2025
Summary of Benefits

Wellcare Value Script (PDP)

Wellcare Classic (PDP)

Wellcare Medicare Rx Value Plus (PDP)

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This is a summary of prescription drug benefits covered by Wellcare Value Script (PDP), Wellcare Classic (PDP), and Wellcare Medicare Rx Value Plus (PDP) from January 1, 2025 to December 31, 2025.

Wellcare offers several plans with different levels of benefits, depending on how much prescription drug coverage you need to support your well-being and help you live a better, healthier life.

Wellcare Value Script (PDP)

If you want thorough coverage for a low premium, Value Script may suit your needs.

Wellcare Classic (PDP)

If you receive Extra Help, you may be eligible for $0 premium and lower copays with this plan.

Wellcare Medicare Rx Value Plus (PDP)

Need more coverage? You may be interested in our plan with a $0 deductible on Tiers 1-3.

Who can join?

To join one of our plans, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B and live in our service area. To be eligible, you must also be a United States citizen or are lawfully present in the United States.

Our service area includes these states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

Get to Know Medicare Part D

Deductible: The amount you pay before a plan covers their portion of your prescription drug costs.

Initial Coverage Stage: During this stage, the plan pays its share of the cost, and you pay your share.

- "Copayment" is a fixed amount you pay each time you fill a prescription.
- "Coinsurance" is a percentage of the total cost of the drug you pay each time you fill a prescription.

You are in this stage until your payments and the plan's payments total $2,000 for the year. Our plans group each medication into one of five tiers:

- Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)
- Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)
- Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)
- Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)
- Tier 5 (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)

Catastrophic Coverage: After your out-of-pocket costs for prescription drugs reach $2,000, you pay $0 for covered brand and generic drugs for the remainder of the year.

Important Message About What You Pay for Insulin:

You won't pay more than $35 for up to a one-month supply, $70 for up to a two-month supply or $105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

Important Message About What You Pay for Vaccines:

Our plan covers most Part D vaccines at no cost to you, even if you have not paid your deductible.

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).

To learn more about this payment option, please contact us at 1-833-750-9969. (TTY only, call 1-800-716-3231.) We are available for phone calls 24 hours a day, 7 days a week, 365 days a year or visit www.wellcare.com/MPPP.

This document does not list every service, limitation or exclusion. A complete list of services is in the plan's Evidence of Coverage. You can find the Evidence of Coverage on our website at www.wellcare.com/PDP. Or you may call us to ask for a copy at the phone number listed on the back cover.

For more information, please contact your plan for details.

Phone Numbers	**1-800-270-5320** (**TTY 711**)
Member Services Hours	Pre-Enrollment Hours / Monday - Sunday, 8 am - 8 pm (all time zones)
Website	www.wellcare.com/PDP
Drug List	www.wellcare.com/PDP
Pharmacy Directory	www.2025wellcaredirectories.com
Medicare & You Handbook	If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). For more information or to request information in an alternate format, please call us at 1-800-270-5320 (TTY users should call 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

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Wellcare Value Script (PDP)

Initial Coverage Stage

State	Monthly Premium	Deductible Tiers 3-5	Preferred retail Preferred mail-order pharmacies 30-day supply				
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Alabama	$0.00	$590	$0	$5	25%	38%	25%
Alaska	$22.30	$590	$0	$5	25%	35%	25%
Arizona	$0.00	$590	$0	$5	25%	40%	25%
Arkansas	$0.00	$590	$0	$5	25%	40%	25%
California	$17.40	$590	$0	$5	25%	35%	25%
Colorado	$0.00	$590	$0	$5	25%	40%	25%
Connecticut	$12.40	$590	$0	$5	25%	41%	25%
Delaware	$0.00	$590	$0	$5	25%	41%	25%
District of Columbia	$0.00	$590	$0	$5	25%	41%	25%
Florida	$0.00	$590	$0	$5	25%	38%	25%
Georgia	$0.00	$590	$0	$5	25%	38%	25%
Hawaii	$0.00	$590	$0	$5	25%	37%	25%
Idaho	$0.00	$590	$0	$5	25%	42%	25%
Illinois	$0.00	$590	$0	$5	25%	45%	25%
Indiana	$0.00	$590	$0	$5	25%	41%	25%
Iowa	$0.00	$590	$0	$5	25%	49%	25%
Kansas	$0.00	$590	$0	$5	25%	41%	25%
Kentucky	$0.00	$590	$0	$5	25%	41%	25%
Louisiana	$0.00	$590	$0	$5	25%	36%	25%
Maine	$0.00	$590	$0	$5	25%	41%	25%
Maryland	$0.00	$590	$0	$5	25%	41%	25%

