

2021

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.

A **Prescription Drug Plan (PDP)** is one option for individuals who want to enroll in the Medicare Part D prescription drug coverage, which subsidizes the costs of prescription drugs for enrollees. A prescription drug plan (PDP) is a stand-alone plan, covering only prescription drugs.

Who can join?

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/TDD 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/TDD **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								Monthly Premium:
State(s) ME, NH								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	\$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 01								Monthly Premium:
State(s) ME, NH								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	\$5.00	\$15.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$36.00	\$108.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	41%	41%	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)			
\$26.70	\$15.20				\$17.20			
\$445	\$445				\$445			
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	\$7.00	\$17.50	\$6.00	\$18.00	\$15.00	\$45.00	\$12.00	\$36.00
\$40.00	\$100.00	\$43.00	\$107.50	\$40.00	\$120.00	\$47.00	\$141.00	\$47.00	\$141.00
46%	46%	47%	47%	42%	42%	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)			
\$24.70	\$35.50				\$75.60			
\$445	\$445				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
\$5.00	\$12.50	\$4.00	\$10.00	\$20.00	\$60.00	\$10.00	\$30.00	\$20.00	\$60.00
\$36.00	\$90.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
41%	41%	50%	50%	49%	49%	41%	41%	50%	50%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

<div> <div>Region 02</div> <div>State(s) CT, MA, RI, VT</div> </div>							<div>Monthly Premium:</div> <div>Annual Deductible:</div>	
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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	\$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

<div> <div>Region 02</div> <div>State(s) CT, MA, RI, VT</div> </div>							<div>Monthly Premium:</div> <div>Annual Deductible:</div>	
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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	\$42.00	\$126.00	\$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

<div> <div>WellCare Classic (PDP)</div> <div>\$31.00</div> <div>\$445</div> <div>on all tiers</div> </div>				<div> <div>WellCare Wellness Rx (PDP)</div> <div>\$14.40</div> <div>\$445</div> <div>Tiers 3 to 5</div> </div>				<div> <div>WellCare Value Script (PDP)</div> <div>\$16.20</div> <div>\$445</div> <div>Tiers 3 to 5</div> </div>	
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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
\$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	\$35.00	\$105.00	\$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

<div> <div>WellCare Medicare Rx Select (PDP)</div> <div>\$26.40</div> <div>\$400</div> <div>Tiers 3 to 5</div> </div>				<div> <div>WellCare Medicare Rx Saver (PDP)</div> <div>\$35.70</div> <div>\$445</div> <div>on all tiers</div> </div>				<div> <div>WellCare Medicare Rx Value Plus (PDP)</div> <div>\$74.40</div> <div>No Deductible</div> </div>	
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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
\$42.00	\$105.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
37%	37%	47%	47%	49%	49%	38%	38%	47%	47%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 03								Monthly Premium:
State(s) NY								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	\$4.00	\$12.00	\$5.00	\$15.00	\$6.00	\$18.00	\$4.00	\$10.00
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 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	\$42.00	\$126.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	35%	35%	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)			
\$34.80	\$15.60				\$17.70			
\$445	\$445				\$445			
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	\$7.00	\$21.00	\$15.00	\$45.00	\$11.00	\$33.00
\$40.00	\$100.00	\$43.00	\$107.50	\$36.00	\$108.00	\$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)			
\$40.20	\$36.80				\$82.00			
\$300	\$445				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	\$7.00	\$21.00	\$20.00	\$60.00
\$42.00	\$105.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
35%	35%	43%	43%	45%	45%	36%	36%	43%	43%
25%	N/A	33%	N/A	27%	N/A	25%	N/A	33%	N/A

Region 04							Monthly Premium:	
State(s) NJ							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	\$5.00	\$15.00	\$5.00	\$15.00	\$6.00	\$18.00	\$5.00	\$12.50
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	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	\$3.00	\$9.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$42.00	\$126.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	36%	36%	46%	46%	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)			
\$33.90	\$14.80				\$16.30			
\$445	\$445				\$445			
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	\$8.00	\$24.00	\$15.00	\$45.00	\$11.00	\$33.00
\$41.00	\$102.50	\$43.00	\$107.50	\$35.00	\$105.00	\$47.00	\$141.00	\$47.00	\$141.00
48%	48%	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)			
\$28.50	\$35.50				\$78.80			
\$345	\$445				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
\$3.00	\$7.50	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00
\$42.00	\$105.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
36%	36%	46%	46%	49%	49%	37%	37%	46%	46%
25%	N/A	33%	N/A	26%	N/A	25%	N/A	33%	N/A

