20.00 \$60.00 \$5.00 \$15.00 70.00 \$47.00 \$117.50 \$47.00 \$141.00 \$45.00 \$135.00 0% 47% 49% 49% 45% 45%	5.00 \$4.00 \$10.00 \$20.00 \$60.00 \$5.00 \$15.00 \$20.00 70.00 \$47.00 \$117.50 \$47.00 \$141.00 \$45.00 \$135.00 \$47.00 0% 47% 49% 49% 45% 45% 47%	

Region 18 State(s) MO

Monthly Premium: Annual Deductible:

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred	Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$1 .00	\$3. 00	\$3. 00	\$9. 00	\$7 .00	\$21 .00	\$1 .00	\$2.50
Tier 3: Preferred Brand Drug	\$33. 00	\$99. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$33. 00	\$82.50
Tier 4: Non-Preferred Drug	34%	34%	46%	46%	47%	47%	34%	34%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 18

State(s) MO

		Preferred	Preferr	ed Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	37%	37%	50%	50%	42%	42%
Tier 5: Specialty Tier Drug	27%	N/A	25%	N/A	33%	N/A	27%	N/A

	W 110 0	1 . (DD)	D)	W 110	TT7 11	D (DDD)	W 110	WellCare Value Script (PDP)			
	WellCare C	lassic (PD) 0.70	P)	WellCa	re Wellness \$13.70	Rx (PDP)	WellCar	e Value Sci \$16.70	ript (PDP)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	35			\$435						
		1 tiers			Tiers 3 to 5			\$435 Tiers 3 to 5			
acat aban		i tieis		Stand							
cost-shar		X X 7 1	110				rvice cost-sh	_			
	1Care		lCare		llCare		lCare		1Care		
	s Rx (PDP)		ript (PDP)		c (PDP)				cript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8 .00	\$24 .00	\$5 .00	\$15 .00		
\$3. 00	\$7.50	\$7 .00	\$17.50	\$4 .00	\$12. 00	\$15 .00	\$45 .00	\$12 .00	\$36 .00		
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$47 .00	\$141 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00		
46%	46%	47%	47%	43%	43% 43% 50% 50%		50%	50%			
25%	N/A	25%	N/A	25%	N/A	25%	N/A	N/A			
WellC	Care Medica	re Rx Selec	et (PDP)	Well	Care Medic Saver (PDF			e Medicare Plus (PDP			
	\$22	2.10			\$32.20	,		\$68.40	,		
	\$3	30			\$435		N	lo Deductil	ole		
	Tiers	3 to 5		on all tiers							
cost-shar	ing			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in no	etwork)		
44 0				44 6							
	e Medicare		llCare		e Medicare		e Medicare		e Medicare		
	er (PDP)		lus (PDP)	ļ	ect (PDP)	<u> </u>	er (PDP)	!	lus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$2. 00	\$5.00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00		
\$28 .00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$33 .00	\$99 .00	\$47 .00	\$141 .00		
37%	37%	50%	50%	49%	49%	40%	40%	50%	50%		

25%

N/A

33%

N/A

N/A

27%

N/A

33%

Region	19
State(s)	AR

Monthly Premium: Annual Deductible:

I 1 C		Preferred Retail cost-sharing (in-network)								
Initial Coverage Stage (after you pay your deductible, if		lCare c(PDP)	WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)			
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00		
Tier 2: Generic Drug	\$1 .00	\$3. 00	\$6 .00	\$18 .00	\$4 .00	\$12 .00	\$1 .00	\$2.50		
Tier 3: Preferred Brand Drug	\$30. 00	\$90 .00	\$41 .00	\$123 .00	\$43. 00	\$129 .00	\$30. 00	\$75 .00		
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%		
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A		

Region 19

State(s) AR

		Preferred	Retail cost	-sharing (in	-network)		Preferr	ed Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2. 00	\$6 .00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84. 00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	37%	37%	46%	46%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	W 110 0	1 . /DD:	D)	W 110	XX7 11	D (DDD)	XX 110	WellCare Value Script (PDP)			
	WellCare C	lassic (PD) 3.40	P)	WellCar	re Wellness \$15.60	Kx (PDP)	WellCar	e Value Scr \$18.70	ipt (PDP)		
		35			\$435		\$435				
		l tiers			Tiers 3 to 5			Tiers 3 to 5	<u> </u>		
cost-shar		1 (1013		Stane	lard Retail a		•				
	1Care	Wal	lCare		llCare		1Care		Care		
	s Rx (PDP)		ript (PDP)		c (PDP)		Rx(PDP)		ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$ 0 .00	\$0 .00	\$0 .00	\$1.00	\$3.00	\$8.00	\$24.00	\$5.00	\$15.00		
#U. UU	#U .00	50. 00	#U. 00	\$1.00	\$3. 00	₩0. 00	₩24.00	\$3.00	\$13. 00		
\$6 .00	\$15 .00	\$4 .00	\$10 .00	\$3. 00	\$9 .00	\$15 .00	\$45 .00	\$9. 00	\$27 .00		
\$41 .00	\$102.50	\$43 .00	\$107.50	\$43 .00	\$129 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00		
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%		
25%	N/A	25%	N/A	25%	N/A	25%	N/A	N/A			
WellC	Care Medica	re Rx Selec	et (PDP)	Well	Care Medic Saver (PDP			e Medicare Plus (PDP			
	\$22	2.10			\$26.10	,		\$69.20	,		
	\$4	35			\$435		N	lo Deductil	ole		
	Tiers	3 to 5			on all tiers						
cost-shar	ing			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)		
									·		
WellCar	e Medicare	Wel	llCare	WellCar	e Medicare	WellCar	e Medicare	WellCare	Medicare		
Rx Sav	er (PDP)	Value P	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value Pl	us (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$2. 00	\$5 .00	\$4. 00	\$10 .00	\$20 .00	\$60 .00	\$5. 00	\$15 .00	\$20. 00	\$60 .00		
\$28 .00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00		
37%	37%	46%	46%	49%	49%	42%	42%	46%	46%		

25%

N/A

33%

N/A

N/A

33%

25%

N/A

Region 20
State(s) MS

Monthly Premium: Annual Deductible:

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)			WellCare Wellness Rx(PDP)		lCare ript(PDP)	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$2 .00	\$6. 00	\$5.00	\$15 .00	\$7. 00	\$21 .00	\$2 .00	\$5 .00
Tier 3: Preferred Brand Drug	\$33. 00	\$99. 00	\$40 .00	\$120 .00	\$43 .00	\$129 .00	\$33. 00	\$82.50
Tier 4: Non-Preferred Drug	34%	34%	48%	48%	47%	47%	34%	34%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 20