Wellcare Value Script (PDP)

Initial Coverage Stage

Standard retail Standard mail-order pharmacies 30-day supply					Preferred retail Preferred mail-order Standard retail Standard mail-order pharmacies 90-day supply
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	
$10	$15	25%	39%	25%	Tier 1, Tier 2: 3x 30-day copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A
$10	$15	25%	36%	25%	
$10	$15	25%	41%	25%	
$10	$15	25%	40%	25%	
$10	$15	25%	36%	25%	
$10	$15	25%	41%	25%	
$10	$15	25%	42%	25%	
$10	$15	25%	42%	25%	
$10	$15	25%	42%	25%	
$10	$15	25%	38%	25%	
$10	$15	25%	38%	25%	
$10	$15	25%	38%	25%	
$10	$15	25%	43%	25%	
$10	$15	25%	46%	25%	
$10	$15	25%	42%	25%	
$10	$15	25%	50%	25%	
$10	$15	25%	42%	25%	
$10	$15	25%	42%	25%	
$10	$15	25%	37%	25%	
$10	$15	25%	42%	25%	
$10	$15	25%	42%	25%	

Wellcare Value Script (PDP)

Initial Coverage Stage

State	Monthly Premium	Deductible Tiers 3-5	Preferred retail Preferred mail-order pharmacies 30-day supply				
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Massachusetts	$12.40	$590	$0	$5	25%	41%	25%
Michigan	$0.00	$590	$0	$5	25%	45%	25%
Minnesota	$0.00	$590	$0	$5	25%	49%	25%
Mississippi	$0.00	$590	$0	$5	25%	38%	25%
Missouri	$0.00	$590	$0	$5	25%	40%	25%
Montana	$0.00	$590	$0	$5	25%	49%	25%
Nebraska	$0.00	$590	$0	$5	25%	49%	25%
Nevada	$0.00	$590	$0	$5	25%	39%	25%
New Hampshire	$0.00	$590	$0	$5	25%	41%	25%
New Jersey	$2.30	$590	$0	$5	25%	37%	25%
New Mexico	$0.00	$590	$0	$5	25%	42%	25%
New York	$38.70	$590	$0	$5	25%	34%	25%
North Carolina	$0.00	$590	$0	$5	25%	39%	25%
North Dakota	$0.00	$590	$0	$5	25%	49%	25%
Ohio	$0.00	$590	$0	$5	25%	45%	25%
Oklahoma	$0.00	$590	$0	$5	25%	37%	25%
Oregon	$0.00	$590	$0	$5	25%	42%	25%
Pennsylvania	$0.00	$590	$0	$5	25%	42%	25%
Rhode Island	$12.40	$590	$0	$5	25%	41%	25%
South Carolina	$0.00	$590	$0	$5	25%	37%	25%
South Dakota	$0.00	$590	$0	$5	25%	49%	25%

Wellcare Value Script (PDP)