<div> <div>Region 05</div> <div>State(s) DC, DE, MD</div> </div>							<div> <div>Monthly Premium:</div> <div>Annual Deductible:</div> </div>	
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	\$4.00	\$12.00	\$8.00	\$24.00	\$8.00	\$24.00	\$4.00	\$10.00
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
<div> <div>Region 05</div> <div>State(s) DC, DE, MD</div> </div>							<div> <div>Monthly Premium:</div> <div>Annual Deductible:</div> </div>	
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	\$4.00	\$12.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$43.00	\$129.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	36%	36%	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)	
\$28.30				\$14.90				\$16.20	
\$445				\$445				\$445	
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	\$8.00	\$24.00	\$15.00	\$45.00	\$13.00	\$39.00
\$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)	
\$26.40				\$30.00				\$76.60	
\$425				\$445				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	\$1.00	\$3.00	\$10.00	\$30.00
\$4.00	\$10.00	\$4.00	\$10.00	\$20.00	\$60.00	\$9.00	\$27.00	\$20.00	\$60.00
\$43.00	\$107.50	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
36%	36%	47%	47%	49%	49%	37%	37%	47%	47%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 06								Monthly Premium:
State(s) PA, WV								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	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								Monthly Premium:
State(s) PA, WV								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	\$40.00	\$120.00	\$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)			
\$33.80	\$15.70				\$17.80			
\$445	\$445				\$445			
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	\$8.00	\$24.00	\$15.00	\$45.00	\$11.00	\$33.00
\$40.00	\$100.00	\$43.00	\$107.50	\$38.00	\$114.00	\$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)			
\$26.40	\$35.90				\$75.60			
\$415	\$445				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	\$1.00	\$3.00	\$10.00	\$30.00
\$3.00	\$7.50	\$4.00	\$10.00	\$20.00	\$60.00	\$7.00	\$21.00	\$20.00	\$60.00
\$40.00	\$100.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
40%	40%	50%	50%	49%	49%	40%	40%	50%	50%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 07							Monthly Premium:	
State(s) VA							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	\$7.00	\$21.00	\$8.00	\$24.00	\$3.00	\$7.50
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 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	\$5.00	\$15.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$37.00	\$111.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	42%	42%	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)			
\$24.50	\$14.80				\$16.30			
\$445	\$445				\$445			
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	\$9.00	\$27.00	\$15.00	\$45.00	\$13.00	\$39.00
\$40.00	\$100.00	\$43.00	\$107.50	\$35.00	\$105.00	\$47.00	\$141.00	\$47.00	\$141.00
46%	46%	47%	47%	41%	41%	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	\$34.50				\$74.60			
\$445	\$445				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	\$1.00	\$3.00	\$10.00	\$30.00
\$5.00	\$12.50	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00
\$37.00	\$92.50	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
42%	42%	49%	49%	49%	49%	42%	42%	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	\$30.00	\$90.00	\$43.00	\$129.00	\$43.00	\$129.00	\$30.00	\$75.00
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	\$5.00	\$15.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$40.00	\$120.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	35%	35%	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)			
\$24.90				\$15.30		\$17.20			
\$445				\$445		\$445			
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	\$8.00	\$24.00	\$15.00	\$45.00	\$12.00	\$36.00
\$43.00	\$107.50	\$43.00	\$107.50	\$38.00	\$114.00	\$47.00	\$141.00	\$47.00	\$141.00
48%	48%	49%	49%	42%	42%	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)			
\$26.40				\$26.50		\$76.60			
\$365				\$445		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
\$5.00	\$12.50	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00
\$40.00	\$100.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
35%	35%	47%	47%	49%	49%	35%	35%	47%	47%
25%	N/A	33%	N/A	26%	N/A	25%	N/A	33%	N/A

