

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 Select (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 (www.wellcare.com/PDP). 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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)			
\$29.50				\$13.70		\$16.70			
\$435				\$435		\$435			
on all tiers				Tiers 3 to 5		Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)					
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$20.20				\$32.10		\$68.60			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	33%	N/A

Region 02								Monthly Premium:
State(s) CT, MA, RI, VT								Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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								Monthly Premium:
State(s) CT, MA, RI, VT								Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$31.90				\$13.30				\$15.70			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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		
\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$21.90				\$35.10		\$70.30			
\$400				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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%	44%	44%	47%	47%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 03

State(s) NY

Monthly Premium:

Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:

Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$35.40				\$14.20				\$17.20			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$35.70				\$38.00		\$74.60			
\$300				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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

WellCare Classic (PDP)				WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)			
\$34.90				\$13.30		\$15.70			
\$435				\$435		\$435			
on all tiers				Tiers 3 to 5		Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)					
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$24.00				\$37.50		\$74.60			
\$345				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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%	42%	42%	48%	48%
25%	N/A	33%	N/A	26%	N/A	25%	N/A	33%	N/A

Region 05
State(s) DC, DE, MD

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$27.50				\$13.30				\$15.70			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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		
\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$21.90				\$30.10		\$70.60			
\$425				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	25%	N/A	33%	N/A

Region 06
State(s) PA, WV

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$33.60				\$14.20				\$17.20			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$21.90				\$35.00		\$71.80			
\$415				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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

WellCare Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$26.60				\$13.20				\$16.20			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$15.60				\$31.10		\$69.80			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	25%	N/A	33%	N/A

Region 08 State(s) NC							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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

WellCare Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$25.40				\$13.70				\$16.70			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$21.90				\$27.80		\$71.80			
\$365				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	26%	N/A	25%	N/A	33%	N/A

Region 09 State(s) SC							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$32.20				\$13.80				\$16.80			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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		
\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$21.80				\$21.20		\$73.40			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	25%	N/A	33%	N/A

Region 10 State(s) GA							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$31.40				\$13.20				\$16.20			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$21.90				\$23.20		\$74.60			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	25%	N/A	33%	N/A

Region 11 State(s) FL							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)			
\$25.90				\$13.20		\$15.10			
\$435				\$435		\$435			
on all tiers				Tiers 3 to 5		Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)					
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$21.90				\$46.30		\$74.00			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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%	45%	45%	47%	47%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 12 State(s) AL, TN							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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

WellCare Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$28.50				\$14.20				\$17.20			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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%	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)			
\$19.40				\$31.00		\$70.10			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	25%	N/A	33%	N/A

Region 13

State(s) MI

Monthly Premium:

Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:

Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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

WellCare Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$29.40				\$13.70				\$16.80			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$21.90				\$32.10		\$64.50			
\$315				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	27%	N/A	25%	N/A	33%	N/A

Region 14 State(s) OH							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$30.20				\$14.20				\$17.10			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		
\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$21.10				\$33.00		\$70.90			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 15
State(s) IN, KY

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)			
\$29.90				\$14.20		\$17.20			
\$435				\$435		\$435			
on all tiers				Tiers 3 to 5		Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)					
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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
\$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

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$18.70				\$32.70		\$69.60			
\$415				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	25%	N/A	33%	N/A

Region 16 State(s) WI							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				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 and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		
\$43.00	\$107.50	\$43.00	\$107.50	\$45.00	\$135.00	\$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)			
\$22.30				\$38.60				\$72.00			
\$300				\$435				No Deductible			
Tiers 3 to 5				on all tiers							
cost-sharing				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		
\$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 applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$24.50				\$13.20				\$16.20			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$15.50				\$27.00		\$71.70			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$28.00	\$70.00	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00
40%	40%	47%	47%	49%	49%	45%	45%	47%	47%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 18
State(s) MO

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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

WellCare Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$29.70				\$13.70				\$16.70			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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%	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				\$32.20		\$68.40			
\$330				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	27%	N/A	25%	N/A	33%	N/A

Region 19 State(s) AR							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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

WellCare Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$23.40				\$15.60				\$18.70			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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		
\$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	25%	N/A		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$22.10				\$26.10		\$69.20			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	25%	N/A	33%	N/A

Region 20 State(s) MS							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$26.90				\$13.20				\$15.30			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$20.10				\$24.20		\$75.70			
\$415				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	25%	N/A	33%	N/A

Region 21

State(s) LA

Monthly Premium:

Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:

Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$27.30				\$15.70				\$18.00			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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-sharing				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
\$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:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$20.40				\$13.30				\$14.70			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$20.90				\$24.20		\$74.70			
\$415				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	25%	N/A	33%	N/A

Region 23
State(s) OK

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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

WellCare Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$27.70				\$14.20				\$17.20			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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%	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				\$30.30		\$100.60			
\$400				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	25%	N/A	33%	N/A

Region 24 State(s) KS							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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%	36%	36%	50%	50%	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)			
\$30.00				\$14.90				\$18.00			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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	\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$20.90				\$32.40		\$71.90			
\$400				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$28.00	\$70.00	\$47.00	\$117.50	\$47.00	\$141.00	\$40.00	\$120.00	\$47.00	\$141.00
36%	36%	50%	50%	49%	49%	42%	42%	50%	50%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 25

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

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$29.30				\$13.80				\$16.70			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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%	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)			
\$20.70				\$34.00		\$72.40			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$28.00	\$70.00	\$47.00	\$117.50	\$47.00	\$141.00	\$40.00	\$120.00	\$47.00	\$141.00
38%	38%	50%	50%	49%	49%	45%	45%	50%	50%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 26
State(s) NM