State(s) MS

		Preferred	Preferr	ed Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4 .00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	38%	38%	49%	49%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	W 110 C	1 · /DD	D)	W 110	XX7 11	D (DDD)	W 110	WellCare Value Script (PDP)			
	WellCare C	1assic (PD 5.90	P)	WellCa	re Wellness \$13.20	Kx (PDP)	WellCar	\$15.30			
		35			\$435			\$435			
		l tiers			Tiers 3 to 5						
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in n	etwork)		
	llCare	We	llCare				1Care		llCare		
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellness	s Rx (PDP)	Value Sc	ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	90-day			
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6. 00	\$8 .00	\$24 .00	\$5 .00	\$15 .00		
\$5. 00	\$12.50	\$7 .00	\$17.50	\$4. 00	\$12. 00	\$15 .00	\$45 .00	\$12 .00	\$36 .00		
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$44 .00	\$132. 00	\$47 .00	\$141 .00	\$47 .00	\$141 .00		
48%	48%	47%	47%	44%	44%	50%	50%	50%	50%		
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		
WellC	Care Medica	re Rx Selec	et (PDP)	Well	 Care Medic Saver (PDF		WellCare Medicare Rx Value Plus (PDP)				
	\$20	0.10			\$24.20	,	\$75.70				
	\$4	15			\$435		N	lo Deducti	ble		
	Tiers	3 to 5			on all tiers						
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in n	etwork)		
WellCar	e Medicare	Wei	llCare	WellCar	e Medicare	WellCar	e Medicare	WellCar	e Medicare		
Rx Sav	rer (PDP)	Value P	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P	lus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$2. 00	\$5. 00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00		
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00		
38%	38%	49%	49%	49%	49%	45%	45%	49%	49%		

25%

N/A

33%

N/A

N/A

33%

25%

N/A

Region 21 State(s) LA

Monthly Premium: Annual Deductible:

110		Preferred	Retail cost	-sharing (in	-network)		Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$1 .00	\$3. 00	\$5.00	\$15 .00	\$4 .00	\$12 .00	\$1 .00	\$2.50
Tier 3: Preferred Brand Drug	\$30. 00	\$90. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$30 .00	\$75 .00
Tier 4: Non-Preferred Drug	34%	34%	46%	46%	47%	47%	34%	34%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 21

State(s) LA

		Preferred	Retail cost	-sharing (in	-network)		Preferr	ed Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3. 00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9 .00	\$2. 00	\$6. 00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84. 00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	37%	37%	49%	49%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

WellCare C	lassic (PDP)	WellCare Wellness	Rx (PDP) WellCar	e Value Script (PDP)		
\$27	7.30	\$15.70		\$18 .00		
\$4	35	\$435		\$435		
on al	l tiers	Tiers 3 to 5		Tiers 3 to 5		
cost-sharing		Standard Retail ar	nd Mail Service cost-sh	aring (in network)		
WellCare WellCare		WellCare	WellCare	WellCare		

cost-shar	ng			Stand	Standard Retail and Mail Service cost-sharing (in network)							
Wel	11Care	Wel	1Care	WellCare		Wel	WellCare		lCare			
Wellnes	s Rx (PDP)	Value Script (PDP)		Classic (PDP)		Wellness	Wellness Rx (PDP)		Value Script (PDP)			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3. 00	\$8. 00	\$24 .00	\$5. 00	\$15 .00			
\$5. 00	\$12.50	\$4. 00	\$10 .00	\$4 .00	\$12 .00	\$15. 00	\$45 .00	\$9 .00	\$27 .00			
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$42 .00	\$126 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00			
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%			
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A			

WellCare Medicare Rx Select (PDP)	WellCare Medicare Rx Saver (PDP)	WellCare Medicare Rx Value Plus (PDP)
\$21.40	\$32.20	\$71.60
\$385	\$435	No Deductible
Tiers 3 to 5	on all tiers	

cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in n	etwork)
WellCare Medicare Rx Saver (PDP)		WellCare Value Plus (PDP)		WellCar	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		e Medicaro
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00
\$2. 00	\$5.00	\$4. 00	\$10 .00	\$20 .00	\$60 .00	\$5. 00	\$15 .00	\$20 .00	\$60 .00
\$28 .00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00
37%	37%	49%	49%	49%	49%	40%	40%	49%	49%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 22 State(s) TX

Monthly Premium: Annual Deductible:

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$1 .00	\$3. 00	\$4. 00	\$12 .00	\$6 .00	\$18 .00	\$1 .00	\$2.50
Tier 3: Preferred Brand Drug	\$32. 00	\$96. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$32 .00	\$80 .00
Tier 4: Non-Preferred Drug	34%	34%	46%	46%	49%	49%	34%	34%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 22

State(s) TX

		Preferred	Retail cost	-sharing (in	-network)		Preferr	ed Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4 .00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	39%	39%	46%	46%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

7	WellCare C	lassic (PD)	P)	WellCar	re Wellness	Rx (PDP)	WellCar	e Value Scri	ipt (PDP)	
	\$20).40			\$13.30		\$14.70			
	\$4	35		\$435						
	on al	l tiers			Tiers 3 to 5		Tiers 3 to 5	<u> </u>		
cost-shari	ng			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
Wel	ICare	Wel	1Care	Wel	llCare	Wel	1Care	Well	lCare	
Wellness	Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Scr	ipt (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8 .00	\$24 .00	\$5. 00	\$15 .00	
\$4. 00	\$10 .00	\$6. 00	\$15 .00	\$4 .00	\$12 .00	\$15 .00	\$45 .00	\$11. 00	\$33. 00	
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$40 .00	\$120 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	49%	49%	45%	45%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	are Medicar	re Rx Selec	t (PDP)		Care Medic Saver (PDF			e Medicare Plus (PDP)		
	\$20).90			\$24.20		\$74.70			
	\$4	15			\$435		No Deductible			
	Tiers	3 to 5			on all tiers					
cost-shari	ng			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
WollCom	e Medicare	Wal	1Care	WallCan	e Medicare	WallCan	e Medicare	WallCans	Medicare	
	er (PDP)		lus (PDP)		ect (PDP)		er (PDP)		us (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45.00	\$2 .00	\$6 .00	\$10 .00	\$30 .00	
₩0. 00	****	₩	****	#10.00	₩ 13.00	# 4. 00	#0.00	#10.00	#30.00	
\$2 .00	\$5.00	\$4. 00	\$10 .00	\$20 .00 \$60 .00 \$5 .00		\$15 .00	\$20 .00	\$60 .00		
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$42 .00	\$126. 00	\$47 .00	\$141 .00	
39%			49%	49%	45%	45%	46%	46%		

25%

N/A

25%

N/A

33%

25%

N/A

33%

N/A

Region 23 State(s) OK

Monthly Premium: Annual Deductible:

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$2 .00	\$6. 00	\$6. 00	\$18 .00	\$6 .00	\$18 .00	\$2 .00	\$5 .00
Tier 3: Preferred Brand Drug	\$32 .00	\$96. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$32. 00	\$80 .00
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 23

