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 (<u>www.wellcare.com/PDP</u>). Or, call us and we will send you a copy of the pharmacy directory.

This document is available in languages other than English. For additional information, call us at 1-877-374-4056, (TTY/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	
State(s) ME, NH	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$2.00	\$6.00	\$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

State(s) ME, NH

Monthly Premium:

Annual Deductible:

		Preferred	Preferr	Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C		?)	WellCa	re Wellness	Rx (PDP)	WellCar	WellCare Value Script (PI			
		5.70			\$15.20		\$17.20				
\$445				\$445	,	\$445					
		1 tiers		Υ .	Tiers 3 to 5			Tiers 3 to			
cost-shar	U	•			dard Retail a						
	llCare		1Care		11Care		llCare		11Care		
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellness	s Rx (PDP)	Value So	cript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$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		
Well	Care Medica	re Rx Selec	t (PDP)	Wel	WellCare Medicare Rx WellCa Saver (PDP)			e Medicar Plus (PDI	e Rx Value P)		
	\$24	4.70			\$35.50	,		\$75.60	,		
	\$4	145			\$445		N	No Deducti	ble		
Tiers 3 to 5					on all tiers						
cost-shar	ing			Stan	dard Retail a	ınd Mail Se	rvice cost-sh	aring (in ne	etwork)		
WellCar	e Medicare	Wel	1Care	WellCar	e Medicare	WellCar	e Medicare	WellCar	e Medicare		
Rx Sav	rer (PDP)	Value P	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P	lus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00		
\$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%		
			1				1	1			

33%

N/A

N/A

N/A

25%

N/A

25%

N/A

25%

33%

4

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

		Preferred Retail cost-sharing (in-network)						
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$2.00	\$6.00	\$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

State(s) CT, MA, RI, VT

Monthly Premium: Annual Deductible:

		Preferred Retail cost-sharing (in-network)						
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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

WellCare C	are Classic (PDP) WellCare Wellness Rx (PDP) WellCare Value Scr					ript (PDP)				
\$31	1.00			\$14.40		\$16.20				
\$4	145			\$445			\$445			
on al	l tiers			Tiers 3 to 5		Tiers 3 to 5				
ng			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
ICare	Wel	llCare	We	11Care	Wel	1Care	We	11Care		
Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value So	cript (PDP)		
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$2.00	\$6.00	\$8.00	\$24.00	\$5.00	\$15.00		
\$20.00	\$8.00	\$20.00	\$6.00	\$18.00	\$15.00	\$45.00	\$13.00	\$39.00		
\$100.00	\$43.00	\$107.50	\$35.00	\$105.00	\$47.00	\$141.00	\$47.00	\$141.00		
46%	47%	47%	44%	44%	50%	50%	50%	50%		
N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		
Care Medicar	re Rx Selec	t (PDP)	Well			WellCar	e Medicar Plus (PDI			
\$26	5.40			\$35.70	\$35.70			\$74.40		
\$4	100			\$445		N	No Deducti	ble		
Tiers	3 to 5			on all tiers						
ng	ì		Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
e Medicare							WellCare Medicare			
1			<u> </u>		 					
,	,	,	· ·	,	,	,	· ·	90-day		
\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00		
\$5.00	\$4.00	\$10.00	\$20.00	\$60.00	\$6.00	\$18.00	\$20.00	\$60.00		
\$105.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00		
	1	1	1	1	I	1	1	1		
	\$31 \$4 on al ng Care Rx (PDP) 90-day \$0.00 \$20.00 \$100.00 46% N/A Care Medicar \$26 \$4 Tiers ng Medicare er (PDP) 90-day \$0.00 \$5.00	\$31.00 \$445 on all tiers ICare Well Rx (PDP) Value Sc 90-day 30-day \$0.00 \$0.00 \$20.00 \$8.00 \$100.00 \$43.00 46% 47% N/A 25% Care Medicare Rx Select \$26.40 \$400 Tiers 3 to 5 Ing Medicare Property Value Property Scales 90-day 30-day \$0.00 \$1.00	\$31.00 \$445 on all tiers RX (PDP) 90-day 30-day 90-day \$0.00 \$0.00 \$20.00 \$8.00 \$20.00 \$100.00 \$43.00 \$107.50 46% 47% 47% N/A 25% N/A Care Medicare Rx Select (PDP) \$26.40	\$31.00 \$445 on all tiers Care	\$31.00 \$445 on all tiers Tiers 3 to 5 Ing Standard Retail a Care WellCare WellCare Rx (PDP) Value Script (PDP) 90-day 30-day 90-day 30-day 90-day \$0.00 \$0.00 \$0.00 \$2.00 \$6.00 \$18.00 \$100.00 \$43.00 \$107.50 \$35.00 \$105.00 \$105.00 \$100.00 \$43.00 \$107.50 \$35.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.	\$31.00 \$445 on all tiers Tiers 3 to 5 Standard Retail and Mail Se Rx (PDP) Value Script (PDP) 90-day \$0.00 \$0.00 \$0.00 \$2.00 \$60.00 \$18.00 \$15.00 \$100.00 \$43.00 \$107.50 \$35.00 \$105.00 \$47.00 46% 47% 47% 44% 44% 44% 50% N/A 25% N/A 25% N/A 25% N/A 25% N/A 25% N/A 25% WellCare Rx Select (PDP) \$26.40 \$30-day \$30-day \$30-day \$445 Tiers 3 to 5 Standard Retail and Mail Se WellCare Medicare Rx Saver (PDP) \$26.40 \$400 \$445 Tiers 3 to 5 Standard Retail and Mail Se WellCare Medicare Rx Saver (PDP) \$26.40 \$400 \$445 Tiers 3 to 5 Standard Retail and Mail Se WellCare Medicare Rx Saver (PDP) \$35.70 \$400 \$445 Tiers 3 to 5 Standard Retail and Mail Se WellCare Medicare Rx Saver (PDP) \$35.70 \$400 \$445 Tiers 3 to 5 Standard Retail and Mail Se WellCare Medicare Rx Saver (PDP) \$35.70 \$400 \$445 Tiers 3 to 5 Standard Retail and Mail Se WellCare Medicare Rx Saver (PDP) \$35.70 \$400 \$445 Tiers 3 to 5 Standard Retail and Mail Se WellCare Medicare Rx Saver (PDP) \$35.70 \$400 \$445 Tiers 3 to 5 Standard Retail and Mail Se WellCare Medicare Rx Saver (PDP) \$35.70 \$400 \$445 Tiers 3 to 5 Standard Retail and Mail Se WellCare Medicare Rx Saver (PDP) \$450 \$450 \$450 \$450 \$450 \$450 \$450 \$45	\$31.00 \$445 \$445 \$445 \$445 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10	\$31.00 \$14.40 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$4		

25%

N/A

33%

N/A

25%

N/A

25%

N/A

33%

Region 03	
State(s) NY	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$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

State(s) NY Monthly Premium: Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$2.00	\$6.00	\$4.00	\$12.00	\$3.00	\$7.50	
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$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	

1	WellCare C	lassic (PDP 1.80)	WellCar	e Wellness 1	Rx (PDP)	WellCare Value Script (PDP) \$17.70				
		45			\$445		\$445				
		l tiers			Tiers 3 to 5			Tiers 3 to 5			
cost-sharin				Stand			vice cost-sha				
	Care	Well	Care		ICare		Care	•	1Care		
	Rx (PDP)		ipt (PDP)		(PDP)		Rx (PDP)		ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$8.00	\$24.00	\$5.00	\$15.00		
\$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)					Care Medica Saver (PDP			e Medicare Plus (PDP			
	\$40	0.20			\$36.80			\$82.00			
	\$3	00			\$445		No Deductible				
	Tiers	3 to 5		on all tiers							
cost-sharii	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sha	aring (in ne	twork)		
W-11C	Medicare	XX7_11	Care	W-11C	Medicare	W-11C	Medicare	W-11C	e Medicare		
	er (PDP)		us (PDP)		ct (PDP)		er (PDP)		us (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00		
\$2.00	\$5.00	\$4.00	\$10.00	\$20.00	\$60.00	\$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		

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Region 04	
State(s) NJ	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$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