Region 09								Monthly Premium:
State(s) SC								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	\$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	26%	N/A	26%	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	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$6.00	\$18.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$42.00	\$126.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	36%	36%	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)			
\$34.20	\$16.70				\$19.70			
\$445	\$350				\$350			
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	\$9.00	\$27.00	\$15.00	\$45.00	\$13.00	\$39.00
\$40.00	\$100.00	\$43.00	\$107.50	\$40.00	\$120.00	\$47.00	\$141.00	\$47.00	\$141.00
46%	46%	47%	47%	46%	46%	50%	50%	50%	50%
26%	N/A	26%	N/A	25%	N/A	26%	N/A	26%	N/A

WellCare Medicare Rx Select (PDP)	WellCare Medicare Rx Saver (PDP)				WellCare Medicare Rx Value Plus (PDP)			
\$26.90	\$23.60				\$79.20			
\$445	\$445				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	\$0.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$8.00	\$24.00
\$6.00	\$15.00	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00
\$42.00	\$105.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
36%	36%	47%	47%	49%	49%	36%	36%	47%	47%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 10							Monthly Premium:	
State(s) GA							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	\$32.00	\$96.00	\$39.00	\$117.00	\$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 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	\$5.00	\$15.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$36.00	\$108.00	\$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)			
\$31.50	\$15.10				\$17.00			
\$445	\$445				\$445			
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	\$7.00	\$21.00	\$15.00	\$45.00	\$13.00	\$39.00
\$39.00	\$97.50	\$43.00	\$107.50	\$37.00	\$111.00	\$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)			
\$26.40	\$24.90				\$78.30			
\$445	\$445				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	\$1.00	\$3.00	\$10.00	\$30.00
\$5.00	\$12.50	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00
\$36.00	\$90.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
37%	37%	49%	49%	49%	49%	37%	37%	49%	49%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 11							Monthly Premium:	
State(s) FL							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	\$28.00	\$84.00	\$42.00	\$126.00	\$43.00	\$129.00	\$28.00	\$70.00
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	\$30.00	\$90.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	43%	43%	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)			
\$26.60	\$14.70				\$15.60			
\$445	\$445				\$445			
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	\$7.00	\$17.50	\$3.00	\$9.00	\$15.00	\$45.00	\$12.00	\$36.00
\$42.00	\$105.00	\$43.00	\$107.50	\$35.00	\$105.00	\$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)			
\$26.40	\$49.80				\$77.80			
\$445	\$445				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
43%	43%	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								Monthly Premium:
State(s) AL, TN								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	\$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 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	\$5.00	\$15.00	\$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%	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)			
\$27.20	\$15.70				\$17.80			
\$445	\$445				\$445			
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	\$8.00	\$24.00	\$15.00	\$45.00	\$11.00	\$33.00
\$40.00	\$100.00	\$43.00	\$107.50	\$36.00	\$108.00	\$47.00	\$141.00	\$47.00	\$141.00
46%	46%	47%	47%	40%	40%	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)			
\$23.90	\$34.00				\$75.20			
\$445	\$445				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
\$5.00	\$12.50	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00
\$35.00	\$87.50	\$47.00	\$117.50	\$47.00	\$141.00	\$42.00	\$126.00	\$47.00	\$141.00
40%	40%	45%	45%	49%	49%	41%	41%	45%	45%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 13							Monthly Premium:	
State(s) MI							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	\$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	\$3.00	\$9.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$36.00	\$108.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	36%	36%	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)			
\$27.70	\$15.10				\$15.80			
\$445	\$445				\$445			
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
\$40.00	\$100.00	\$43.00	\$107.50	\$34.00	\$102.00	\$47.00	\$141.00	\$47.00	\$141.00
46%	46%	47%	47%	42%	42%	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)			
\$26.30	\$29.30				\$69.60			
\$315	\$445				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
\$3.00	\$7.50	\$4.00	\$10.00	\$20.00	\$60.00	\$6.00	\$18.00	\$20.00	\$60.00
\$36.00	\$90.00	\$47.00	\$117.50	\$47.00	\$141.00	\$46.00	\$138.00	\$47.00	\$141.00
36%	36%	45%	45%	49%	49%	36%	36%	45%	45%
25%	N/A	33%	N/A	27%	N/A	25%	N/A	33%	N/A