State(s) OK

		Preferred	Retail cost	-sharing (in	-network)		Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2. 00	\$6 .00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84. 00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	37%	37%	48%	48%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	W 410 0	1 · (DD)	2)	W 40	*** 44	D (DDD)	WellCare Value Script (PDP)			
	WellCare C	lassic (PDI 7.70	P)	WellCai	e Wellness \$14.20	Rx (PDP)	WellCar	e Value Scri \$17.20	ipt (PDP)	
		35 1 4:			\$435			\$435		
1 1		l tiers			Tiers 3 to 5			Tiers 3 to 5		
cost-shari		1 1	1.0	Standard Retail and Mail Ser						
	lCare		lCare		llCare		lCare		Care	
	Rx (PDP)		ript (PDP)		c (PDP)		Rx (PDP)		ipt (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8 .00	\$24 .00	\$5. 00	\$15. 00	
\$6. 00	\$15 .00	\$6. 00	\$15 .00	\$5 .00	\$15 .00	\$15 .00	\$45 .00	\$11. 00	\$33. 00	
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$42 .00	\$126 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	47%	47% 47%		45%	50%	50%	50%	50%	
25%	25% N/A 25% N/A		25%	N/A	25%	N/A	25%	N/A		
WellC	are Medica	re Rx Selec	t (PDP)		Care Medic Saver (PDP			e Medicare Plus (PDP		
	\$22	2.10			\$30.30	,	\$100.60			
	\$4	00			\$435		No Deductible			
	Tiers	3 to 5			on all tiers					
cost-shari	ng			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
	0			1		1		<u> </u>		
WellCare	e Medicare	Wel	l Care	WellCar	e Medicare	WellCar	e Medicare	WellCare	Medicare	
Rx Save	er (PDP)	Value P1	us (PDP)	Rx Sele	ct (PDP)	Rx Sav	er (PDP)	Value P1	us (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00 \$0 .00 \$1 .00 \$0 .00		\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$2. 00	2 .00 \$5 .00 \$4 .00 \$10 .00		\$20 .00	\$60 .00	\$5.00	\$15 .00	\$20 .00	\$60 .00		
\$28 .00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00	
37%	37%	48%	48%	49%	49%	45%	45%	48%	48%	

25%

N/A

33%

N/A

N/A

25%

25%

N/A

Region 24 State(s) KS

Monthly Premium: Annual Deductible:

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred	Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$1 .00	\$3. 00	\$7. 00	\$21 .00	\$5 .00	\$15 .00	\$1 .00	\$2.50
Tier 3: Preferred Brand Drug	\$30 .00	\$90. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$30 .00	\$75 .00
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 24

State(s) KS

Monthly Premium: Annual Deductible:

Preferred Retail cost-sharing (in-network) Preferred Mail WellCare Medicare Initial Coverage Stage WellCare Medicare WellCare Medicare WellCare Medicare $\mathbf{R}\mathbf{x}$ (after you Rx Select (PDP) Value Plus (PDP) Rx Select (PDP) Rx Saver (PDP) pay your deductible, if applicable) 30-day 30-day 30-day 90-day 90-day 30-day 90-day 90-day Tier 1: Preferred **\$0**.00 **\$0**.00 **\$0**.00 **\$0**.00 **\$1**.00 **\$3.**00 **\$0**.00 **\$0**.00 Generic Drug Tier 2: Generic Drug **\$2**.00 \$7.50 **\$3**.00 **\$9**.00 **\$6**.00 **\$4**.00 **\$12**.00 **\$3**.00 Tier 3: Preferred **\$47**.00 **\$28**.00 **\$84**.00 **\$47**.00 **\$47**.00 **\$141**.00 **\$141**.00 \$117.50 Brand Drug Tier 4: Non-Preferred **42**% **42**% **36**% **36**% **50**% **50**% **42**% **42**% Drug Tier 5: Specialty **25**% N/A **25**% N/A 33% N/A **25**% N/A Tier Drug

	WellCare C	lassic (PDF	P)	WellCar	e Wellness	Rx (PDP)	WellCare	e Value Scri	ipt (PDP)	
	\$30	0.00			\$14.90		\$18 .00			
	\$4	35			\$435		\$435			
	on al	l tiers		,	Tiers 3 to 5 Tiers 3 to 5					
cost-shar	ing			Standard Retail and Mail Ser			vice cost-sh	aring (in ne	twork)	
Wel	lCare	Well	Care	WellCare Well			Care	Well	Care	
Wellnes	s Rx (PDP)	Value Scr	ipt (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Scr	ipt (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2. 00	\$6 .00	\$8. 00	\$24 .00	\$5. 00	\$15 .00	
\$7 .00	\$17.50	\$5 .00	\$12.50	\$4 .00	\$12 .00	\$15 .00	\$45 .00	\$10 .00	\$30. 00	
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$44. 00	\$44 .00 \$132 .00 \$47 .00		\$141 .00	\$47 .00	\$141 .00	
46%	46%	47%	47%	45%	45% 45% 50% 50%		50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	Care Medica	re Rx Select	t (PDP)		Lare Medic Saver (PDP			WellCare Medicare Rx Value Plus (PDP)		
	\$20).90			\$32.40		\$71.90			
	\$4	00			\$435		N	No Deductible		
	Tiers	3 to 5			on all tiers					
cost-shar	ing			Stand	ard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)	
WellCar	WellCare Medicare WellCare			WellCare	e Medicare	 WellCare	Medicare	 WellCare	Medicare	
Rx Sav	er (PDP)	Value Pl	us (PDP)	Rx Sele	ct (PDP)	Rx Save	er (PDP)	Value P1	us (PDP)	
30-day	90-day	30-day	90-day	30-day 90-day 30-day 90-day 3		30-day	90-day			
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30. 00	
\$2. 00	\$5. 00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5. 00	\$15 .00	\$20 .00	\$60 .00	
		I .	1	1		1	1	1	1	

\$141.00

49%

N/A

\$40.00

42%

25%

\$120.00

42%

N/A

\$47.00

50%

33%

\$141.00

50%

N/A

\$28.00

36%

25%

\$70.00

36%

N/A

\$47.00

50%

33%

\$117.50

50%

N/A

\$47.00

49%

Region 25
State(s) IA, MN, MT, ND, NE, SD, WY

Monthly Premium: Annual Deductible:

		Preferred		Preferred	Mail			
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)			WellCare Wellness Rx(PDP)		lCare ript(PDP)	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$2. 00	\$6. 00	\$4 .00	\$12 .00	\$7 .00	\$21 .00	\$2 .00	\$5. 00
Tier 3: Preferred Brand Drug	\$30. 00	\$90 .00	\$40 .00	\$120 .00	\$43 .00	\$129 .00	\$30 .00	\$75. 00
Tier 4: Non-Preferred Drug	33%	33%	47%	47%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 25

State(s) IA, MN, MT, ND, NE, SD, WY

Monthly Premium:

Annual Deductible:

		Preferred	Prefer	Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4 .00	\$12 .00	\$3 .00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	38%	38%	50%	50%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	WellCare C	lassic (PD)	D)	Well Cas	re Wellness	R _v (DI)D)	WellCare	ellCare Value Script (PDP)			
).30	. <i>)</i>	Wencai	\$13.80	KX (I DI)	Wencar	\$16.70	ipt (1 D1)		
	\$4	35			\$435			\$435			
	on al	l tiers		Tiers 3 to 5				Tiers 3 to 5	,		
cost-shar	ing			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)		
Wel	1Care	Wel	1Care	WellCare Wel			ICare WellCare				
Wellness	Rx (PDP)	Value Sci	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Scr	ipt (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6. 00 \$8. 00 \$24. 00		\$5 .00	\$15 .00			
\$4. 00	\$10 .00	\$7 .00	\$17.50	\$5 .00	\$15 .00	\$15 .00	\$45 .00	\$12. 00	\$36 .00		
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$46 .00	\$138. 00	\$47 .00	\$141 .00	\$47 .00	\$141 .00		
47%	47%	47%	47% 47%		45%	50%	50%	50%	50%		
25%	25% N/A 25% N/A		25%	N/A	25%	N/A	25%	N/A			
WellC	Care Medica		t (PDP)	Well	Care Medic Saver (PDP			WellCare Medicare Rx Value Plus (PDP)			
		0.70			\$34 .00		\$72.40				
		35		\$435 No Deductible					ole		
		3 to 5		<u> </u>	on all tiers						
cost-shar	ing	1		Stanc	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)		
WellCar	e Medicare	Wel	1Care	 WellCar	e Medicare	 WellCar	e Medicare	 WellCare	Medicare		
Rx Sav	er (PDP)	Value P1	us (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value Pl	us (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$2. 00	\$5. 00	\$4. 00	\$10. 00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00		
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00		
38%	3% 38% 50% 50%		49%	49%	45%	45%	50%	50%			