Initial Coverage Stage

Standard retail Standard mail-order pharmacies 30-day supply					Preferred retail Preferred mail-order Standard retail Standard mail-order pharmacies 90-day supply
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	
$10	$15	25%	42%	25%	Tier 1, Tier 2: 3x 30-day copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A
$10	$15	25%	46%	25%	
$10	$15	25%	50%	25%	
$10	$15	25%	39%	25%	
$10	$15	25%	41%	25%	
$10	$15	25%	50%	25%	
$10	$15	25%	50%	25%	
$10	$15	25%	40%	25%	
$10	$15	25%	42%	25%	
$10	$15	25%	38%	25%	
$10	$15	25%	43%	25%	
$10	$15	25%	35%	25%	
$10	$15	25%	39%	25%	
$10	$15	25%	50%	25%	
$10	$15	25%	46%	25%	
$10	$15	25%	38%	25%	
$10	$15	25%	43%	25%	
$10	$15	25%	42%	25%	
$10	$15	25%	42%	25%	
$10	$15	25%	38%	25%	
$10	$15	25%	50%	25%	

Wellcare Value Script (PDP)

Initial Coverage Stage

State	Monthly Premium	Deductible Tiers 3-5	Preferred retail Preferred mail-order pharmacies 30-day supply				
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Tennessee	$0.00	$590	$0	$5	25%	38%	25%
Texas	$0.00	$590	$0	$5	25%	36%	25%
Utah	$0.00	$590	$0	$5	25%	42%	25%
Vermont	$12.40	$590	$0	$5	25%	41%	25%
Virginia	$0.00	$590	$0	$5	25%	42%	25%
Washington	$0.00	$590	$0	$5	25%	42%	25%
West Virginia	$0.00	$590	$0	$5	25%	42%	25%
Wisconsin	$0.00	$590	$0	$5	25%	43%	25%
Wyoming	$0.00	$590	$0	$5	25%	49%	25%

Wellcare Value Script (PDP)

Initial Coverage Stage

Standard retail Standard mail-order pharmacies 30-day supply					Preferred retail Preferred mail-order Standard retail Standard mail-order pharmacies 90-day supply
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	
$10	$15	25%	39%	25%	Tier 1, Tier 2: 3x 30-day copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A
$10	$15	25%	37%	25%	
$10	$15	25%	43%	25%	
$10	$15	25%	42%	25%	
$10	$15	25%	43%	25%	
$10	$15	25%	43%	25%	
$10	$15	25%	42%	25%	
$10	$15	25%	44%	25%	
$10	$15	25%	50%	25%	

Generic drugs may be covered on tiers other than Tier 1 and Tier 2. Please check this plan's Formulary to validate the specific tier on which your drugs are covered.

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or whether the prescription is a short-term (30-day supply) or long term (90-day supply).

Wellcare Classic (PDP)

Initial Coverage Stage

State	Monthly Premium	Deductible All Tiers	Preferred retail Preferred mail-order pharmacies 30-day supply				
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Alabama	$20.30	$590	$0	$5	21%	35%	25%
Alaska	$74.40	$590	$0	$5	23%	49%	25%
Arizona	$0.80	$590	$0	$5	23%	37%	25%
Arkansas	$0.00	$590	$0	$5	20%	35%	25%
California	$16.80	$590	$0	$5	21%	35%	25%
Colorado	$17.30	$590	$0	$5	22%	35%	25%
Connecticut	$28.30	$590	$0	$5	22%	36%	25%
Delaware	$11.30	$590	$0	$5	22%	35%	25%
District of Columbia	$11.30	$590	$0	$5	22%	35%	25%
Florida	$5.30	$590	$0	$5	22%	35%	25%
Georgia	$15.30	$590	$0	$5	22%	36%	25%
Hawaii	$19.30	$590	$0	$5	23%	35%	25%
Idaho	$27.30	$590	$0	$5	21%	36%	25%
Illinois	$3.30	$590	$0	$5	23%	35%	25%
Indiana	$32.30	$590	$0	$5	21%	36%	25%
Iowa	$22.30	$590	$0	$5	21%	35%	25%
Kansas	$24.30	$590	$0	$5	21%	35%	25%
Kentucky	$32.30	$590	$0	$5	21%	36%	25%
Louisiana	$24.30	$590	$0	$5	21%	35%	25%
Maine	$15.30	$590	$0	$5	21%	35%	25%
Maryland	$11.30	$590	$0	$5	22%	35%	25%

Wellcare Classic (PDP)