Region 14								Monthly Premium:
State(s) OH								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	\$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 14								Monthly Premium:
State(s) OH								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	\$8.00	\$24.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$43.00	\$129.00	\$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)			
\$23.20	\$15.60				\$17.50			
\$445	\$445				\$445			
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	\$7.00	\$21.00	\$15.00	\$45.00	\$11.00	\$33.00
\$40.00	\$100.00	\$43.00	\$107.50	\$35.00	\$105.00	\$47.00	\$141.00	\$47.00	\$141.00
46%	46%	47%	47%	39%	39%	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)			
\$23.20	\$36.00				\$74.60			
\$445	\$445				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	\$5.00	\$15.00	\$10.00	\$30.00
\$8.00	\$20.00	\$4.00	\$10.00	\$20.00	\$60.00	\$15.00	\$45.00	\$20.00	\$60.00
\$43.00	\$107.50	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
39%	39%	47%	47%	49%	49%	39%	39%	47%	47%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 15								Monthly Premium:
State(s) IN, KY								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	\$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 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	\$6.00	\$18.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$40.00	\$120.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	40%	40%	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)			
\$26.50	\$15.80				\$17.70			
\$445	\$445				\$445			
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	\$6.00	\$18.00	\$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%	47%	47%	41%	41%	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)			
\$23.20	\$36.00				\$73.20			
\$415	\$445				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	\$4.00	\$12.00	\$10.00	\$30.00
\$6.00	\$15.00	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00
\$40.00	\$100.00	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00
40%	40%	46%	46%	49%	49%	41%	41%	46%	46%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 16							Monthly Premium:	
State(s) WI							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	\$30.00	\$90.00	\$43.00	\$129.00	\$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 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	\$35.00	\$105.00	\$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)			
\$33.90	\$14.60				\$14.80			
\$445	\$445				\$445			
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
\$43.00	\$107.50	\$43.00	\$107.50	\$35.00	\$105.00	\$47.00	\$141.00	\$47.00	\$141.00
47%	47%	47%	47%	40%	40%	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)			
\$26.80	\$39.50				\$76.10			
\$300	\$445				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
\$35.00	\$87.50	\$47.00	\$117.50	\$47.00	\$141.00	\$46.00	\$138.00	\$47.00	\$141.00
37%	37%	45%	45%	49%	49%	37%	37%	45%	45%
25%	N/A	33%	N/A	27%	N/A	25%	N/A	33%	N/A

Region 17							Monthly Premium:	
State(s) IL							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	\$8.00	\$24.00	\$3.00	\$7.50
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	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	\$4.00	\$12.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$36.00	\$108.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	41%	41%	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)			
\$25.00	\$14.70				\$16.70			
\$445	\$445				\$445			
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	\$6.00	\$18.00	\$15.00	\$45.00	\$13.00	\$39.00
\$41.00	\$102.50	\$43.00	\$107.50	\$37.00	\$111.00	\$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)			
\$20.00	\$26.60				\$77.10			
\$445	\$445				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
\$4.00	\$10.00	\$4.00	\$10.00	\$20.00	\$60.00	\$7.00	\$21.00	\$20.00	\$60.00
\$36.00	\$90.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
41%	41%	47%	47%	49%	49%	41%	41%	47%	47%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

<div> <div>Region 18</div> <div>State(s) MO</div> </div>							<div>Monthly Premium:</div> <div>Annual Deductible:</div>	
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	\$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
<div>Region 18</div> <div>State(s) MO</div>							<div>Monthly Premium:</div> <div>Annual Deductible:</div>	
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	\$5.00	\$15.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$38.00	\$114.00	\$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)	
\$27.50				\$15.20				\$15.40	
\$445				\$445				\$445	
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	\$5.00	\$15.00	\$15.00	\$45.00	\$12.00	\$36.00
\$40.00	\$100.00	\$43.00	\$107.50	\$40.00	\$120.00	\$47.00	\$141.00	\$47.00	\$141.00
46%	46%	47%	47%	38%	38%	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)	
\$23.30				\$35.50				\$73.40	
\$330				\$445				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
\$5.00	\$12.50	\$4.00	\$10.00	\$20.00	\$60.00	\$9.00	\$27.00	\$20.00	\$60.00
\$38.00	\$95.00	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00
37%	37%	50%	50%	49%	49%	38%	38%	50%	50%
25%	N/A	33%	N/A	27%	N/A	25%	N/A	33%	N/A