25%

N/A

33%

N/A

N/A

33%

25%

N/A

Region 26 State(s) NM

Monthly Premium: Annual Deductible:

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred	Mail
Initial Coverage Stage (after you pay your deductible, if applicable)	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$1 .00	\$3. 00	\$4. 00	\$12 .00	\$8. 00	\$24 .00	\$1 .00	\$2.50
Tier 3: Preferred Brand Drug	\$31 .00	\$93. 00	\$39. 00	\$117 .00	\$43. 00	\$129 .00	\$31 .00	\$77.50
Tier 4: Non-Preferred Drug	33%	33%	47%	47%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 26

State(s) NM

		Preferred	Retail cost	-sharing (in	-network)		Preferr	ed Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2. 00	\$6 .00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	40%	40%	44%	44%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

WellCare C	lassic (PDP)	WellCare Wellness	Rx (PDP) WellCare	e Value Script (PDP)
\$2 2	2.40	\$13.20		\$16.10
\$4	35	\$435		\$435
on al	l tiers	Tiers 3 to 5		Tiers 3 to 5
cost-sharing		Standard Retail ar	nd Mail Service cost-sh	aring (in network)
WellCare	WellCare	WellCare	WellCare	WellCare

cost-shar	ing			Standard Retail and Mail Service cost-sharing (in network)						
Wel	llCare	Wel	ICare	WellCare		Wel	1Care	Well	lCare	
Wellness	s Rx (PDP)	Value Sci	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Scr	ipt (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8. 00	\$24 .00	\$5 .00	\$15 .00	
\$4. 00	\$10 .00	\$8. 00	\$20 .00	\$4 .00	\$12. 00	\$15 .00	\$45 .00	\$13. 00	\$39. 00	
\$39. 00	\$97.50	\$43 .00	\$107.50	\$43 .00	\$129 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
47%	47%	47%	47%	45%	45%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	

WellCare Medicare Rx Select (PDP)	WellCare Medicare Rx Saver (PDP)	WellCare Medicare Rx Value Plus (PDP)
\$22.10	\$25. 00	\$71.10
\$435	\$435	No Deductible
Tiers 3 to 5	on all tiers	

	11010	3 10 3		·	On an tiers						
cost-shar	ing			Standard Retail and Mail Service cost-sharing (in network)							
WellCare Medicare Rx Saver (PDP)		WellCare Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medica Value Plus (PDP			
30-day	90-day	30-day	, , , , , , , , , , , , , , , , , , ,		90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15. 00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$2. 00	\$5.00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00		
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$42 .00	\$126 .00	\$47 .00	\$141 .00		
40%	40%	44%	44%	49%	49%	45%	45%	44%	44%		
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A		

Region 27 State(s) CO

Monthly Premium: Annual Deductible:

T 1 O		Preferred	Retail cost	-sharing (in	-network)		Preferred	Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)			WellCare Wellness Rx (PDP)		Care	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00	\$0 .00
Tier 2: Generic Drug	\$1 .00	\$3. 00	\$5. 00	\$15 .00	\$5 .00	\$15 .00	\$1 .00	\$2.50
Tier 3: Preferred Brand Drug	\$30. 00	\$90. 00	\$38. 00	\$114 .00	\$43 .00	\$129 .00	\$30 .00	\$75 .00
Tier 4: Non-Preferred Drug	32%	32%	46%	46%	48%	48%	32%	32%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 27

State(s) CO

		Preferred		Preferr	ed Mail			
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2. 00	\$6 .00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84. 00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	38%	38%	45%	45%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	WellCare C	1:- (DD)	D\	WallCar	re Wellness	WallCan	re Value Script (PDP)		
		1assic (PD) 0.10	r)	vvencai	\$14.90	KX (PDP)	wencar	\$17.90	ipt (PDP)
		35			\$435			\$435	
	"	l tiers			Tiers 3 to 5	;		Tiers 3 to 5	í
cost-shar	ing			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)
Wel	1Care	Wel	1Care		llCare		lCare	Care WellCare	
Wellness	Rx (PDP)	Value Sci	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Scr	ipt (PDP)
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8 .00	\$24 .00	\$5 .00	\$15 .00
\$5 .00	\$12.50	\$5. 00	\$12.50	\$4 .00	\$12 .00	\$15 .00	\$45 .00	\$10 .00	\$30 .00
\$38. 00	\$95 .00	\$43. 00	\$107.50	\$40 .00	\$120 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00
46%	46%	48%	48%	44%	44%	50%	50%	50%	50%
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A
WellC	Care Medica		t (PDP)	Well	Care Medic Saver (PDP			e Medicare Plus (PDP)	
		0.90			\$31.80			\$74.50	
		35			\$435		N	lo Deductib	ole
		3 to 5			on all tiers				
cost-shar	ing	1		Stanc	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)
WellCar	e Medicare	Wel	1Care	 WellCar	e Medicare	 WellCare	e Medicare	 WellCare	Medicare
Rx Sav	er (PDP)	Value P1	us (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value Pl	us (PDP)
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6. 00	\$10 .00	\$30 .00
\$2. 00	\$5 .00	\$4. 00	\$10. 00	\$20 .00	\$60 .00	\$5 .00	\$15 .00	\$20 .00	\$60 .00
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00
38%	38%	45%	45%	49%	49%	45%	45%	45%	45%

25%

N/A

33%

N/A

N/A

33%

25%

N/A

Region 28 State(s) AZ

Monthly Premium: Annual Deductible:

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred	Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)			WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00	
Tier 2: Generic Drug	\$2 .00	\$6 .00	\$6. 00	\$18 .00	\$10 .00	\$30 .00	\$2 .00	\$5 .00	
Tier 3: Preferred Brand Drug	\$30 .00	\$90. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$30 .00	\$75 .00	
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%	
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A	