State(s) NJ

Monthly Premium:
Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$3.00	\$9.00	\$4.00	\$12.00	\$3.00	\$7.50	
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$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 C	lassic (PDI	P)	WellCa	re Wellness	Rx (PDP)	P) WellCare Value Script (PDP)			
	\$3 3	3.90			\$14.80		\$16.30			
	\$4	45			\$445		\$445			
	on al	l tiers			Tiers 3 to 5			Tiers 3 to	5	
cost-shari	ng			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)	
Wel	1Care	Wel	1Care	We	llCare	Wel	1Care	We	WellCare	
Wellness	Rx (PDP)	Value Sca	ript (PDP)	Classi	c (PDP)	Wellness	s Rx (PDP)	Value So	eript (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	
Well	Care Medica	re Rx Select	(PDP)	Well	Care Medic Saver (PDP		WellCar	e Medicar Plus (PDI		
	\$28	3.50			\$35.50		\$78.80			
	\$3	45			\$445		N	No Deductible		
	Tiers	3 to 5			on all tiers					
cost-shari	ng			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)	
	e Medicare		1Care		e Medicare		WellCare Medicare WellCare Medicar			
	er (PDP)		us (PDP)		ect (PDP)		er (PDP)		lus (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00	
\$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%	

N/A

33%

N/A

N/A

26%

N/A

25%

7

25%

N/A

Region 05	
State(s) DC, DE, MD	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$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

State(s) DC, DE, MD

Monthly Premium:

Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C \$28	lassic (PDP 3.30	')	WellCar	e Wellness 3	Rx (PDP)	WellCare Value Script (PDP) \$16.20				
	\$4	45			\$445		\$445				
	on al	l tiers			Tiers 3 to 5			Tiers 3 to	5		
cost-shari	ng			Stanc	lard Retail a	nd Mail Ser	vice cost-sha	aring (in ne	twork)		
Well	lCare	Well	Care	Wel	lCare	Well	Care	We	llCare		
Wellness	Rx (PDP)	Value Scr	ipt (PDP)	Classic	(PDP)	Wellness Rx (PDP)		Value Sc	ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$3.00	\$9.00	\$8.00	\$24.00	\$5.00	\$15.00		
\$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		
WellC	Care Medicai	re Rx Select	(PDP)		Care Medica Saver (PDP			e Medicare Plus (PDP			
	\$26	5.40			\$30.00		\$76.60				
	\$4	25			\$445		No Deductible				
	Tiers	3 to 5		on all tiers							
cost-shari	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sha	aring (in ne	etwork)		
	e Medicare er (PDP)		Care us (PDP)		e Medicare		Medicare		e Medicare lus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$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		

8

Region 06	
State(s) PA, WV	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$5.00	\$15.00	\$6.00	\$18.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$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

State(s) PA, WV

Monthly Premium:

Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail		
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)			
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00		
Tier 2: Generic Drug	\$3.00	\$9.00	\$3.00	\$9.00	\$4.00	\$12.00	\$3.00	\$7.50		
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$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 C		P)	WellCa	re Wellness	Rx (PDP)	WellCar	WellCare Value Script (PDP)			
	\$3 3	3.80			\$15.70		\$17.80				
	\$4	45			\$445			\$445			
	on al	l tiers			Tiers 3 to 5			Tiers 3 to	5		
cost-shari	ing			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
Wel	1Care	We	llCare	We	11Care	We	llCare	We	llCare		
Wellness	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellnes	s Rx (PDP)	Value So	cript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$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		
Well	Care Medica	re Rx Selec	t (PDP)	Wel	lCare Medic Saver (PDP		WellCar	e Medicar Plus (PDI	e Rx Value P)		
	\$26	5.40			\$35.90			\$75.60			
	\$4	15			\$445		No Deductible				
	Tiers	3 to 5			on all tiers						
cost-shari	ing			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in no	etwork)		
WellCar	e Medicare	We	llCare	WellCar	e Medicare	WellCar	e Medicare	WellCai	e Medicare		
Rx Sav	er (PDP)	Value P	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P	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%		

N/A

25%

N/A

33%

N/A

N/A

25%

9

25%

N/A

Region 07	
State(s) VA	Monthly Premium:
	Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$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	

State(s) VA

Monthly Premium:

Annual Deductible:

		Preferred Retail cost-sharing (in-network)						ed Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C	lassic (PD)	P)	WellCa	re Wellness 1	Rx (PDP)	WellCare Value Script (PDP)			
	\$2 4	4.50			\$14.80		\$16.30			
	\$4	145			\$445		\$445			
	on al	1 tiers			Tiers 3 to 5			Tiers 3 to 5	5	
cost-shari	ing			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
Wel	1Care	Wel	lCare	We	llCare	Wel	1Care	Wel	1Care	
Wellness	s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Sci	ript (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$0.00	\$0.00	\$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	
WellC	Care Medicar	re Rx Selec	t (PDP)	Well	Care Medic Saver (PDP			e Medicare Plus (PDP		
	\$20	0.10			\$34.50		\$74.60			
	\$4	145			\$445		No Deductible			
	Tiers	3 to 5			on all tiers					
cost-shari	ing	_		Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in net	twork)	
	e Medicare		llCare		e Medicare		e Medicare		e Medicare	
	1						1 ' '		90-day	
•		ļ	-		+ -	· ·		· · ·	\$30.00	
#U.UU	Φ0. 00	Φ1.00	₩ 0.00	\$13.00	Φ 43. 00	Φ1.00	#3.UU	#10.00	Φ30.00	
\$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%	
\$7.00 \$40.00 46% 25% WellCare Rx Save 30-day \$0.00 \$5.00 \$37.00	\$17.50 \$100.00 46% N/A Care Medicare \$20 \$4 Tiers ing e Medicare er (PDP) 90-day \$0.00 \$12.50 \$92.50	\$8.00 \$43.00 47% 25% re Rx Select 0.10 445 3 to 5 Well Value P 30-day \$1.00 \$4.00 \$47.00	\$20.00 \$107.50 47% N/A t (PDP) BlCare lus (PDP) 90-day \$0.00 \$10.00 \$117.50	\$9.00 \$35.00 41% 25% Well Stan WellCar Rx Sele 30-day \$15.00 \$20.00 \$47.00	\$27.00 \$105.00 41% N/A Care Medicare (PDP) \$34.50 \$445 on all tiers dard Retail a e Medicare ect (PDP) 90-day \$45.00 \$60.00 \$141.00	\$15.00 \$47.00 50% 25% are Rx) Mail Ser WellCare Rx Save 30-day \$1.00 \$8.00 \$47.00	\$45.00 \$141.00 50% N/A WellCar Prvice cost-share e Medicare er (PDP) 90-day \$3.00 \$24.00 \$141.00	\$13.00 \$47.00 \$47.00 50% 25% re Medicare Plus (PDP \$74.60 No Deductib aring (in net WellCare Value Pl 30-day \$10.00 \$20.00 \$47.00	\$39 \$14 50% N/A Rx V) ole twork e Med us (P 90- \$30 \$60 \$14	

25%

N/A

33%

N/A

25%

N/A

25%

N/A

33%

Region 08	
State(s) NC	Monthly Premium:
	Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$6.00	\$18.00	\$7.00	\$21.00	\$3.00	\$7.50	
Tier 3: Preferred Brand Drug	\$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	

State(s) NC

Monthly Premium:

Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C	lassic (PD1	P)	WellCa	re Wellness	Rx (PDP)	WellCare Value Script (PDP)			
	\$24	1.90			\$15.30		\$17.20			
	\$4	45			\$445		\$445			
	on al	l tiers			Tiers 3 to 5			Tiers 3 to	5	
cost-shari	ng			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)	
Wel	1Care	Wel	1Care	We	11Care	Wel	llCare	We	11Care	
Wellness	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellnes	s Rx (PDP)	Value So	eript (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	
Well	Care Medica	re Rx Selec	t (PDP)	Well	Care Medic Saver (PDP			e Medicar Plus (PDI		
	\$26	5.40			\$26.50		\$76.60			
	\$3	865			\$445		No Deductible			
	Tiers	3 to 5		on all tiers						
cost-shari	ng			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)	
WellCar	e Medicare	Wel	1Care	Well Car	e Medicare	Well Car	e Medicare	Well Car	e Medicare	
	er (PDP)		lus (PDP)		ect (PDP)		er (PDP)		lus (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00	
\$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%	

33%

N/A

N/A

N/A

26%

N/A

25%

25%

N/A

Region 09	
State(s) SC	Monthly Premium:
	Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$8.00	\$24.00	\$8.00	\$24.00	\$3.00	\$7.50	
Tier 3: Preferred Brand Drug	\$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	