Region 19								Monthly Premium:
State(s) AR								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	\$3.00	\$9.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$37.00	\$111.00	\$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)			
\$25.00	\$17.00				\$19.10			
\$445	\$445				\$445			
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	\$5.00	\$15.00	\$15.00	\$45.00	\$9.00	\$27.00
\$41.00	\$102.50	\$43.00	\$107.50	\$40.00	\$120.00	\$47.00	\$141.00	\$47.00	\$141.00
46%	46%	47%	47%	41%	41%	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)			
\$26.00	\$26.20				\$75.90			
\$445	\$445				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
\$3.00	\$7.50	\$4.00	\$10.00	\$20.00	\$60.00	\$7.00	\$21.00	\$20.00	\$60.00
\$37.00	\$92.50	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00
37%	37%	46%	46%	49%	49%	38%	38%	46%	46%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 20							Monthly Premium:	
State(s) MS							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	\$4.00	\$12.00	\$5.00	\$15.00	\$7.00	\$21.00	\$4.00	\$10.00
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%	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	\$5.00	\$15.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$39.00	\$117.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	35%	35%	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)			
\$25.10	\$15.20				\$16.30			
\$445	\$445				\$445			
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	\$7.00	\$21.00	\$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
48%	48%	47%	47%	42%	42%	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)			
\$24.60	\$23.80				\$77.10			
\$415	\$445				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
\$5.00	\$12.50	\$4.00	\$10.00	\$20.00	\$60.00	\$11.00	\$33.00	\$20.00	\$60.00
\$39.00	\$97.50	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
35%	35%	49%	49%	49%	49%	36%	36%	49%	49%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 21							Monthly Premium:	
State(s) LA							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	\$4.00	\$12.00	\$2.00	\$5.00
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	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	\$3.00	\$9.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$38.00	\$114.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	35%	35%	49%	49%	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)			
\$26.60	\$17.20				\$18.50			
\$445	\$445				\$445			
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	\$4.00	\$10.00	\$5.00	\$15.00	\$15.00	\$45.00	\$9.00	\$27.00
\$40.00	\$100.00	\$43.00	\$107.50	\$33.00	\$99.00	\$47.00	\$141.00	\$47.00	\$141.00
46%	46%	47%	47%	40%	40%	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)			
\$25.80	\$32.60				\$75.00			
\$385	\$445				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	\$8.00	\$24.00	\$20.00	\$60.00
\$38.00	\$95.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
35%	35%	49%	49%	49%	49%	35%	35%	49%	49%
25%	N/A	33%	N/A	26%	N/A	25%	N/A	33%	N/A