Region 28

State(s) AZ

		Preferred		Preferr	ed Mail			
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)			WellCare Medicare Rx Saver (PDP)		e Medicare Rx lus (PDP)	WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4 .00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	40%	40%	48%	48%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	WellCare C	lassic (PD)	P)	WellCar	re Wellness	Rx (PDP)	WellCar	e Value Scr	ipt (PDP)
		1.90	•		\$14.50			\$17.40	1 , ,
	\$4	35			\$435			\$435	
	on al	l tiers			Tiers 3 to 5	;		Tiers 3 to 5	5
cost-shar	ring			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)
Wel	llCare	Wel	1Care	We	llCare	Wel	1Care	Care WellCare	
Wellnes	s Rx (PDP)	Value Sca	ript (PDP)	Classi	c (PDP)	Wellness	s Rx (PDP)	Value Sci	ript (PDP)
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8 .00	\$24 .00	\$5 .00	\$15 .00
\$6. 00	\$15 .00	\$10 .00	\$25. 00	\$5. 00	\$15 .00	\$15 .00	\$45 .00	\$15 .00	\$45 .00
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$42 .00	\$126 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A
WellO	Care Medica:		t (PDP)	Well	Care Medic Saver (PDF			e Medicare Plus (PDP	
		3.10			\$31.70		N	\$73.30	1
		35 3 to 5			\$435 on all tiers		N	lo Deductil	oie
, 1		3 10 3		C.			• . 1	• /•	. 1)
cost-shar	ring	1		Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)
WellCar	e Medicare	 Wel	1Care	 WellCar	e Medicare	WellCar	e Medicare	 WellCare	e Medicare
Rx Sav	er (PDP)	Value Pl	us (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P1	us (PDP)
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00
\$2. 00	\$5. 00	\$4. 00	\$10 .00	\$20 .00	\$60 .00	\$10 .00	\$30 .00	\$20. 00	\$60 .00
\$28 .00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$45 .00	\$135 .00	\$47 .00	\$141 .00
40%	40%	48%	48%	49%	49%	45%	45%	48%	48%

25%

N/A

33%

N/A

25%

N/A

33%

N/A

Region 29 State(s) NV

Monthly Premium: Annual Deductible:

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred	Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)			WellCare Wellness Rx (PDP)		Care	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$2 .00	\$6 .00	\$8. 00	\$24 .00	\$5 .00	\$15 .00	\$2 .00	\$5 .00
Tier 3: Preferred Brand Drug	\$30 .00	\$90. 00	\$41 .00	\$123 .00	\$43. 00	\$129 .00	\$30 .00	\$75 .00
Tier 4: Non-Preferred Drug	33%	33%	48%	48%	48%	48%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 29

State(s) NV

		Preferred		Preferr	ed Mail			
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)			WellCare Medicare Rx Saver (PDP)		e Medicare Rx lus (PDP)	WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4 .00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	39%	39%	42%	42%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	WellCare C \$29	lassic (PD 9.20	P)	WellCa	re Wellness \$15.00	Rx (PDP)	WellCar	WellCare Value Script (PDP) \$17.90		
		135		\$435						
	on al	1 tiers			Tiers 3 to 5	5	Tiers 3 to 5			
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in n	etwork)	
Wel	1Care	We	llCare	We	11Care	Wel	llCare WellCare			
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$8. 00	\$24 .00	\$5 .00	\$15 .00	
\$8. 00	\$20 .00	\$5 .00	\$12.50	\$4 .00	\$12. 00	\$15. 00	\$45 .00	\$10 .00	\$30 .00	
\$41 .00	\$102.50	\$43 .00	\$107.50	\$47 .00	\$141 .00	\$47. 00	\$141 .00	\$47 .00	\$141 .00	
48%	48%	48%	48%	50%	50%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25% N/A 25% N/A 25% I					N/A	

					Saver (PDP)		Plus (PDF	7)	
	\$22	2.20			\$23. 00			\$74.50		
	\$4	135			\$435		N	lo Deducti	ble	
	Tiers	3 to 5			on all tiers					
cost-shar	ing			Stand	Standard Retail and Mail Service cost-sharing (in netwo					
	re Medicare rer (PDP)		llCare lus (PDP)						are Medicare Plus (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00	
\$2. 00	\$5.00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5. 00	\$15 .00	\$20 .00	\$60 .00	
\$28 .00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$41 .00	\$123 .00	\$47 .00	\$141 .00	
39%	39%	42%	42%	49%	49%	45%	45%	42%	42%	
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A	

Region 30	
State(s) OR,	WA

Monthly Premium: Annual Deductible:

		Preferred	Retail cost	-sharing (in	-network)		Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)			WellCare Wellness Rx (PDP)		Care ipt(PDP)	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$1 .00	\$3 .00	\$5. 00	\$15 .00	\$4. 00	\$12 .00	\$1 .00	\$2.50
Tier 3: Preferred Brand Drug	\$29 .00	\$87 .00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$29 .00	\$72.50
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 30

State(s) OR, WA

		Preferred	Retail cost	-sharing (in	-network)		Preferr	ed Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)			WellCare Medicare Rx Saver (PDP)		e Medicare Rx lus (PDP)	WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4 .00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$28 .00	\$84 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	38%	38%	48%	48%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	WellCare C	lassia (DD)	D)	WallCa	re Wellness	D _w (DI\D)	WallCar	o Walna San	int (DI)D)		
),20	·)	Wenca	\$15.70	KX (FDF)	Wencar	WellCare Value Script (PDP) \$18.30			
	\$4	135			\$435			\$435			
	on al	l tiers			Tiers 3 to 5	5		Tiers 3 to 5	5		
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
Wel	llCare	Wel	1Care	We	11Care	Wel	1Care	Wel	1Care		
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Rx (PDP) Value Script (P)			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$8 .00	\$24 .00	\$5. 00	\$15 .00		
\$5. 00	\$12.50	\$4 .00	\$10 .00	\$2 .00	\$6 .00	\$15 .00	\$45 .00	\$9 .00	\$27 .00		
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$40 .00	\$120 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00		
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%		
25%	N/A	25%	N/A	25%	N/A	25%	N/A 25%		N/A		
WellC	Care Medica	re Rx Selec	et (PDP)	Well	Care Medic Saver (PDP			e Medicare Plus (PDP			
	\$20	0.10			\$32.60			\$67.30	•		
	\$4	35			\$435		N	lo Deductil	ole		
	Tiers	3 to 5			on all tiers						
cost-shar	ing			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
WellCar	e Medicare	Wel	1Care	WellCar	e Medicare	WellCar	e Medicare	WellCare	e Medicare		
Rx Sav	er (PDP)	Value P	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value Pl	us (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$2. 00	\$5. 00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$5. 00	\$15 .00	\$20. 00	\$60 .00		
\$28. 00	\$70 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00		
38%	38%	48%	48%	49%	49%	45%	45%	48%	48%		

25%

N/A

33%

N/A

25%

N/A

33%

N/A

Region 31 State(s) ID, UT

Monthly Premium: Annual Deductible:

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred	Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)			WellCare Wellness Rx(PDP)		Care	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$1 .00	\$3. 00	\$5.00	\$15 .00	\$6 .00	\$18 .00	\$1 .00	\$2.50
Tier 3: Preferred Brand Drug	\$31 .00	\$93. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$31 .00	\$77.50
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 31

State(s) ID, UT

		Preferred	Retail cost	-sharing (in	-network)		Preferr	ed Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3. 00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2. 00	\$6. 00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$30 .00	\$90 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	37%	37%	49%	49%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

WellCare Classic (PDP)	WellCare Wellness Rx (PDP)	WellCare Value Script (PDP)
\$34.20	\$14.20	\$17.20
\$435	\$435	\$435
on all tiers	Tiers 3 to 5	Tiers 3 to 5

cost-shar	ing			Stand	Standard Retail and Mail Service cost-sharing (in network)						
Wel	1Care	Wel	1Care	We	WellCare		1Care	Wel	WellCare		
Wellness	s Rx (PDP)	Value Sci	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Sci	ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$8 .00	\$24 .00	\$5 .00	\$15 .00		
\$5. 00	\$12.50	\$6. 00	\$15 .00	\$3 .00	\$9. 00	\$15 .00	\$45 .00	\$11 .00	\$33. 00		
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$43 .00	\$129 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00		
46%	46%	47%	47%	44%	44%	50%	50%	50%	50%		
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		