State(s) SC

Monthly Premium:

Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$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 C	lassic (PDI	?)	WellCar	re Wellness	Rx (PDP)	WellCar	e Value Sc	ript (PDP)	
	\$34	1.20			\$16.70			\$19.70		
	\$4	45			\$350			\$350		
	on al	l tiers			Tiers 3 to 5			Tiers 3 to	5	
cost-shar	ing			Stan	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	etwork)	
We	llCare	Wel	1Care	WellCare Well(Care	e WellCare		
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Sc	eript (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	
Well	Care Medica	re Rx Select	t (PDP)	Well	Care Medic Saver (PDP			e Medicaro Plus (PDI		
	\$26	5.90			\$23.60		\$79.20			
	\$4	45			\$445		No Deductible			
	Tiers	3 to 5			on all tiers					
cost-shar	ing			Stan	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	etwork)	
WellCar	e Medicare	Wel	1Care	 WellCar	e Medicare	 WellCare	e Medicare	 WellCar	e Medicare	
Rx Sav	rer (PDP)	Value Pl	lus (PDP)	Rx Sele	ct (PDP)	Rx Save	er (PDP)	Value P	lus (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$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%

Region 10	
State(s) GA	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$2.00	\$6.00	\$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

State(s) GA

Monthly Premium:

Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C	lassic (PD)	P)	WellCa	re Wellness	Rx (PDP)	WellCar	WellCare Value Script (PDP)			
	\$3 1	1.50			\$15.10			\$17.00			
	\$4	45			\$445			\$445			
	on al	l tiers			Tiers 3 to 5			Tiers 3 to	5		
cost-shari	ing			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
Wel	lCare	Wel	llCare	We	llCare	Wel	llCare	We	11Care		
Wellness	s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	s Rx (PDP)	Rx (PDP) Value Script (
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		
Well	Care Medica	re Rx Selec	t (PDP)	Well	Care Medic Saver (PDP			e Medicar Plus (PDI	e Rx Value P)		
	\$26	5.40			\$24.90			\$78.30			
	\$4	45			\$445		N	No Deducti	ble		
	Tiers	3 to 5			on all tiers						
cost-shari	ing			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
	e Medicare		llCare		e Medicare	 WellCar	WellCare Medicare WellCare Med				
Rx Sav	er (PDP)		lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P	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		
		i .	1	1	1	1		1	1		

25%

N/A

33%

N/A

25%

N/A

25%

N/A

33%

Region 11	
State(s) FL	Monthly Premium:
	Annual Deductible:

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$2.00	\$6.00	\$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

State(s) FL Monthly Premium:
Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$2.00	\$6.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$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 C	lassic (PD	P)	WellCa	re Wellness	Rx (PDP)	WellCar	e Value Sc	ript (PDP)		
	\$20	5.60			\$14.70			\$15.60			
	\$4	145			\$445			\$445			
	on al	1 tiers		_	Tiers 3 to 5	5		Tiers 3 to	5		
cost-shar	ing			Stan	dard Retail a	ınd Mail Se	rvice cost-sh	aring (in no	etwork)		
We	llCare	We	llCare	We	11Care	Wel	1Care	are WellCare			
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellness	s Rx (PDP)	Value So	cript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$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		
Well	Care Medica	re Rx Selec	t (PDP)	Well	Care Medic Saver (PDP			re Medicar Plus (PDI	e Rx Value P)		
	\$20	5.40			\$49.80			\$77.80			
	\$ 4	145			\$445		No Deductible				
	Tiers	3 to 5			on all tiers						
cost-shar	ing	î		Stan	dard Retail a	ınd Mail Se	rvice cost-sh	aring (in no	etwork)		
WellCar	e Medicare	We	llCare	WellCar	e Medicare	 WellCar	e Medicare	WellCar	re Medicare		
Rx Sav	rer (PDP)	Value P	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P	lus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00		
\$2.00	\$5.00	\$4.00	\$10.00	\$20.00	\$60.00	\$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%		

N/A

25%

N/A

33%

N/A

N/A

33%

25%

N/A

Region 12	
State(s) AL, TN	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$2.00	\$6.00	\$5.00	\$15.00	\$6.00	\$18.00	\$2.00	\$5.00
Tier 3: Preferred Brand Drug	\$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

State(s) AL, TN

Monthly Premium:

Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C	lassic (PDF	')	WellCar	e Wellness	Rx (PDP)	WellCare Value Script (PDP)					
	\$27	7.20			\$15.70		\$17.80					
	\$4	45			\$445		\$445					
	on all tiers				Tiers 3 to 5			Tiers 3 to 3	5			
cost-shari	ng			Stand	Standard Retail and Mail Service cost-sharing (in network)							
Wel	1Care	Wel	ICare	Wel	lCare	Well	ICare	We	llCare			
Wellness	Rx (PDP)	Value Scr	ript (PDP)	Classic	(PDP)	Wellness	Wellness Rx (PDP)		ript (PDP)			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$8.00	\$24.00	\$5.00	\$15.00			
\$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			
WellC	Care Medicar		(PDP)		Care Medic Saver (PDP			re Medicare Plus (PDP				
	\$2 3	3.90			\$34.00			\$75.20				
		45			\$445		No Deductible					
		3 to 5		on all tiers								
cost-shari	ng			Stand	lard Retail a	nd Mail Sei	rvice cost-sh	aring (in ne	twork)			
WellCare	e Medicare	Wel	lCare	 WellCare	e Medicare	 WellCare	e Medicare	 WellCar	e Medicare			
Rx Save	er (PDP)	Value P1	us (PDP)	Rx Sele	ct (PDP)	Rx Save	er (PDP)	Value P	lus (PDP)			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00			
\$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	
State(s) MI	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$2.00	\$6.00	\$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

State(s) MI

Monthly Premium:

Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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) \$27.70				re Wellness 3	Rx (PDP)	WellCare Value Script (PDP) \$15.80			
	\$4	145			\$445		\$445			
	on al	1 tiers			Tiers 3 to 5			Tiers 3 to 3	5	
cost-shari	ing			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
Wel	llCare	Wel	1Care	We	llCare	Wel	1Care	We	llCare	
Wellness	s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	s Rx (PDP)	Value Script (PDF		
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	
Well	Care Medica	re Rx Selec	t (PDP)	Well	Care Medic Saver (PDP		WellCar	e Medicare Plus (PDP		
	\$20	5.30			\$29.30	,		\$69.60	,	
	\$3	315			\$445		No Deductible			
	Tiers	3 to 5			on all tiers					
cost-shari	ing			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
WellCar	e Medicare	Wel	1Care	 WellCar	e Medicare	 WellCar	e Medicare	WellCar	e Medicare	
Rx Sav	er (PDP)	Value P	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P	lus (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00	
\$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%	

N/A

33%

N/A

N/A

27%

N/A

25%

25%

N/A

Region 14	
State(s) OH	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$5.00	\$15.00	\$6.00	\$18.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$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

State(s) OH

Monthly Premium:

Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C	lassic (PDI	P)	WellCa	re Wellness	Rx (PDP)) WellCare Value Script (PDP)			
	\$2 3	3.20			\$15.60		\$17.50			
	\$4	45			\$445		\$445			
	on al	l tiers			Tiers 3 to 5			Tiers 3 to	5	
cost-shari	ng			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)	
Wel	1Care	Wel	1Care	We	llCare	Wel	WellCare WellCare			
Wellness	Rx (PDP)	Value Sca	ript (PDP)	Classi	c (PDP)	Wellness	s Rx (PDP)	Value So	cript (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$0.00	\$0.00	\$2.00	\$6.00	\$8.00	\$24.00	\$5.00	\$15.00	
\$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	
Well	Care Medica	re Rx Select	t (PDP)	Well	Care Medic Saver (PDP		WellCar	re Medicar Plus (PDI		
	\$2 3	3.20			\$36.00	\$74.60				
	\$4	45			\$445 No Deductible					
	Tiers	3 to 5			on all tiers					
cost-shari	ng			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)	
WellCar	e Medicare	Wel	1Care	 WellCar	e Medicare	 WellCar	e Medicare	WellCar	e Medicare	
Rx Sav	er (PDP)	Value Pl	us (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P	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%	

N/A

33%

N/A

N/A

25%

N/A

25%

25%

N/A

Region 15	
State(s) IN, KY	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$2.00	\$6.00	\$5.00	\$15.00	\$6.00	\$18.00	\$2.00	\$5.00
Tier 3: Preferred Brand Drug	\$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