Initial Coverage Stage

Standard retail Standard mail-order pharmacies 30-day supply					Preferred retail Preferred mail-order Standard retail Standard mail-order pharmacies 90-day supply
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	
$3	$8	22%	35%	25%	Tier 1, Tier 2: 3x 30-day copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A
$3	$8	23%	49%	25%	
$3	$8	24%	37%	25%	
$3	$8	21%	35%	25%	
$3	$8	22%	36%	25%	
$3	$8	22%	36%	25%	
$3	$8	22%	37%	25%	
$3	$8	23%	35%	25%	
$3	$8	23%	35%	25%	
$3	$8	22%	36%	25%	
$3	$8	22%	36%	25%	
$3	$8	23%	36%	25%	
$3	$8	21%	36%	25%	
$3	$8	23%	36%	25%	
$3	$8	21%	37%	25%	
$3	$8	21%	36%	25%	
$3	$8	21%	35%	25%	
$3	$8	21%	37%	25%	
$3	$8	22%	35%	25%	
$3	$8	21%	36%	25%	
$3	$8	23%	35%	25%	

Wellcare Classic (PDP)

Initial Coverage Stage

State	Monthly Premium	Deductible All Tiers	Preferred retail Preferred mail-order pharmacies 30-day supply				
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Massachusetts	$28.30	$590	$0	$5	22%	36%	25%
Michigan	$8.30	$590	$0	$5	21%	35%	25%
Minnesota	$22.30	$590	$0	$5	21%	35%	25%
Mississippi	$12.30	$590	$0	$5	22%	35%	25%
Missouri	$27.30	$590	$0	$5	20%	36%	25%
Montana	$22.30	$590	$0	$5	21%	35%	25%
Nebraska	$22.30	$590	$0	$5	21%	35%	25%
Nevada	$6.30	$590	$0	$5	21%	35%	25%
New Hampshire	$15.30	$590	$0	$5	21%	35%	25%
New Jersey	$38.30	$590	$0	$5	21%	35%	25%
New Mexico	$0.00	$590	$0	$5	22%	36%	25%
New York	$55.30	$590	$0	$5	21%	35%	25%
North Carolina	$23.30	$590	$0	$5	21%	35%	25%
North Dakota	$22.30	$590	$0	$5	21%	35%	25%
Ohio	$24.30	$590	$0	$5	21%	35%	25%
Oklahoma	$24.30	$590	$0	$5	21%	35%	25%
Oregon	$6.30	$590	$0	$5	22%	36%	25%
Pennsylvania	$20.30	$590	$0	$5	21%	36%	25%
Rhode Island	$28.30	$590	$0	$5	22%	36%	25%
South Carolina	$21.30	$590	$0	$5	22%	36%	25%
South Dakota	$22.30	$590	$0	$5	21%	35%	25%

Wellcare Classic (PDP)

Initial Coverage Stage

Standard retail Standard mail-order pharmacies 30-day supply					Preferred retail Preferred mail-order Standard retail Standard mail-order pharmacies 90-day supply
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	
$3	$8	22%	37%	25%	Tier 1, Tier 2: 3x 30-day copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A
$3	$8	21%	36%	25%	
$3	$8	21%	36%	25%	
$3	$8	22%	35%	25%	
$3	$8	21%	36%	25%	
$3	$8	21%	36%	25%	
$3	$8	21%	36%	25%	
$3	$8	22%	36%	25%	
$3	$8	21%	36%	25%	
$3	$8	21%	36%	25%	
$3	$8	23%	36%	25%	
$3	$8	21%	36%	25%	
$3	$8	22%	36%	25%	
$3	$8	21%	36%	25%	
$3	$8	22%	36%	25%	
$3	$8	22%	36%	25%	
$3	$8	22%	36%	25%	
$3	$8	21%	37%	25%	
$3	$8	22%	37%	25%	
$3	$8	22%	36%	25%	
$3	$8	21%	36%	25%	

Wellcare Classic (PDP)