WellCare Medicare Rx Select (PDP)	WellCare Medicare Rx Saver (PDP)	WellCare Medicare Rx Value Plus (PDP)
\$20.90	\$37. 00	\$70.10
\$425	\$435	No Deductible
Tiers 3 to 5	on all tiers	

cost-shar	ing			Stanc	Standard Retail and Mail Service cost-sharing (in network)						
	e Medicare er (PDP)		lCare lus (PDP)		e Medicare		e Medicare er (PDP)		e Medicare lus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$2. 00	\$5.00	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$6 .00	\$18 .00	\$20 .00	\$60 .00		
\$30 .00	\$75. 00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00		
37%	37%	49%	49%	49%	49%	41%	41%	49%	49%		
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A		

Region 32 State(s) CA

Monthly Premium: Annual Deductible:

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred	Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)			WellCare Wellness Rx(PDP)		Care	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$2 .00	\$6 .00	\$5. 00	\$15 .00	\$7 .00	\$21 .00	\$2 .00	\$5 .00
Tier 3: Preferred Brand Drug	\$31 .00	\$93. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$31 .00	\$77.50
Tier 4: Non-Preferred Drug	34%	34%	46%	46%	47%	47%	34%	34%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 32

State(s) CA

		Preferred Retail cost-sharing (in-network)						ed Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)			WellCare Medicare Rx Saver (PDP)		e Medicare Rx lus (PDP)	WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$2 .00	\$6 .00	\$4. 00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$30 .00	\$90 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	37%	37%	48%	48%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

WellCare Classic (PDP) WellCare Wellness Rx (PDP) WellCare Value Script ((====)			
		`	P)	WellCar		Rx (PDP)	WellCare	WellCare Value Script (PDP)			
		1.30			\$13.70			\$16.80			
	"	. 35 l tiers			\$435 Tiers 3 to 5	•		\$435 Tiers 3 to 5	,		
. 1		tiers		C							
cost-shar	0		1.0		lard Retail a						
	1Care		lCare		llCare		1Care		Care		
	Rx (PDP)		ript (PDP)		c (PDP)		Rx (PDP) Value Script (PI				
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8 .00	\$24 .00	\$5. 00	\$15 .00		
\$5. 00	\$12.50	\$7 .00	\$17.50	\$5. 00	\$15 .00	\$15 .00	\$45 .00	\$12 .00	\$36 .00		
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$44 .00	\$132 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00		
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%		
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		
WellC	Care Medica		t (PDP)	Well	Care Medic Saver (PDP			e Medicare Plus (PDP			
		3.80			\$34.10			\$74.50			
		85			\$435		N	No Deductib	le		
	Tiers	3 to 5		,	on all tiers						
cost-shar	ing			Stanc	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)		
WellCar	e Medicare	 Wel	lCare	 WellCar	e Medicare	 WellCar	e Medicare	 WellCare	Medicare		
Rx Sav	er (PDP)	Value Pl	us (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value Pl	us (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0 .00	\$0 .00	\$1. 00	\$0 .00	\$15 .00	\$45 .00	\$2 .00	\$6 .00	\$10 .00	\$30 .00		
\$2. 00	\$5 .00	\$4. 00	\$10 .00	\$20 .00	\$60 .00	\$5.00	\$15 .00	\$20 .00	\$60 .00		
\$30 .00	\$75 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$40 .00	\$120 .00	\$47 .00	\$141 .00		
37%	37%	48%	48%	49%	49%	40%	40%	48%	48%		

25%

N/A

33%

N/A

N/A

33%

25%

N/A

Region 33 State(s) HI

Monthly Premium: Annual Deductible:

1 1 0		Preferred	Retail cost	-sharing (in	-network)		Preferred	Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)			WellCare Wellness Rx (PDP)		Care	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$2 .00	\$6 .00	\$5.00	\$15 .00	\$8.00	\$24 .00	\$2 .00	\$5 .00
Tier 3: Preferred Brand Drug	\$32 .00	\$96. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$32. 00	\$80 .00
Tier 4: Non-Preferred Drug	34%	34%	46%	46%	49%	49%	34%	34%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 33

State(s) HI

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00	
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$3. 00	\$9 .00	\$4. 00	\$12 .00	\$3. 00	\$7.50	
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$34 .00	\$102 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50	
Tier 4: Non-Preferred Drug	42%	42%	38%	38%	47%	47%	42%	42%	
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A	

	WallCara C	lassia (DINI	D)	WallCar	e Wellness	D _w (DI\D\	WellCare Value Script (PDP)			
WellCare Classic (PDP) \$25.60				vvencai	\$14.20	KX (FDF)	\$17.20			
\$435					\$435			\$435		
	on all tiers				Tiers 3 to 5	5		Tiers 3 to 5		
cost-shar	ing			Stand	lard Retail a	nd Mail Sei	ervice cost-sharing (in network)			
Wel	WellCare WellCare		WellCare Well			Care WellCare				
Wellness	Rx (PDP)	Value Scr	ipt (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$3 .00	\$9 .00	\$8 .00	\$24 .00	\$5. 00	\$15 .00	
\$5. 00	\$12.50	\$8. 00	\$20 .00	\$7 .00	\$21 .00	\$15 .00	\$45 .00	\$13. 00	\$39 .00	
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$47 .00	\$141 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	49%	49%	43%	43%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	Care Medicar		t (PDP)		Care Medic Saver (PDF		WellCare Medicare Rx Value Plus (PDP)			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00			\$22.90		\$69.90 No Deductible			
	"	35 3 to 5			\$435		No Deductible			
. 1		3 to 3		C.	on all tiers		1	• /•	. 1)	
cost-shar	ing	1		Stanc	lard Ketail a	nd Mail Sei	rvice cost-sh	aring (in ne	twork)	
WellCar	e Medicare	 Well	lCare	 WellCar	e Medicare	 WellCare	e Medicare WellCare Medicare			
	er (PDP)		us (PDP)		ct (PDP)	Rx Saver (PDP)		Value Plus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$1. 00	\$0. 00	\$15 .00	\$45 .00	\$3 .00	\$9 .00	\$10 .00	\$30. 00	
\$3. 00	\$7.50	\$4. 00	\$10 .00	\$20 .00	\$60 .00	\$6 .00	\$18 .00	\$20 .00	\$60 .00	
\$34 .00	\$85 .00	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$45 .00	\$135 .00	\$47 .00	\$141 .00	
38%	38%	47%	47%	49%	49%	43%	43%	47%	47%	

25%

N/A

33%

N/A

N/A

33%

25%

N/A

Region 34 State(s) AK

Monthly Premium: Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if		Preferred Mail						
	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$0. 00
Tier 2: Generic Drug	\$1 .00	\$3. 00	\$5. 00	\$15 .00	\$6 .00	\$18 .00	\$1 .00	\$2.50
Tier 3: Preferred Brand Drug	\$31 .00	\$93. 00	\$40 .00	\$120 .00	\$43. 00	\$129 .00	\$31 .00	\$77.50
Tier 4: Non-Preferred Drug	33%	33%	46%	46%	47%	47%	33%	33%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	25%	N/A	25%	N/A