State(s) IN, KY

Monthly Premium:
Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$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	

\$26. 5 \$44 ! on all t	5			\$15.80			\$17.70		
					\$17.70				
on all t	tierc		\$445				\$445		
	11013			Tiers 3 to 5			Tiers 3 to 5	5	
			Stand	lard Retail a	nd Mail Ser	vice cost-sha	aring (in ne	twork)	
	Well	Care	WellCare WellCare Wel			llCare			
PDP)	Value Scri	ipt (PDP)	Classic	(PDP)	Wellness	Rx (PDP)	Value Sc	ript (PDP)	
day :	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
00	\$0.00	\$0.00	\$2.00	\$6.00	\$8.00	\$24.00	\$5.00	\$15.00	
.50	\$6.00	\$15.00	\$6.00	\$18.00	\$15.00	\$45.00	\$11.00	\$33.00	
0.00	\$43.00	\$107.50	\$40.00	\$120.00	\$47.00	\$141.00	\$47.00	\$141.00	
ó 4	47%	47%	41%	41%	50%	50%	50%	50%	
A 2	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellCare Medicare Rx Select (PDP)									
\$23.2	20			\$36.00	,	\$73.20			
\$41	5			\$445	No Deductible				
Tiers 3	to 5			on all tiers					
			Stand	lard Retail a	nd Mail Ser	vice cost-sha	aring (in ne	twork)	
licare	Well	Care	WellCare	Medicare	 WellCare	Medicare	WellCar	e Medicare	
OP)								lus (PDP)	
day	30-day	90-day	30-day	90-day	30-day	90-day		90-day	
00 !	\$1.00	\$0.00	\$15.00	\$45.00	\$4.00	\$12.00	\$10.00	\$30.00	
.00	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00	
0.00	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00	
ó -	46%	46%	49%	49%	41%	41%	46%	46%	
	day	Nature Scripton Sc	30-day 90-day 9	WellCare Value Script (PDP) Classic Standard Standard Standard	WellCare Value Script (PDP) Classic (PDP) day 30-day 90-day 30-day 90-day 00 \$0.00 \$0.00 \$2.00 \$6.00 50 \$6.00 \$15.00 \$6.00 \$18.00 0.00 \$43.00 \$107.50 \$40.00 \$120.00 0	WellCare Value Script (PDP) Value Script (PDP) Classic (PDP) Wellness 30-day 90-day 30-day 90-day 30-day 30-day 90-day 90-day 90-day 90-day 90-day 90-day 90-day 90-day 90	WellCare Value Script (PDP) Value Plus (PD	Part Part	

33%

N/A

N/A

N/A

25%

N/A

25%

25%

N/A

Region 16	
State(s) WI	Monthly Premium:
	Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$2.00	\$6.00	\$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	

State(s) WI Monthly Premium: Annual Deductible:

		Preferred Retail cost-sharing (in-network)						
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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)				WellCar	e Wellness 1	Rx (PDP)	WellCare Value Script (PDP)			
	\$3 3	3.90		\$14.60				\$14.80		
	\$4	45		\$445				\$445		
	on al	l tiers			Tiers 3 to 5					
cost-sharii	ng			Stand	lard Retail a	nd Mail Sei	vice cost-sh	aring (in net	twork)	
Well	WellCare WellCare		Well	lCare	Wel	lCare	Wel	1Care		
Wellness	Rx (PDP)	Value Script (PDP)		Classic	(PDP)	Wellness	Rx (PDP)	Value Sci	ript (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$0.00	\$0.00	\$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	
WellC	WellCare Medicare Rx Select (PDP)			WellCare Medicare Rx WellCare Medicare Rx Va Saver (PDP) Plus (PDP)						
		5.80			\$39.50			\$76.10		
		00		\$445			N	No Deductible		
1 .		3 to 5		on all tiers Standard Retail and Mail Service cost-sharing (in network)						
cost-sharii	ng	<u> </u>		Stanc	lard Ketail a	nd Mail Sei	vice cost-sha	aring (in net	twork)	
	Medicare		lCare us (PDP)		Medicare		e Medicare er (PDP)		e Medicare us (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00	
********	********	#1.00	\$0.00	#13.00	# 13.00	*2.00	***************************************	#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	
State(s) IL	Monthly Premium:
	Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$6.00	\$18.00	\$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	

State(s) IL Monthly Premium:
Annual Deductible:

		Preferred Retail cost-sharing (in-network)						ed Mail
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 \$25.00	WellCare Wellness Rx (PDP) WellCare Value \$14.70 \$1					
\$445	\$445 \$445					
	Tiers 3 to 5		Tiers 3 to 5	<u> </u>		
cost-sharing Standa	ard Retail and Mail	Service cost-sha	aring (in net	twork)		
WellCare WellCare WellC	i i	VellCare		1Care		
Wellness Rx (PDP) Value Script (PDP) Classic	(PDP) Welln	ess Rx (PDP)	Value Sci	ript (PDP)		
30-day 90-day 30-day 90-day 30-day	90-day 30-day	90-day	30-day	90-day		
\$0.00 \$0.00 \$0.00 \$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		
· · · · · · · · · · · · · · · · · · ·	Care Medicare Rx Saver (PDP)		e Medicare Plus (PDP			
\$20.00	\$26.60 \$77.10					
\$445	\$445	N	No Deductible			
Tiers 3 to 5	on all tiers					
cost-sharing Standa	ard Retail and Mail	Service cost-sha	aring (in net	twork)		
WellCare Medicare WellCare WellCare Rx Saver (PDP) Value Plus (PDP) Rx Select		Care Medicare Saver (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%

Region 18	
State(s) MO	Monthly Premium:
	Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$1.00	\$3.00	\$3.00	\$9.00	\$7.00	\$21.00	\$1.00	\$2.50	
Tier 3: Preferred Brand Drug	\$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	

State(s) MO

Monthly Premium:

Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C	lassic (PDF	P)	WellCar	e Wellness	Rx (PDP)	WellCare Value Script (PDP)			
	\$27	7.50			\$15.20		\$15.40			
	\$4	45			\$445		\$445			
	on al	l tiers			Tiers 3 to 5	,		Tiers 3 to	5	
cost-shar	ing			Stand	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	etwork)	
We	11Care	Wel	lCare	Wel	1Care	Well	Care	We	11Care	
Wellnes	s Rx (PDP)	Value Sci	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Sc	eript (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	
Well	Care Medica		t (PDP)		Care Medica Saver (PDP		WellCare Medicare Rx Value Plus (PDP)			
		3.30			\$35.50			\$73.40		
		30			\$445		No Deductible			
		3 to 5			on all tiers					
cost-shar	ing	•		Stand	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	etwork)	
WellCar	re Medicare	Wel	1Care	 WellCare	e Medicare	 WellCare	e Medicare	 WellCar	e Medicare	
Rx Sav	ver (PDP)	Value Pl	us (PDP)	Rx Sele	ct (PDP)	Rx Save	er (PDP)	Value P	lus (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00	
\$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	
State(s) AR	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$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

State(s) AR Monthly Premium: Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$3.00	\$9.00	\$4.00	\$12.00	\$3.00	\$7.50	
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$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 C	lassic (PDP	')	WellCar	e Wellness 1	Rx (PDP)	WellCare Value Script (PDP)				
	\$25	5.00			\$17.00		\$19.10				
	\$4	45			\$445		\$445				
	on al	l tiers			Tiers 3 to 5	,		Tiers 3 to 3	5		
cost-shari	ng			Stand	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)		
Wel	1Care	Well	lCare	Wel	lCare	Well	Care	We	llCare		
Wellness	s Rx (PDP)	Value Scr	ipt (PDP)	Classic	(PDP)	Wellness Rx (PDP)		Value Sc	ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$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		
WellC	Care Medicar		(PDP)		Care Medica Saver (PDP		WellCare Medicare Rx Value Plus (PDP)				
		5.00			\$26.20		\$75.90				
		45			\$445		No Deductible				
		3 to 5		on all tiers							
cost-shari	ng	r		Stand	lard Retail a	nd Mail Ser	vice cost-sha	aring (in ne	twork)		
WellCar	e Medicare	Well	lCare	WellCare	e Medicare	 WellCare	Medicare		e Medicare		
Rx Sav	er (PDP)	Value Pl	us (PDP)	Rx Sele	ct (PDP)	Rx Save	er (PDP)	Value P	lus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00		
\$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	
State(s) MS	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$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