Initial Coverage Stage

State	Monthly Premium	Deductible All Tiers	Preferred retail Preferred mail-order pharmacies 30-day supply				
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Tennessee	$20.30	$590	$0	$5	21%	35%	25%
Texas	$3.30	$590	$0	$5	22%	35%	25%
Utah	$27.30	$590	$0	$5	21%	36%	25%
Vermont	$28.30	$590	$0	$5	22%	36%	25%
Virginia	$11.30	$590	$0	$5	22%	36%	25%
Washington	$6.30	$590	$0	$5	22%	36%	25%
West Virginia	$20.30	$590	$0	$5	21%	36%	25%
Wisconsin	$22.30	$590	$0	$5	20%	35%	25%
Wyoming	$22.30	$590	$0	$5	21%	35%	25%

Wellcare Classic (PDP)

Initial Coverage Stage

Standard retail Standard mail-order pharmacies 30-day supply					Preferred retail Preferred mail-order Standard retail Standard mail-order pharmacies 90-day supply
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	
$3	$8	22%	35%	25%	Tier 1, Tier 2: 3x 30-day copay Tier 3, Tier 4: Applicable Coinsurance Tier 5: N/A
$3	$8	22%	36%	25%	
$3	$8	21%	36%	25%	
$3	$8	22%	37%	25%	
$3	$8	22%	36%	25%	
$3	$8	22%	36%	25%	
$3	$8	21%	37%	25%	
$3	$8	21%	35%	25%	
$3	$8	21%	36%	25%	

Generic drugs may be covered on tiers other than Tier 1 and Tier 2. Please check this plan's Formulary to validate the specific tier on which your drugs are covered.

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or whether the prescription is a short-term (30-day supply) or long term (90-day supply).

Wellcare Medicare Rx Value Plus (PDP)

Initial Coverage Stage

State	Monthly Premium	Deductible Tiers 4-5	Preferred retail Preferred mail-order pharmacies 30-day supply				
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Alabama	$102.40	$590	$0	$4	15%	50%	25%
Alaska	$107.30	$590	$0	$4	15%	50%	25%
Arizona	$102.40	$590	$0	$4	15%	50%	25%
Arkansas	$102.30	$590	$0	$4	15%	50%	25%
California	$117.60	$590	$0	$4	15%	50%	25%
Colorado	$117.20	$590	$0	$4	15%	50%	25%
Connecticut	$112.30	$590	$0	$4	15%	50%	25%
Delaware	$102.40	$590	$0	$4	15%	50%	25%
District of Columbia	$102.40	$590	$0	$4	15%	50%	25%
Florida	$107.30	$590	$0	$4	15%	50%	25%
Georgia	$112.30	$590	$0	$4	15%	50%	25%
Hawaii	$107.30	$590	$0	$4	15%	50%	25%
Idaho	$102.30	$590	$0	$4	15%	50%	25%
Illinois	$102.40	$590	$0	$4	15%	50%	25%
Indiana	$102.30	$590	$0	$4	15%	50%	25%
Iowa	$107.30	$590	$0	$4	15%	50%	25%
Kansas	$113.90	$590	$0	$4	15%	50%	25%
Kentucky	$102.30	$590	$0	$4	15%	50%	25%
Louisiana	$107.40	$590	$0	$4	15%	50%	25%
Maine	$112.40	$590	$0	$4	15%	50%	25%

Wellcare Medicare Rx Value Plus (PDP)

Initial Coverage Stage

Standard retail Standard mail-order pharmacies 30-day supply					Preferred retail Standard retail Standard mail-order pharmacies 90-day supply	Preferred mail-order pharmacies 90-day supply
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**		
$5	$10	15%	50%	25%	Tier 1, Tier 2: 3x 30-day copay Tiers 3, Tier 4: Applicable Coinsurance Tier 5: N/A	Tier 1: $0 Tier 2: 2.5x 30-day copay Tiers 3, Tier 4: Applicable Coinsurance Tier 5: N/A
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		

Wellcare Medicare Rx Value Plus (PDP)