Region 34

State(s) AK

		Preferred Retail cost-sharing (in-network)						
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$1 .00	\$3 .00	\$0 .00	\$0 .00
Tier 2: Generic Drug	\$3. 00	\$9. 00	\$3 .00	\$9 .00	\$4 .00	\$12 .00	\$3. 00	\$7.50
Tier 3: Preferred Brand Drug	\$47 .00	\$141 .00	\$35 .00	\$105 .00	\$47 .00	\$141 .00	\$47 .00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	40%	40%	48%	48%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	WellCare C	lassic (PD)	P)	Well Car	re Wellness	R _v (PDP)	WellCare Value Script (PDP)			
WellCare Classic (PDP) \$31.40				Wenca	\$14.20	KX (I DI)	\$17.10			
\$435					\$435			\$435		
	on all tiers				Tiers 3 to 5	;		Tiers 3 to 5	;	
cost-shar	ing			Stand	lard Retail a	1 and Mail Service cost-sharing (in network)				
Wel	WellCare WellCare		WellCare V			WellCare WellCare				
Wellness	s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$0 .00	\$0 .00	\$2 .00	\$6 .00	\$8 .00	\$24 .00	\$5 .00	\$15 .00	
\$5. 00	\$12.50	\$6 .00	\$15 .00	\$4 .00	\$12 .00	\$15 .00	\$45 .00	\$11. 00	\$33.00	
\$40 .00	\$100 .00	\$43 .00	\$107.50	\$43 .00	\$129 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellCare Medicare Rx Select (PDP)				Well	Care Medic Saver (PDF		WellCare Medicare Rx Value Plus (PDP)			
	\$22	2.20			\$33.90			\$74.40		
		35		\$435 No Deductible						
		3 to 5		1	on all tiers					
cost-shar	ing			Stand	lard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
WellCar	e Medicare	Wel	1Care	WellCare Medicare WellCare			e Medicare WellCare Medicare			
Rx Sav	er (PDP)	Value Pl	lus (PDP)	Rx Sele	ect (PDP)	Rx Saver (PDP)		Value Plus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0 .00	\$0 .00	\$1 .00	\$0 .00	\$15 .00	\$45 .00	\$3 .00	\$9 .00	\$10 .00	\$30 .00	
\$3. 00	\$7.50	\$4 .00	\$10 .00	\$20 .00	\$60 .00	\$12 .00	\$36 .00	\$20 .00	\$60 .00	
\$35 .00	\$87.50	\$47 .00	\$117.50	\$47 .00	\$141 .00	\$47 .00	\$141 .00	\$47 .00	\$141 .00	
40%	40%	48%	48%	49%	49%	50%	50%	48%	48%	

25%

N/A

33%

N/A

N/A

33%

25%

N/A

Medicare Part D Prescription Drug Coverage Information

Medicare Part D Prescription Drug Coverage includes four cost-sharing stages. The amount you pay to fill your prescription drugs depends on the payment stage you are in. To find out more information about the payment stages, read through the descriptions that follow.

Cost-sharing may change depending on the pharmacy's status as preferred or non-preferred, mail-order, Long Term Care (LTC) or home infusion, and 30 or 90 days supply. When you move from one phase of the Part D benefit to another, your cost-sharing may change as well. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

1 DEDUCTIBLE

Some plans require you to pay a deductible before they start covering your prescription drugs.

See the region table for your specific states for cost share amounts.

PLAN DESCRIPTIONS

Classic/Saver

WellCare Classic (PDP) and WellCare Medicare Rx Saver (PDP) plans typically work best for members who take prescriptions occasionally or only a few each month and who are also looking for a plan with a low premium. This plan also works well for members that have Extra Help.

Value Plus

WellCare Medicare Rx Value Plus (PDP) plan typically works best for members who take several prescriptions each month and are looking for no deductible.

Value Script, Select, Wellness Rx

WellCare Value Script (PDP), WellCare Medicare Rx Select (PDP) and WellCare Wellness Rx (PDP) plans typically work best for members who don't take many prescriptions and are looking for a plan with a low premium. This plan also has no deductible on Tiers 1 and 2.

2 INITIAL COVERAGE

You pay the following until your total yearly drug cost reaches \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan at network retail pharmacies and mail order pharmacies.

3 COVERAGE GAP

(Donut Hole)

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,020.

After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,350, which is the end of the coverage gap.

~ Most members will not reach this stage.

4 CATASTROPHIC COVERAGE

After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail service order) reach \$6,350, you pay the greater of:

- 5% of the cost, or
- \$3.60 co-pay for generic (including brand drugs treated as generic) and an \$8.95 co-payment for all other drugs.

Important note: Initial Coverage Limit and Out-of-Pocket Threshold amounts may change on January 1 of each year.

WellCare Health Plans, Inc., 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc., (PDP) is a Medicare-approved Part D sponsor. Enrollment in the plans depends on contract renewal. Wellcare Prescription Drug Plan Inc.'s pharmacy network includes limited lower-cost, preferred pharmacies in suburban areas of CO, CT, HI, MA, ME, NH, NY, RI, VT; rural areas of AK, AR, IA, KS, MN, MO, MT, ND, NE, OK, SD, WI, WY; and urban areas of AL, CT, MA, ME, MS, NH, NY, RI, TN, VT. 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 whether there are any lower-cost preferred pharmacies in your area, please call 1-833-207-4241 (TTY 711) for Rx Saver, Rx Select, and Rx Value Plus plans and 1-888-550-5252 (TTY 711) for Classic, Value Script, and Wellness Rx plans or consult the online pharmacy directory at www.wellcare.com/PDP.

Our plans use a formulary. You have the choice to sign up for automated mail service delivery. You can get prescription drugs shipped to your home through our network mail service delivery program. You should expect to receive your prescription drugs within 10-14 calendar days from the time that the mail service pharmacy receives the order. If you do not receive your prescription drugs within this time, please contact us at 1-866-892-9006 (TTY 1-866-507-6135), 24 hours a day, seven days a week, or visit mailrx.wellcare.com. Please contact your plan for details.

Multi-Language Insert Multi-language Interpreter Services

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)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-374-4056 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-374-4056** (TTY: **711**)번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-374-4056** (TTY: **711**).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-374-4056** (TTY: **711**).

مقرب لصت المناجم المناوت توقيع غلل قدعاسمال تامدخ ناف ، قغلل الكذا شدحت تنك اذا : تظول مقرب لصت المناه مقر) 1-877-374-4056 مقرب لصال فتاه مقر) 4056-778-1

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-374-4056** (TTY: **711**).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-374-4056** (TTY: **711**).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-374-4056 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-374-4056** (TTY: **711**).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-374-4056** (TTY: **711**).

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-877-374-4056 (TTY: 711) まで、お電話にてご連絡ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-374-4056** (TTY: **711**).