State(s) MS Monthly Premium: Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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) \$25.10				e Wellness l \$15.20	Rx (PDP)	WellCare Value Script (PDP) \$16.30				
	\$4	45			\$445			\$445			
	on al	l tiers			Tiers 3 to 5			Tiers 3 to 5			
cost-shari	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sh	aring (in net	work)		
Well	lCare	Well	Care	Well	lCare	Well	Care	Well	Care		
Wellness	Rx (PDP)	Value Scr	ipt (PDP)	Classic	(PDP)	Wellness	Rx (PDP)	Value Scr	ipt (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$2.00	\$6.00	\$8.00	\$24.00	\$5.00	\$15.00		
\$5.00	\$12.50	\$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		
WellC	Care Medicai	re Rx Select	(PDP)		Care Medica Saver (PDP			e Medicare Plus (PDP)			
	\$2 4	4.60			\$23.80			\$77.10			
	\$4	15			\$445		No Deductible				
	Tiers	3 to 5		on all tiers							
cost-shari	ng	•		Stand	lard Retail a	nd Mail Ser	vice cost-sh	aring (in net	work)		
	e Medicare er (PDP)		Care us (PDP)		Medicare		e Medicare er (PDP)		Medicare us (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$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	
State(s) LA	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$2.00	\$6.00	\$5.00	\$15.00	\$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

State(s) LA

Monthly Premium:

Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C	lassic (PD)	P)	WellCa	WellCare Wellness Rx (PDP) WellCare Value Script (PDF						
\$26	5.60			\$17.20			\$18.50			
\$4	45			\$445			\$445			
on al	l tiers			Tiers 3 to 5	i		Tiers 3 to	5		
ng			Stan	dard Retail a	ınd Mail Se	rvice cost-sh	aring (in no	etwork)		
1Care	Wel	llCare	We	llCare	Wel	1Care	Care WellCare			
s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	s Rx (PDP)	Value So	cript (PDP)		
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$2.00	\$6.00	\$8.00	\$24.00	\$5.00	\$15.00		
\$12.50	\$4.00	\$10.00	\$5.00	\$15.00	\$15.00	\$45.00	\$9.00	\$27.00		
\$100.00	\$43.00	\$107.50	\$33.00	\$99.00	\$47.00	\$141.00	\$47.00	\$141.00		
46%	47%	47%	40%	40%	50%	50%	50%	50%		
N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		
Care Medica	re Rx Selec	t (PDP)	WellCare Medicare Rx WellCare Medicare Rx Saver (PDP) Plus (PDP)							
\$25	5.80			\$32.60			\$75.00			
\$3	85			\$445		N	No Deductible			
Tiers	3 to 5			on all tiers						
ng			Stan	dard Retail a	ınd Mail Se	rvice cost-sh	aring (in ne	etwork)		
e Medicare	Wel	llCare	WellCar	e Medicare	 WellCar	e Medicare	WellCaı	e Medicare		
er (PDP)	Value P	lus (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P	Plus (PDP)		
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$3.00	\$9.00	\$10.00	\$30.00		
\$7.50	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00		
\$95.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00		
				1	1	1	1	1		
	\$26 \$4 on al ang ICare \$Rx (PDP) 90-day \$0.00 \$12.50 \$100.00 46% N/A Care Medicare \$25 \$3 Tiers ang e Medicare er (PDP) 90-day \$0.00	\$26.60 \$445 on all tiers ICare Well Rx (PDP) Value Sc 90-day 30-day \$0.00 \$0.00 \$12.50 \$4.00 \$100.00 \$43.00 46% 47% N/A 25% Care Medicare Rx Select \$25.80 \$385 Tiers 3 to 5 Ing e Medicare er (PDP) Value P 90-day 30-day \$0.00 \$1.00	\$445 on all tiers Care WellCare Value Script (PDP) 90-day 30-day 90-day \$0.00 \$0.00 \$10.00 \$12.50 \$4.00 \$10.00 \$100.00 \$43.00 \$107.50 46% 47% 47% N/A 25% N/A Care Medicare Rx Select (PDP) \$25.80	\$26.60 \$445 on all tiers Stance	\$26.60 \$17.20 \$445 \$445 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00	\$26.60 \$445 on all tiers Tiers 3 to 5 Ing Standard Retail and Mail Se Rex (PDP) Value Script (PDP) \$0.00 \$0.00 \$0.00 \$10.00 \$100.00 \$100.00 \$43.00 \$107.50 \$33.00 \$99.00 \$47.00 \$100.00 \$43.00 \$107.50 \$33.00 \$99.00 \$47.00 \$47% A7% A0% A0% A0% A0% A0% A0% A	\$26.60 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$44	\$26.60 \$17.20 \$18.50 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$4		

25%

N/A

33%

N/A

26%

N/A

25%

N/A

33%

Region 22	
State(s) TX	Monthly Premium:
	Annual Deductible:

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$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

State(s) TX

Monthly Premium:

Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C	lassic (PDI	?)	WellCar	re Wellness	Rx (PDP)	WellCare Value Script (PDP)			
	\$19	9.50			\$17.90			\$15.30		
	\$4	145			\$445			\$445		
	on al	1 tiers		,	Tiers 3 to 5			Tiers 3 to	5	
cost-shar	ing			Stan	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	etwork)	
We	llCare	Wel	1Care	Wel	1Care	Well	lCare	Care WellCare		
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Sc	eript (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	
Well	Care Medica	re Rx Selec	t (PDP)	WellCare Medicare Rx WellCare Medicare Rx V Saver (PDP) Plus (PDP)						
	\$27	7.40			\$31.50		\$76.70			
	\$4	115			\$445		No Deductible			
	Tiers	3 to 5			on all tiers					
cost-shar	ing			Stan	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	etwork)	
WellCar	e Medicare	Wel	1Care	WellCar	e Medicare	WellCare	e Medicare	 WellCar	e Medicare	
Rx Sav	ver (PDP)	Value Pl	lus (PDP)	Rx Sele	ct (PDP)	Rx Save	er (PDP)	Value P	lus (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00	
\$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%

Region 23	
State(s) OK	Monthly Premium:
	Annual Deductible:

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$6.00	\$18.00	\$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

State(s) OK Monthly Premium: Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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