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$22.40				\$13.20				\$16.10			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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					
cost-sharing				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
\$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:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$29.10				\$14.90				\$17.90			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$20.90				\$31.80		\$74.50			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	25%	N/A	33%	N/A

Region 28
State(s) AZ

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)			
\$24.90				\$14.50		\$17.40			
\$435				\$435		\$435			
on all tiers				Tiers 3 to 5		Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)					
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$13.10				\$31.70		\$73.30			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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	\$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	25%	N/A	33%	N/A

Region 29
State(s) NV

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$29.20				\$15.00				\$17.90			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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		
\$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%	N/A		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$22.20				\$23.00		\$74.50			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$30.20				\$15.70				\$18.30			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$20.10				\$32.60		\$67.30			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	33%	N/A

Region 31 State(s) ID, UT							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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							Monthly Premium: Annual Deductible:	
Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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-sharing				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	\$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:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:
Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 (PDP)			
\$31.30				\$13.70				\$16.80			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$23.80				\$34.10		\$74.50			
\$385				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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
\$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	25%	N/A	25%	N/A	33%	N/A

Region 33

State(s) HI

Monthly Premium:

Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:

Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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

WellCare Classic (PDP)				WellCare Wellness Rx (PDP)				WellCare Value Script (PDP)			
\$25.60				\$14.20				\$17.20			
\$435				\$435				\$435			
on all tiers				Tiers 3 to 5				Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)							
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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		

WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$22.00				\$22.90		\$69.90			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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	\$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	25%	N/A	25%	N/A	33%	N/A

Region 34

State(s) AK

Monthly Premium:

Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	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	\$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

Monthly Premium:

Annual Deductible:

Initial Coverage Stage (after you pay your deductible, if applicable)	Preferred Retail cost-sharing (in-network)						Preferred Mail	
	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (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	\$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 Classic (PDP)				WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)			
\$31.40				\$14.20		\$17.10			
\$435				\$435		\$435			
on all tiers				Tiers 3 to 5		Tiers 3 to 5			
cost-sharing				Standard Retail and Mail Service cost-sharing (in network)					
WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare 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	\$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)				WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)			
\$22.20				\$33.90		\$74.40			
\$435				\$435		No Deductible			
Tiers 3 to 5				on all tiers					
cost-sharing				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	\$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	25%	N/A	25%	N/A	33%	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 لصتا. نأجل اب كل رفاوتت ةيوعلل ا قدعاسمل ا تامدخ نإف ، ةغلل ا ركذا شدحتت تنك اذل : قظوحلم
(711: مكبل او مصل افتاه مقرر) 1-877-374-4056

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**).

انگاری تروصب ینابز تالی هست، دینک یم وگت فگ یراف نابز هب رگا: هجوت
دیری گب سامت 1-877-374-4056 (TTY: 711) اب. دشاب یم مہارف امش یارب.

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

በኮሚኒኬሽን ማዕከል 'ኮይ ከሕዝብ ጋር ለመገናኛ' ለሕዝብ ልዩ ልዩ ስልክ ተብሎ የሚጠራው ስልክ በዚህ ቁጥር **1-877-374-4056 (TTY: 711)** ላይ ይገኛል፡፡

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક 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 **1-877-374-4056 (TTY: 711)**.

ប្រយ័ត្ន៖ ប៊ីសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សំដៅជំនួយជូនកែភាសា ដោយមិនគិតលុយនោះឡើយ គឺអាចមានសំរាប់ប៊ីអ្នក។ ចូរ
ទូរស័ព្ទ **1-877-374-4056 (TTY: 711)**។

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

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন
করুন **1-877-374-4056 (TTY: 711)**।

סיוע בשפה: אם אתם מדברים עברית, אתם יכולים לקבל סיוע בשפה חינם. פנו **1-877-374-4056 (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 ሊያገለግሉት ተዘጋጅተዋል፡ 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 [Deutsch (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 llocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti **1-877-374-4056** (TTY: **711**).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-374-4056 (TTY: 711).

DÍÍ BAA AKÓ NÍNÍZIN: Díí Diné bizaad bee yáníłti'go, saad bee áká'anida'áwo'déé', t'áá jiik'eh, ná hóló. Kojí' 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**).

1-877-374-4056 (TTY: 711)

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

ध्यान दानिहोस्: तपाइंले नेपाली बोल्नुहुन्छ भने तपाइंको नम्रिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-877-374-4056** (टटिवाइ: **711**) ।

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

ဟိသျှပ်ဟိသး-နမ့်ကတိၤ ကညီ ကျိၣ်အဃိ, နမၤန့ၣ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်တူၣ်လၢၣ်စ့ၤ နီတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိ: **1-877-374-4056** (TTY: **711**).

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjelōk wōñāān. Kaalōk **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 ခေါ်ဆိုပါ။

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați 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 ho'opuka 'oe i ka 'ōlelo [ho'okomo 'ōlelo], loa'a ke kōkua manuahi iā 'oe. 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 تہم رای یناکی رازوگ تہم زخ، تی کەدە سەق یدروک ینامز ہ رہ گئی،
ہکە 711 (TTY 1-877-374-4056 ہ یندەوی پە. سەدرە بۆت وۆ، یی اړوخ ہ

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

శ్రద్ధ పాట టండ్ర: ఒకవేళ మేరు తొలుగు భాష మాటలాడుతున్నట్లయితే, మేరకు తొలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. **1-877-374-4056** (TTY: **711**) కు కాల్ చేయండి.

PIŋ KENE: Na ye jam nē Thuonjan, ke kuony yenē kɔc waar thook atō kuka lëu yök abac ke cîn 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: **OperationalGrievance@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.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-888-293-5151** (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 call 1-888-293-5151 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.