Region 22								Monthly Premium:
State(s) TX								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	\$35.00	\$105.00	\$40.00	\$120.00	\$43.00	\$129.00	\$35.00	\$87.50
Tier 4: Non-Preferred Drug	35%	35%	46%	46%	49%	49%	35%	35%
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	\$4.00	\$12.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$38.00	\$114.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	41%	41%	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)			
\$19.50	\$17.90				\$15.30			
\$445	\$445				\$445			
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
\$4.00	\$10.00	\$6.00	\$15.00	\$2.00	\$6.00	\$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%	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)			
\$27.40	\$31.50				\$76.70			
\$415	\$445				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
\$4.00	\$10.00	\$4.00	\$10.00	\$20.00	\$60.00	\$9.00	\$27.00	\$20.00	\$60.00
\$38.00	\$95.00	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00
41%	41%	46%	46%	49%	49%	42%	42%	46%	46%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 23							Monthly Premium:	
State(s) OK							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	\$6.00	\$18.00	\$3.00	\$7.50
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 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	\$5.00	\$15.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$38.00	\$114.00	\$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)			
\$26.80	\$15.70				\$17.70			
\$445	\$445				\$445			
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
\$6.00	\$15.00	\$6.00	\$15.00	\$10.00	\$30.00	\$15.00	\$45.00	\$11.00	\$33.00
\$40.00	\$100.00	\$43.00	\$107.50	\$37.00	\$111.00	\$47.00	\$141.00	\$47.00	\$141.00
46%	46%	47%	47%	41%	41%	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)			
\$26.60	\$28.40				\$87.90			
\$400	\$445				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	\$5.00	\$15.00	\$10.00	\$30.00
\$5.00	\$12.50	\$4.00	\$10.00	\$20.00	\$60.00	\$10.00	\$30.00	\$20.00	\$60.00
\$38.00	\$95.00	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00
37%	37%	48%	48%	49%	49%	37%	37%	48%	48%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 24								Monthly Premium:
State(s) KS								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	\$5.00	\$15.00	\$2.00	\$5.00
Tier 3: Preferred Brand Drug	\$28.00	\$84.00	\$40.00	\$120.00	\$43.00	\$129.00	\$28.00	\$70.00
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	\$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%	37%	37%	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)			
\$30.30	\$16.40				\$17.60			
\$445	\$445				\$445			
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	\$33.00	\$99.00	\$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)			
\$22.80	\$31.70				\$76.00			
\$400	\$445				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	\$7.00	\$21.00	\$20.00	\$60.00
\$35.00	\$87.50	\$47.00	\$117.50	\$47.00	\$141.00	\$44.00	\$132.00	\$47.00	\$141.00
37%	37%	50%	50%	49%	49%	37%	37%	50%	50%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 25	Monthly Premium:
State(s) IA, MN, MT, ND, NE, SD, WY	
	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	\$4.00	\$12.00	\$7.00	\$21.00	\$3.00	\$7.50
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%	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	Monthly Premium: Annual Deductible:
State(s) IA, MN, MT, ND, NE, SD, WY	