	· ·	')	WellCar		Rx (PDP)	WellCare Value Script (PD)			
					,			5	
	1 11010		Stand			vice cost-sh			
_		ICare						llCare	
Rx (PDP)					Wellness	Rx (PDP)		ript (PDP)	
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$0.00	\$3.00	\$9.00	\$8.00	\$24.00	\$5.00	\$15.00	
\$15.00	\$6.00	\$15.00	\$10.00	\$30.00	\$15.00	\$45.00	\$11.00	\$33.00	
\$100.00	\$43.00	\$107.50	\$37.00	\$111.00	\$47.00	\$141.00	\$47.00	\$141.00	
46%	47%	47%	41%	41%	50%	50%	50%	50%	
N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
, ,				Saver (PDP) Plus (PDP) \$28.40 \$87.90					
						N		h1e	
				on all tiers		1	10 Deddell	Dic	
ng			Stand	dard Retail a	nd Mail Sei	vice cost-sh	aring (in ne	etwork)	
e Medicare								e Medicare	
1		1	-			1			
,		,		-				90-day	
\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$5.00	\$15.00	\$10.00	\$30.00	
\$12.50	\$4.00	\$10.00	\$20.00	\$60.00	\$10.00	\$30.00	\$20.00	\$60.00	
\$95.00	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00	
37%	48%	48%	49%	49%	37%	37%	48%	48%	
N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A	
	\$26 \$4 on al ng ICare 8 Rx (PDP) 90-day \$0.00 \$15.00 \$100.00 46% N/A Care Medicar \$26 \$4 Tiers ng e Medicare er (PDP) 90-day \$0.00 \$12.50 \$95.00	\$26.80 \$445 on all tiers ICare Well Rx (PDP) Value Sci 90-day 30-day \$0.00 \$0.00 \$15.00 \$6.00 \$100.00 \$43.00 46% 47% N/A 25% Care Medicare Rx Select \$26.60 \$400 Tiers 3 to 5 Ing PMedicare Properties of the series of the	S445 On all tiers	\$26.80 \$445 on all tiers Ing Care WellCare Well	\$26.80 \$445 on all tiers Tiers 3 to 5 Tier	\$26.80 \$445 \$445 on all tiers Tiers 3 to 5 Standard Retail and Mail Ser Rx (PDP) Value Script (PDP) Classic (PDP) Wellness 90-day 30-day 90-day 30-day 90-day 30-day \$0.00 \$0.00 \$15.00 \$10.00 \$30.00 \$15.00 \$15.00 \$6.00 \$15.00 \$10.00 \$30.00 \$15.00 \$100.00 \$43.00 \$107.50 \$37.00 \$111.00 \$47.00 46% 47% 47% 41% 41% 50% N/A 25% N/A 25% N/A 25% N/A 25% N/A 25% N/A 25% N/A 25% Saver (PDP) \$26.60 \$28.40 \$400 \$445 Tiers 3 to 5 on all tiers Standard Retail and Mail Ser WellCare Medicare Rx Saver (PDP) \$26.60 \$28.40 \$400 \$445 Tiers 3 to 5 on all tiers Standard Retail and Mail Ser WellCare Medicare Rx Saver (PDP) \$26.60 \$28.40 \$400 \$445 Tiers 3 to 5 on all tiers Standard Retail and Mail Ser WellCare Medicare Rx Saver (PDP) \$26.60 \$28.40 \$445 Tiers 3 to 5 on all tiers Standard Retail and Mail Ser WellCare Medicare Rx Saver (PDP) \$26.60 \$28.40 \$445 Tiers 3 to 5 on all tiers Standard Retail and Mail Ser WellCare Medicare Rx Saver (PDP) \$26.60 \$28.40 \$445 Tiers 3 to 5 on all tiers Standard Retail and Mail Ser WellCare Medicare Rx Saver (PDP) \$26.60 \$28.40 \$445 Tiers 3 to 5 on all tiers Standard Retail and Mail Ser WellCare Medicare Rx Saver (PDP) \$26.60 \$28.40 \$445 Tiers 3 to 5 on all tiers Standard Retail and Mail Ser WellCare Medicare Rx Saver (PDP) \$26.60 \$28.40 \$445 Tiers 3 to 5 on all tiers Standard Retail and Mail Ser WellCare Medicare Rx Saver (PDP) \$26.60 \$28.40 \$445 Tiers 3 to 5 on all tiers Standard Retail and Mail Ser	\$26.80 \$445 on all tiers Tiers 3 to 5 Standard Retail and Mail Service cost-sh WellCare Rx (PDP) 90-day \$0.00 \$0.00 \$15.00 \$15.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$10.00 \$43.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$40.00 \$	\$26.80 \$445 \$445 \$445 \$3 to 5 \$1 Tiers 3 to 5 Reg	

Region 24	
State(s) KS	Monthly Premium:
	Annual Deductible:

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$2.00	\$6.00	\$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

State(s) KS

Monthly Premium:

Annual Deductible:

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C \$30	lassic (PDP).30	")	WellCar	e Wellness l \$16.40	Rx (PDP)	WellCare Value Script (PDP) \$17.60			
	\$4	45			\$445		\$445			
	on all tiers				Tiers 3 to 5			Tiers 3 to 5	5	
cost-shari	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sha	aring (in ne	twork)	
Wel	lCare	Well	lCare	WellCare		Well	Care	Wel	1Care	
Wellness	Rx (PDP)	Value Scr	ipt (PDP)	Classic	(PDP)	Wellness	Rx (PDP)	Value Sc	ript (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$0.00	\$0.00	\$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	
WellC	Care Medicar	re Rx Select	(PDP)		Care Medica Saver (PDP			e Medicare Plus (PDP		
	\$22	2.80			\$31.70			\$76.00		
	\$4	00			\$445		No Deductible			
	Tiers	3 to 5		on all tiers						
cost-shari	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sha	aring (in ne	twork)	
WellCaro	e Medicare	 Well	lCare	 WellCare	Medicare	 WellCare	Medicare	 WellCare	e Medicare	
Rx Savo	er (PDP)	Value Pl	us (PDP)	Rx Selec	et (PDP)	Rx Save	er (PDP)	Value P	lus (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$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	
State(s) IA, MN, MT, ND, NE, SD, WY	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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

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

Monthly Premium: Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$3.00	\$9.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$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 C \$28	lassic (PDP 3.20	")	WellCar	e Wellness l \$15.30	Rx (PDP)	WellCare Value Script (PDP) \$15.70				
	\$4	45			\$445		\$445				
	on al	l tiers			Tiers 3 to 5			Tiers 3 to 5	5		
cost-sharii	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sha	aring (in ne	twork)		
Well	ICare	Well	lCare	Well	WellCare		WellCare		1Care		
Wellness	Rx (PDP)	Value Scr	ipt (PDP)	Classic	(PDP)	Wellness	Rx (PDP)	Value Sc	ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$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		
WellC	Care Medicai	re Rx Select	(PDP)		Care Medica Saver (PDP			e Medicare Plus (PDP			
	\$2 3	3.40			\$36.50		\$76.70				
	\$4	45			\$445		No Deductible				
	Tiers	3 to 5		on all tiers							
cost-sharii	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sha	aring (in ne	twork)		
WellCare	e Medicare	Well	lCare	 WellCare	Medicare	Well Care	Medicare	WellCar	e Medicare		
	er (PDP)		us (PDP)		ct (PDP)		er (PDP)		lus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$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%		
	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A		

Region 26	
State(s) NM	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$2.00	\$6.00	\$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

State(s) NM

Monthly Premium:

Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C	lassic (PD) 3.00	P)	WellCa	re Wellness \$14.70	Rx (PDP)	WellCar	WellCare Value Script (PDP) \$14.30			
	\$4	145			\$445			\$445			
	on al	on all tiers			Tiers 3 to 5			Tiers 3 to	5		
cost-shar	ring			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in no	etwork)		
We	llCare	We	11Care	We	11Care	Wel	1Care	We	11Care		
Wellnes	ss Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellness	s Rx (PDP)	P) Value Script (PD			
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		
Well	Care Medica	re Rx Selec	et (PDP)	Well	Care Medic Saver (PDP		WellCar	e Medicar Plus (PDI	e Rx Value		
	\$2 3	3.10			\$25.20	,	\$76.90				
	\$ 4	145			\$445		No Deductible				
	Tiers	3 to 5			on all tiers						
cost-shar	ing			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in no	etwork)		
	re Medicare		llCare		e Medicare		e Medicare		re Medicare		
	ver (PDP)		lus (PDP)		ect (PDP)		er (PDP)		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%		
\$39.00	\$97.50	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00			

33%

N/A

N/A

N/A

25%

N/A

25%

25%

N/A

Region 27	
State(s) CO	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$2.00	\$6.00	\$5.00	\$15.00	\$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

State(s) CO

Monthly Premium:

Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$3.00	\$9.00	\$4.00	\$12.00	\$3.00	\$7.50	
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$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 C	lassic (PDF	P)	WellCa	re Wellness	Rx (PDP)	WellCare Value Script (PDP)				
\$30	0.90			\$16.40			\$14.50			
\$4	45			\$445			\$445			
on al	l tiers		,	Tiers 3 to 5			Tiers 3 to	5		
ng			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
ICare	Wel	1Care	WellCare Wel			llCare	Care WellCare			
Rx (PDP)	Value Sci	ript (PDP)	Classi	c (PDP)	Wellness	s Rx (PDP)	Value So	cript (PDP)		
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$2.00	\$6.00	\$8.00	\$24.00	\$5.00	\$15.00		
\$12.50	\$5.00	\$12.50	\$6.00	\$18.00	\$15.00	\$45.00	\$10.00	\$30.00		
\$95.00	\$43.00	\$107.50	\$38.00	\$114.00	\$47.00	\$141.00	\$47.00	\$141.00		
46%	48%	48%	40%	40%	50%	50%	50%	50%		
N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		
Care Medica	re Rx Select	(PDP)	Well							
\$2 5	5.40			\$32.30			\$81.50			
\$4	45			\$445		N	No Deductible			
Tiers	3 to 5			on all tiers						
ng			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
e Medicare	 Wel	1Care	 WellCar	e Medicare	 WellCar	e Medicare	 WellCar	e Medicare		
er (PDP)	Value Pl	us (PDP)	Rx Sele	ect (PDP)	Rx Sav	er (PDP)	Value P	lus (PDP)		
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$3.00	\$9.00	\$10.00	\$30.00		
\$7.50	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00		
\$97.50	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00		
38%	45%	45%	49%	49%	40%	40%	45%	45%		
	\$30 \$4 on al ng ICare Rx (PDP) 90-day \$0.00 \$12.50 \$95.00 46% N/A Care Medicare \$25 \$4 Tiers ng Medicare er (PDP) 90-day \$0.00 \$7.50	\$30.90 \$445 on all tiers ICare Well Rx (PDP) Value Scr 90-day 30-day \$0.00 \$0.00 \$12.50 \$5.00 \$95.00 \$43.00 46% 48% N/A 25% Care Medicare Rx Select \$25.40 \$445 Tiers 3 to 5 Ing Medicare Properties of the Poly 90-day 30-day \$0.00 \$1.00 \$7.50 \$4.00 \$97.50 \$47.00	S445 On all tiers	\$30.90 \$445 on all tiers Stan	\$30.90 \$445 on all tiers Tiers 3 to 5 Tiers 3 to 5 Standard Retail a WellCare (Rx (PDP) Value Script (PDP) 90-day 30-day 90-day 30-day 90-day \$0.00 \$0.00 \$12.50 \$6.00 \$18.00 \$12.50 \$5.00 \$12.50 \$6.00 \$18.00 \$95.00 \$43.00 \$107.50 \$38.00 \$114.00 46% 48% 48% 40% 40% N/A 25% N/A 25% N/A Care Medicare Rx Select (PDP) \$25.40 \$32.30 \$445 Tiers 3 to 5 on all tiers ng Standard Retail a WellCare Medicare Rx Select (PDP) 90-day 30-day 90-day 30-day 90-day \$0.00 \$1.00 \$0.00 \$15.00 \$45.00 \$7.50 \$4.00 \$10.00 \$20.00 \$60.00 \$97.50 \$47.00 \$117.50 \$47.00 \$141.00	\$30.90 \$445 on all tiers Tiers 3 to 5 Tier	\$30.90 \$16.40 \$445 \$445 \$16.40 \$4445 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40 \$16.40	\$30.90 \$16.40 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$500 all tiers Tiers 3 to 5 Tiers		

N/A

33%

N/A

N/A

25%

N/A

25%

25%

N/A

Region 28	
State(s) AZ	Monthly Premium:
	Annual Deductible:

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$6.00	\$18.00	\$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

State(s) AZ

Monthly Premium:

Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C	lassic (PDF	')	WellCar	e Wellness 1	Rx (PDP)	WellCare Value Script (PDP)				
	\$26	5.50			\$14.70		\$17.80				
	\$4	45			\$445			\$445			
	on al	l tiers			Tiers 3 to 5			Tiers 3 to 3	5		
cost-shari	ng			Stanc	lard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)		
Wel	WellCare		WellCare		lCare	Well	Care	Wel	llCare		
Wellness	Rx (PDP)	Value Scr	ript (PDP)	Classic	(PDP)	Wellness	Rx (PDP)	Value Sc	ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$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		
WellC	Care Medicai		(PDP)		WellCare Medicare Rx Saver (PDP) Plus (PDP) Pos 50						
		7.60			\$32.70			\$83.50			
		45			\$445		No Deductible				
		3 to 5		on all tiers							
cost-shari	ng	1		Stanc	lard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)		
WellCare	e Medicare	Well	lCare	 WellCare	Medicare	 WellCare	Medicare	WellCar	e Medicare		
Rx Save	er (PDP)	Value Pl	us (PDP)	Rx Sele	ct (PDP)	Rx Save	er (PDP)	Value P	lus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$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	
State(s) NV	Monthly Premium:
	Annual Deductible:

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$8.00	\$24.00	\$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

State(s) NV

Monthly Premium:
Annual Deductible:

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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) \$32.40				WellCar	e Wellness 1 \$15.50	Rx (PDP)	WellCare Value Script (PDP) \$18.30				
		45			\$445		\$445				
		l tiers			Tiers 3 to 5			Tiers 3 to 5	, ,		
cost-shari				Stand			vice cost-sh				
	1Care	WellCare			lCare		VellCare WellCare				
Wellness	Rx (PDP)	Value Scr	ipt (PDP)	Classic	(PDP)	Wellness	Rx (PDP)	Value Sc1	ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$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		
WellC	WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx Saver (PDP) WellCare Medicare Rx Plus (PDP)						
	\$2 3	3.30			\$23.00		\$79.30				
	\$4	45			\$445		No Deductible				
	Tiers	3 to 5		on all tiers							
cost-shari	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sh	aring (in net	work)		
WellCare	e Medicare	 Well	lCare	 WellCare	Medicare	 WellCare	Medicare	 WellCare	: Medicare		
	er (PDP)		us (PDP)		et (PDP)		er (PDP)		us (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$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	
State(s) OR, WA	Monthly Premium:
	Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$1.00	\$3.00	\$5.00	\$15.00	\$4.00	\$12.00	\$1.00	\$2.50	
Tier 3: Preferred Brand Drug	\$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	

State(s) OR, WA Monthly Premium: Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$2.00	\$6.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$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 C	lassic (PDP	')	WellCar	e Wellness	Rx (PDP)	WellCare Value Script (PDP)					
	\$30).50			\$17.20		\$18.70					
	\$4	45			\$445		\$445					
	on al	l tiers			Tiers 3 to 5			Tiers 3 to 3	5			
cost-sharir	ng			Stand	Standard Retail and Mail Service cost-sharing (in network)							
Well	Care	Well	lCare	Wel	lCare	Well	lCare	Wel	llCare			
Wellness	Rx (PDP)	Value Scr	ipt (PDP)	Classic	(PDP)	Wellness	Rx (PDP)	Value Sc	ript (PDP)			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$0.00	\$0.00	\$0.00	\$0.00	\$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			
WellC	Care Medicar		(PDP)		WellCare Medicare Rx Va Saver (PDP) Plus (PDP)							
	\$2 4	1.50			\$33.50			\$71.90				
		45			\$445		No Deductible					
		3 to 5			on all tiers							
cost-sharir	ng			Stand	lard Retail a	nd Mail Sei	rvice cost-sh	aring (in ne	twork)			
WellCare	e Medicare	Well	lCare	WellCare	e Medicare	WellCare	e Medicare	WellCar	e Medicare			
Rx Save	er (PDP)	Value Pl	us (PDP)	Rx Sele	ct (PDP)	Rx Savo	er (PDP)	Value P	lus (PDP)			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00			
\$2.00	\$5.00	\$4.00	\$10.00	\$20.00	\$60.00	\$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	
State(s) ID, UT	Monthly Premium:
	Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$2.00	\$6.00	\$5.00	\$15.00	\$6.00	\$18.00	\$2.00	\$5.00
Tier 3: Preferred Brand Drug	\$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

State(s) ID, UT

Monthly Premium:

Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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