ناگیار تروصب ینابز تالیهست ،دینک یم وگتفگ یسراف نابز هب رگا :هجوت داگیار تروصب ینابز می ۱۸۵۰ (TTY: 711 اب دشاب یم مهارف امش یارب .دیریگب سامت (TTY: 711) 4056-374-15-1 اب دشاب یم مهارف

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-374-4056 (TTY: 711) पर कॉल करें।

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-877-374-4056 (TTY (հեռատիպ)՝ 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-374-4056 (TTY: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1-877-374-4056** (TTY: **711**).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں **4056-377-1-1-1** (**711** :TTY).

បុរយ័ត្**ន៖ បីសិនជាអ្**នកនិយាយ ភាសាខ្**មរៃ, សវោជំនួយផ្**នកែភាសា ដាយមិនគិតឈ្**នួល គឺអាចមានសំរាប់បីរីអ្**នក។ ចូរ ទូរស័ព្ទទ**1-877-374-4056** (TTY: **711**)។

ਧਿਆਨ ਦਓਿ: ਜੇ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-877-374-4056** (TTY: **711**) ਤੇ ਕਾਲ ਕਰੋ।.

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলত েপারনে, তাহল েনিঃখরচায় ভাষা সহায়তা পরষিবো উপলব্ধ আছ।ে ফ∙োন করুন 1-877-374-4056 (TTY: 711)।

טפור לאצפא וופ יירפ סעסיוורעס ףליה דארפש דייא ראפ ואהראפ וענעז ,שידיא טדער ריא ביוא פאזקרעמפיוא פור .לאצפא וופ יירפ סעסיוורעס ףליה דארפש דייא ראפ ואהראפ (TTY: 711).

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-877-374-4056 (TTY: 711).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-877-374-4056 (መስማት ለተሳናቸው: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-877-374-4056** (TTY: **711**).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-877-374-4056** (TTY: **711**).

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call **1-877-374-4056** (TTY: **711**).

ATENSIÓN: Yanggen un tungó [I linguahén Chamoru], i setbision linguahé gaige para hagu dibatde ha. Agang I **1-877-374-4056** (TTY: **711**).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-877-374-4056** (TTY: **711**).

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti **1-877-374-4056** (TTY: **711**).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ **1-877-374-4056** (TTY: **711**).

DÍÍ BAA AKÓ NÍNÍZIN: Díí Diné bizaad bee yáníłti'go, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, ná hóló. Koji' hódíílnih **1-877-374-4056** (TTY: **711**).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-877-374-4056** (TTY: **711**).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-877-374-4056** (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: **711**).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-877-374-4056** (телетайп: **711**).

رَهُوَةَ اللَّهُ اللَّهُ اللَّهُ اللَّهُ مَوْمِ مِحْرِهِ بِلْفُهُ لِتُنَّهُ مَاهُ أَنَّهُ، هَيِهُ مَ مَوْمُ لَ (TTY: 711). حَيْثَهُ بِعُ مِنْهُ خَلْ مِينَةُ 4056-787-1-1871

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-877-374-4056 (TTY: 711).

ध्यान दिनुहोस्: तपार्इंले नेपाली बोल्नुहुन्छ भने तपार्इंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-877-374-4056 (टिटिवाइ: 711) ।

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel **1-877-374-4056** (TTY: **711**).

ပဉ်သူဉ်ဟိသး-နမ္ါကတိၤ ကညီ ကျိဉ်အား , နမၤန္း ကျိဉ်အားတာမၤစားလ၊ တလာဉ်ဘူဉ်လာဉ်စ္၊ နီတမံးဘဉ်သံ့နှဉ်လီး. ကိုး 1-877-374-4056 (TTY: 711).

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbal in jipañ ilo kajin ne am ejjelok wōnāān. Kaalok **1-877-374-4056** (TTY: **711**).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-877-374-4056 (TTY: 711) သို့ ခေါ် ဆိုပါ။.

ATENŢIE: Dacă vorbiţi limba română, vă stau la dispoziţie servicii de asistenţă lingvistică, gratuit. Sunaţi la 1-877-374-4056 (TTY: 711).

MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-877-374-4056** (TTY: **711**).

E NĀNĀ MAI: Inā hoʻopuka ʻoe i ka ʻōlelo [hoʻokomo ʻōlelo], loaʻa ke kōkua manuahi iā ʻoe. E kelepona iā **1-877-374-4056** (TTY: **711**).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-877-374-4056** (TTY: **711**).

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call **1-877-374-4056** (TTY: **711**).

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona **1-877-374-4056** (TTY: **711**).

ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-877-374-4056** (TTY: **711**).

ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmma im anompoli chi bvnnakmvt, holhtina pa payah: **1-877-374-4056** (TTY: **711**).

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-877-374-4056 (TTY: 711).

Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-877-374-4056 (TTY: 711).

PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi **1-877-374-4056** (TTY: **711**).

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. **1-877-374-4056** (TTY: **711**) irtibat numaralarını arayın.

،نامز یتهمرای یناکهیرازوگتهمزخ ،تیهکهد هسهق یدروک ینامز هب رهگهئ :یراداگائ .هکب 711) ATP) 374-4056-787-1 هب یدنهویهپ .هتسهدرهب وّت وّب ،ییارِوّخهب

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona **1-877-374-4056** (TTY: **711**).

శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. **1-877-374-4056** (TTY: **711**) కు కాల్ చేయండి.

PIŊ KENE: Na ye jam në Thuoŋjaŋ, ke kuony yenë koc waar thook atö kuka lëu yök abac ke cïn wënh cuatë piny. Yuopë **1-877-374-4056** (TTY: **711**).

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring **1-877-374-4056** (TTY: **711**).

ATENCIÓ: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al **1-877-374-4056** (TTY o teletip: **711**).

Discrimination is Against the Law

WellCare Health Plans, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. WellCare Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

WellCare Health Plans, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact WellCare Customer Service for help or you can ask Customer Service to put you in touch with a Civil Rights Coordinator who works for WellCare.

If you believe that WellCare Health Plans, Inc., has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

WellCare Health Plans, Inc.

Grievance Department

P.O. Box 31384

Tampa, FL 33631-3384

Telephone: 1-866-530-9491 TTY: 711 Fax: 1-866-388-1769 Email: Operational Grievance@wellcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a WellCare Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

* This Nondiscrimination Notice also applies to all subsidiaries of WellCare Health Plans, Inc.

P	re-Enrollment Checklist	
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Bef	re making an enrollment decision, it is important that you fully understand our benefits and If you have any questions, you can call and speak to a customer service representative at 8-293-5151 (TTY 711).	

Understanding the Benefits ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.wellcare.com/PDP or call1-888-293-5151 to view a copy of the EOC. ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor. ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. Understanding Important Rules ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021. ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).







Contact Us



For more information, please call us at the phone number below or visit us at www.wellcare.com/pdp.

- Not yet a member? Please call us toll-free at **1-888-293-5151** (TTY **711**). Your call may be answered by a licensed agent.
- Already a member? Please call us toll-free at
 - 1-833-207-4241 (TTY 711) for Rx Saver, Rx Select, and Rx Value Plus plans or
 - 1-888-550-5252 (TTY 711) for Classic, Value Script, and Wellness Rx plans.



Hours of Operation

- Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m.
- Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.



Formularies and Directories

You can see our plan's Provider/Pharmacy Directory and our complete plan formulary (list of Part D prescription drugs) at our website: **www.wellcare.com/pdp**. Or, call us and we'll send you a copy. We're with our members every step of the way.