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	\$33.00	\$99.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	39%	39%	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)			
\$28.20	\$15.30				\$15.70			
\$445	\$445				\$445			
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	\$6.00	\$18.00	\$15.00	\$45.00	\$12.00	\$36.00
\$40.00	\$100.00	\$43.00	\$107.50	\$36.00	\$108.00	\$47.00	\$141.00	\$47.00	\$141.00
47%	47%	47%	47%	42%	42%	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)			
\$23.40	\$36.50				\$76.70			
\$445	\$445				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	\$1.00	\$3.00	\$10.00	\$30.00
\$3.00	\$7.50	\$4.00	\$10.00	\$20.00	\$60.00	\$6.00	\$18.00	\$20.00	\$60.00
\$33.00	\$82.50	\$47.00	\$117.50	\$47.00	\$141.00	\$42.00	\$126.00	\$47.00	\$141.00
39%	39%	50%	50%	49%	49%	39%	39%	50%	50%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 26								Monthly Premium:
State(s) NM								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	\$8.00	\$24.00	\$2.00	\$5.00
Tier 3: Preferred Brand Drug	\$30.00	\$90.00	\$39.00	\$117.00	\$43.00	\$129.00	\$30.00	\$75.00
Tier 4: Non-Preferred Drug	40%	40%	47%	47%	47%	47%	40%	40%
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	\$3.00	\$9.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$39.00	\$117.00	\$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)			
\$23.00	\$14.70				\$14.30			
\$445	\$445				\$445			
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	\$40.00	\$120.00	\$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)			
\$23.10	\$25.20				\$76.90			
\$445	\$445				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
\$3.00	\$7.50	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00
\$39.00	\$97.50	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$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								Monthly Premium:
State(s) CO								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	\$5.00	\$15.00	\$2.00	\$5.00
Tier 3: Preferred Brand Drug	\$32.00	\$96.00	\$38.00	\$114.00	\$43.00	\$129.00	\$32.00	\$80.00
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	\$3.00	\$9.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$39.00	\$117.00	\$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)			
\$30.90	\$16.40				\$14.50			
\$445	\$445				\$445			
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	\$6.00	\$18.00	\$15.00	\$45.00	\$10.00	\$30.00
\$38.00	\$95.00	\$43.00	\$107.50	\$38.00	\$114.00	\$47.00	\$141.00	\$47.00	\$141.00
46%	46%	48%	48%	40%	40%	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)			
\$25.40	\$32.30				\$81.50			
\$445	\$445				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	\$8.00	\$24.00	\$20.00	\$60.00
\$39.00	\$97.50	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
38%	38%	45%	45%	49%	49%	40%	40%	45%	45%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 28								Monthly Premium:
State(s) AZ								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	\$10.00	\$30.00	\$3.00	\$7.50
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 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	\$4.00	\$12.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$39.00	\$117.00	\$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)			
\$26.50	\$14.70				\$17.80			
\$445	\$445				\$445			
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	\$8.00	\$24.00	\$15.00	\$45.00	\$15.00	\$45.00
\$40.00	\$100.00	\$43.00	\$107.50	\$38.00	\$114.00	\$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)			
\$17.60	\$32.70				\$83.50			
\$445	\$445				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	\$4.00	\$12.00	\$10.00	\$30.00
\$4.00	\$10.00	\$4.00	\$10.00	\$20.00	\$60.00	\$10.00	\$30.00	\$20.00	\$60.00
\$39.00	\$97.50	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
40%	40%	48%	48%	49%	49%	41%	41%	48%	48%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 29							Monthly Premium:	
State(s) NV							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	\$5.00	\$15.00	\$3.00	\$7.50
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%	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	\$4.00	\$12.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$40.00	\$120.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	37%	37%	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)			
\$32.40	\$15.50				\$18.30			
\$445	\$445				\$445			
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
\$8.00	\$20.00	\$5.00	\$12.50	\$8.00	\$24.00	\$15.00	\$45.00	\$10.00	\$30.00
\$41.00	\$102.50	\$43.00	\$107.50	\$39.00	\$117.00	\$47.00	\$141.00	\$47.00	\$141.00
48%	48%	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)			
\$23.30	\$23.00				\$79.30			
\$445	\$445				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	\$5.00	\$15.00	\$10.00	\$30.00
\$4.00	\$10.00	\$4.00	\$10.00	\$20.00	\$60.00	\$13.00	\$39.00	\$20.00	\$60.00
\$40.00	\$100.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
37%	37%	42%	42%	49%	49%	38%	38%	42%	42%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 30								Monthly Premium:
State(s) OR, WA								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	\$25.00	\$75.00	\$40.00	\$120.00	\$43.00	\$129.00	\$25.00	\$62.50
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	\$35.00	\$105.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	41%	41%	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)			
\$30.50	\$17.20				\$18.70			
\$445	\$445				\$445			
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	\$5.00	\$15.00	\$15.00	\$45.00	\$9.00	\$27.00
\$40.00	\$100.00	\$43.00	\$107.50	\$35.00	\$105.00	\$47.00	\$141.00	\$47.00	\$141.00
46%	46%	47%	47%	42%	42%	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)			
\$24.50	\$33.50				\$71.90			
\$445	\$445				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	\$4.00	\$12.00	\$20.00	\$60.00
\$35.00	\$87.50	\$47.00	\$117.50	\$47.00	\$141.00	\$43.00	\$129.00	\$47.00	\$141.00
41%	41%	48%	48%	49%	49%	43%	43%	48%	48%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 31							Monthly Premium:	
State(s) ID, UT							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	\$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 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	\$3.00	\$9.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$39.00	\$117.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	35%	35%	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)			
\$33.00	\$15.80				\$17.70			
\$445	\$445				\$445			
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	\$35.00	\$105.00	\$47.00	\$141.00	\$47.00	\$141.00
46%	46%	47%	47%	40%	40%	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)			
\$22.80	\$36.50				\$76.00			
\$425	\$445				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	\$8.00	\$24.00	\$20.00	\$60.00
\$39.00	\$97.50	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00
35%	35%	49%	49%	49%	49%	35%	35%	49%	49%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 32							Monthly Premium:	
State(s) CA							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	\$30.00	\$90.00	\$40.00	\$120.00	\$43.00	\$129.00	\$30.00	\$75.00
Tier 4: Non-Preferred Drug	35%	35%	46%	46%	47%	47%	35%	35%
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	\$36.00	\$108.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	39%	39%	44%	44%	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)			
\$30.10	\$15.20				\$17.20			
\$445	\$445				\$445			
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	\$6.00	\$18.00	\$15.00	\$45.00	\$12.00	\$36.00
\$40.00	\$100.00	\$43.00	\$107.50	\$39.00	\$117.00	\$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)			
\$28.30	\$37.10				\$81.00			
\$385	\$445				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
\$2.00	\$5.00	\$4.00	\$10.00	\$20.00	\$60.00	\$7.00	\$21.00	\$20.00	\$60.00
\$36.00	\$90.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
39%	39%	44%	44%	47%	47%	41%	41%	44%	44%
25%	N/A	33%	N/A	26%	N/A	25%	N/A	33%	N/A