ellCare C	lassic (PDP)	WellCar	e Wellness 1	Rx (PDP)) WellCare Value Script (PDP)			
\$33	3.00			\$15.80		\$17.70			
\$4	45			\$445		\$445			
on all	ltiers			Tiers 3 to 5	,		Tiers 3 to 3	5	
			Stanc	dard Retail a	nd Mail Sei	rvice cost-sh	aring (in ne	twork)	
are	Well	Care	Well	1Care	Wel	lCare	Wel	llCare	
x (PDP)	Value Scr	ipt (PDP)	Classic	c (PDP)	Wellness	Rx (PDP)	Value Sc	ript (PDP)	
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$8.00	\$24.00	\$5.00	\$15.00	
\$12.50	\$6.00	\$15.00	\$4.00	\$12.00	\$15.00	\$45.00	\$11.00	\$33.00	
\$100.00	\$43.00	\$107.50	\$35.00	\$105.00	\$47.00	\$141.00	\$47.00	\$141.00	
46%	47%	47%	40%	40%	50%	50%	50%	50%	
N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
		(PDP)		Saver (PDP) Plus (PDP)					
\$22	2.80			\$36.50			\$76.00		
				\$445 No Deductible					
Tiers	3 to 5		,	on all tiers					
			Stand	dard Retail a	nd Mail Sei	rvice cost-sh	aring (in ne	twork)	
/ledicare								e Medicare	
` ′		·		1 ,		· · · ·		<u> </u>	
,	•	,		,	· · ·			90-day	
\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$3.00	\$9.00	\$10.00	\$30.00	
\$7.50	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00	
\$97.50	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00	
35%	49%	49%	49%	49%	35%	35%	49%	49%	
	\$33 \$4 on all are x (PDP) 90-day \$0.00 \$12.50 \$100.00 46% N/A e Medicar \$22 \$4 Tiers Medicare (PDP) 90-day \$0.00	\$33.00 \$445 on all tiers Are Well X (PDP) Value Scr 30-day \$0.00 \$0.00 \$12.50 \$6.00 \$100.00 \$43.00 46% 47% N/A 25% Te Medicare Rx Select \$22.80 \$425 Tiers 3 to 5 Aledicare (PDP) Value Plant 90-day 30-day \$0.00 \$1.00 \$7.50 \$4.00 \$97.50 \$47.00	\$445 on all tiers Are X (PDP) O-day 30-day 50.00 \$0.00 \$0.00 \$15.00 \$100.00 \$43.00 \$107.50 \$46% A7% A7% N/A 25% N/A e Medicare Rx Select (PDP) \$22.80 \$425 Tiers 3 to 5 Aledicare (PDP) Value Plus (PDP) O-day 30-day 50.00 \$1.00 \$10.00 \$57.50 \$4.00 \$117.50	\$33.00 \$445 on all tiers Standare WellCare Well Value Script (PDP) Classic 30-day 30-day 30-day 30.00 \$0.00 \$1.00 512.50 \$6.00 \$15.00 \$4.00 5100.00 \$43.00 \$107.50 \$35.00 46% 47% 47% 40% N/A 25% N/A 25% e Medicare Rx Select (PDP) Well \$22.80 \$425 Tiers 3 to 5 Standard Gedicare WellCare WellCare Classic Classic VellCare VellCare Rx Select Classic VellCare VellCare Classic Classic VellCare VellCare VellCare Classic VellCare VellCare VellCare Classic VellCare VellCare VellCare Classic VellCare VellCare VellCare Classic VellCare VellCare VellCare VellCare Classic VellCare VellCare VellCare VellCare Classic VellCare VellCar	\$33.00 \$15.80 \$445 on all tiers Tiers 3 to 5 Standard Retail a WellCare Value Script (PDP) PO-day 30-day 90-day 30-day 90-day 80.00 \$1.00 \$3.00 \$12.50 \$6.00 \$15.00 \$4.00 \$12.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 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Tiers 3 to 5 Standard Retail and Mail Service cost-sh Are WellCare WellCare Classic (PDP) WellCare Wellness Rx (PDP) On-day 30-day 90-day 30-day 90-day 30-day 90-day 50.00 \$0.00 \$1.00 \$3.00 \$8.00 \$24.00 512.50 \$6.00 \$15.00 \$4.00 \$12.00 \$15.00 \$45.00 5100.00 \$43.00 \$107.50 \$35.00 \$105.00 \$47.00 \$141.00 66% 47% 47% 40% 40% 40% 50% 50% N/A 25% N/A 25% N/A 25% N/A e Medicare Rx Select (PDP) WellCare Medicare Rx Saver (PDP) \$22.80 \$36.50 \$4425 \$445 Name Saver (PDP) \$22.80 \$36.50 \$445 Name Saver (PDP) \$22.80 \$36.50 \$445 Name Saver (PDP) \$20-day 30-day 90-day 30-day 90-day 30-day 90-day 50.00 \$1.00 \$0.00 \$15.00 \$45.00 \$3.00 \$9.00 57.50 \$4.00 \$10.00 \$20.00 \$60.00 \$8.00 \$24.00 597.50 \$47.00 \$117.50 \$47.00 \$141.00 \$45.00 \$135.00 \$45.00 \$135.00 \$45.00 \$135.00 \$45.00 \$135.00 \$135.00 \$45.00 \$135.00 \$47.00 \$141.00 \$45.00 \$135.00 \$47.00 \$141.00 \$45.00 \$135.00 \$47.00 \$141.00 \$45.00 \$135.00 \$47.00 \$141.00 \$45.00 \$135.00 \$47.00 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25%

N/A

33%

N/A

25%

N/A

25%

N/A

33%

Region 32	
State(s) CA	Monthly Premium:
	Annual Deductible:

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$2.00	\$6.00	\$5.00	\$15.00	\$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

State(s) CA

Monthly Premium:

Annual Deductible:

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$2.00	\$6.00	\$4.00	\$12.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$47.00	\$141.00	\$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) \$30.10				WellCar	e Wellness l \$15.20	Rx (PDP)	WellCare Value Script (PDP) \$17.20				
		45			\$445		\$445				
		l tiers			Tiers 3 to 5			Tiers 3 to 5	,		
cost-shari				Stand	lard Retail a		vice cost-sha				
	1Care	Well	lCare		lCare	Well			Care		
	Rx (PDP)		ipt (PDP)		(PDP)		Rx (PDP)		ript (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$2.00	\$6.00	\$8.00	\$24.00	\$5.00	\$15.00		
\$5.00	\$12.50	\$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		
WellC	Care Medicai	re Rx Select	(PDP)		Care Medica Saver (PDP		e Medicare Plus (PDP)				
	\$28	3.30			\$37.10			\$81.00			
	\$3	85			\$445		No Deductible				
	Tiers	3 to 5		on all tiers							
cost-shari	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sha	aring (in net	work)		
Wall Care	e Medicare	W/a11	lCare	WollCore	Medicare	WollCom	Medicare	WollCone	: Medicare		
	er (PDP)		us (PDP)		ct (PDP)		er (PDP)		us (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$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	
State(s) HI	Monthly Premium:
	Annual Deductible:

		Preferred		Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$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

State(s) HI Monthly Premium: Annual Deductible:

		Preferred	Retail cost	Preferred Mail				
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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 C	lassic (PDP	')	WellCar	e Wellness 1	Rx (PDP)	WellCare Value Script (PDP)			
	\$2 5	5.20			\$15.70		\$17.80			
	\$4	45			\$445		\$445			
	on al	l tiers		,	Tiers 3 to 5			5		
cost-sharir	ng			Stand	lard Retail a	nd Mail Sei	rvice cost-sh	aring (in ne	twork)	
Well	Care	Well	lCare	Wel	lCare	Wel	lCare	llCare		
Wellness	Rx (PDP)	Value Scr	ipt (PDP)	Classic (PDP)		Wellness Rx (PDP)		Value Script (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$0.00	\$0.00	\$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	
WellC	WellCare Medicare Rx Select (PDP)				WellCare Medicare Rx WellCare Medicare Rx Va Saver (PDP) Plus (PDP)					
		5.20			\$27.00		_	\$75.90		
		45 3 to 5		\$445 No Deductible on all tiers						
cost-sharir		3 10 3		Standard Retail and Mail Service cost-sharing (in network)						
cost snam	8			Stant	ard Retair a				tworky	
WellCare	Medicare	Well	lCare	WellCare	Medicare	WellCare	e Medicare	WellCare Medicare		
Rx Save	er (PDP)		us (PDP)		ct (PDP)		er (PDP)		lus (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$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	
State(s) AK	Monthly Premium:
	Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$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	

State(s) AK

Monthly Premium:

Annual Deductible:

		Preferred	Retail cost	-sharing (in	Preferred Mail			
Initial Coverage Stage (after you pay your deductible, if	WellCare Medicare Rx Select (PDP)		WellCare Medicare Rx Saver (PDP)		WellCare Medicare Rx Value Plus (PDP)		WellCare Medicare Rx Select (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$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) \$30.60				re Wellness 1	Rx (PDP)	WellCar	WellCare Value Script (PDP) \$17.60			
	\$4	145			\$445		\$445				
	on al	1 tiers			Tiers 3 to 5			5			
cost-shar	ing			Stan	dard Retail a	nd Mail Se	rvice cost-sh	ice cost-sharing (in network)			
We	llCare	Wel	1Care	We	11Care	Wel	lCare	WellCare			
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellness	Rx (PDP)	Value Script (PDF			
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		
Well	Care Medica	re Rx Selec	t (PDP)	Well	Care Medic Saver (PDP		WellCare Medicare Rx Va Plus (PDP)				
	\$20	5.70		\$40.10			\$79.60				
	\$ 4	145			\$445		N	No Deducti	o Deductible		
	Tiers	3 to 5			on all tiers						
cost-shar	ing			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
	re Medicare rer (PDP)		1Care lus (PDP)		re Medicare ect (PDP)		e Medicare er (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%		
		-	1		1		-				

25%

N/A

33%

N/A

25%

N/A

25%

N/A

33%

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.

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.

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.

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 call1-888-293-5151 to view a copy of the EOC.
☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 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.