Region 33							Monthly Premium:	
State(s) HI							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	\$8.00	\$24.00	\$5.00	\$15.00	\$8.00	\$24.00	\$8.00	\$20.00
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	\$18.00	\$54.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	33%	33%	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)			
\$25.20	\$15.70				\$17.80			
\$445	\$445				\$445			
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	\$5.00	\$15.00	\$8.00	\$24.00	\$5.00	\$15.00
\$5.00	\$12.50	\$8.00	\$20.00	\$13.00	\$39.00	\$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%	49%	49%	38%	38%	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)			
\$25.20	\$27.00				\$75.90			
\$445	\$445				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	\$19.00	\$57.00	\$10.00	\$30.00
\$18.00	\$45.00	\$4.00	\$10.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00
\$45.00	\$112.50	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
33%	33%	47%	47%	49%	49%	33%	33%	47%	47%
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A

Region 34								Monthly Premium:
State(s) AK								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	\$8.00	\$24.00	\$5.00	\$15.00	\$6.00	\$18.00	\$8.00	\$20.00
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 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	\$15.00	\$45.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	45%	45%	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)			
\$30.60	\$15.70				\$17.60			
\$445	\$445				\$445			
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	\$13.00	\$39.00	\$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%	42%	42%	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)			
\$26.70	\$40.10				\$79.60			
\$445	\$445				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	\$15.00	\$45.00	\$10.00	\$30.00
\$15.00	\$37.50	\$4.00	\$10.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00
\$45.00	\$112.50	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
45%	45%	47%	47%	49%	49%	46%	46%	47%	47%
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 service, 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 qualify for Extra Help. Depending on the level of Extra Help, members may pay no monthly premium and lower copays than those listed in the Summary of Benefits. This plan also works well for non-subsidized members who take medications occasionally.

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/Wellness Rx

WellCare Value Script (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.

Select

Medicare Rx Select (PDP) plan typically works best for members who don't take many prescriptions and features a moderate premium. This plan also has no deductible on Tiers 1 and 2 and a lowered deductible on all other tiers offered on many plans.

2 INITIAL COVERAGE

You pay the following until your total yearly drug cost reaches **\$4,130**. 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 **\$4,130**.

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 **\$6,550**, 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 **\$6,550**, you pay the greater of:

- 5% of the cost, or
- **\$3.70** co-pay for generic (including brand drugs treated as generic) and an **\$9.20** co-payment for all other drugs.

Important note:

For the Value Script, Wellness, and Value Plus plans, insulin cost sharing is \$35 a month for a 30-day supply of each medication throughout the plan year. See your plan's Evidence of Coverage to see if this supplemental benefit is available to you and for complete details.

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

WellCare Health Plans, 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 rural areas of AR, KS, OK ; and urban areas of MO, MS. 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/TDD 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. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. 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 1-866-808-7471 (TTY/TDD 711), 24 hours a day, seven days a week, or visit mailrx.wellcare.com. Please contact your plan for details.

For more information, please call us at 1-888-550-5252 (TTY/TDD users should call 711) 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., or visit us at www.wellcare.com/pdp.

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/TDD: **711**).

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

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

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/TDD 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which 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, 2022.
- ☐ 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/TDD 711)**. Your call may be answered by a licensed agent.
- Already a member? Please call us toll-free at
 - **1-833-207-4241 (TTY/TDD 711)** for Rx Saver, Rx Select, and Rx Value Plus plans or
 - **1-888-550-5252 (TTY/TDD 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.