Initial Coverage Stage

State	Monthly Premium	Deductible Tiers 4-5	Preferred retail Preferred mail-order pharmacies 30-day supply				
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Maryland	$102.40	$590	$0	$4	15%	50%	25%
Massachusetts	$112.30	$590	$0	$4	15%	50%	25%
Michigan	$102.40	$590	$0	$4	15%	50%	25%
Minnesota	$107.30	$590	$0	$4	15%	50%	25%
Mississippi	$117.30	$590	$0	$4	15%	50%	25%
Missouri	$102.40	$590	$0	$4	15%	50%	25%
Montana	$107.30	$590	$0	$4	15%	50%	25%
Nebraska	$107.30	$590	$0	$4	15%	50%	25%
Nevada	$102.40	$590	$0	$4	15%	50%	25%
New Hampshire	$112.40	$590	$0	$4	15%	50%	25%
New Jersey	$107.30	$590	$0	$4	15%	50%	25%
New Mexico	$102.30	$590	$0	$4	15%	50%	25%
New York	$126.80	$590	$0	$4	15%	50%	25%
North Carolina	$107.30	$590	$0	$4	15%	50%	25%
North Dakota	$107.30	$590	$0	$4	15%	50%	25%
Ohio	$102.30	$590	$0	$4	15%	50%	25%
Oklahoma	$122.30	$590	$0	$4	15%	50%	25%
Oregon	$102.40	$590	$0	$4	15%	50%	25%
Pennsylvania	$107.40	$590	$0	$4	15%	50%	25%
Rhode Island	$112.30	$590	$0	$4	15%	50%	25%

Wellcare Medicare Rx Value Plus (PDP)

Initial Coverage Stage

Standard retail Standard mail-order pharmacies 30-day supply					Preferred retail Standard retail Standard mail-order pharmacies 90-day supply	Preferred mail-order pharmacies 90-day supply
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**		
$5	$10	15%	50%	25%	Tier 1, Tier 2: 3x 30-day copay Tiers 3, Tier 4: Applicable Coinsurance Tier 5: N/A	Tier 1: $0 Tier 2: 2.5x 30-day copay Tiers 3, Tier 4: Applicable Coinsurance Tier 5: N/A
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		

Wellcare Medicare Rx Value Plus (PDP)

Initial Coverage Stage

State	Monthly Premium	Deductible Tiers 4-5	Preferred retail Preferred mail-order pharmacies 30-day supply				
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
South Carolina	$113.90	$590	$0	$4	15%	50%	25%
South Dakota	$107.30	$590	$0	$4	15%	50%	25%
Tennessee	$102.40	$590	$0	$4	15%	50%	25%
Texas	$102.30	$590	$0	$4	15%	50%	25%
Utah	$102.30	$590	$0	$4	15%	50%	25%
Vermont	$112.30	$590	$0	$4	15%	50%	25%
Virginia	$102.30	$590	$0	$4	15%	50%	25%
Washington	$102.40	$590	$0	$4	15%	50%	25%
West Virginia	$107.40	$590	$0	$4	15%	50%	25%
Wisconsin	$102.40	$590	$0	$4	15%	50%	25%
Wyoming	$107.30	$590	$0	$4	15%	50%	25%

Wellcare Medicare Rx Value Plus (PDP)

Initial Coverage Stage

Standard retail Standard mail-order pharmacies 30-day supply					Preferred retail Standard retail Standard mail-order pharmacies 90-day supply	Preferred mail-order pharmacies 90-day supply
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**		
$5	$10	15%	50%	25%	Tier 1, Tier 2: 3x 30-day copay Tiers 3, Tier 4: Applicable Coinsurance Tier 5: N/A	Tier 1: $0 Tier 2: 2.5x 30-day copay Tiers 3, Tier 4: Applicable Coinsurance Tier 5: N/A
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		
$5	$10	15%	50%	25%		

Generic drugs may be covered on tiers other than Tier 1 and Tier 2. Please check this plan's Formulary to validate the specific tier on which your drugs are covered.

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or whether the prescription is a short-term (30-day supply) or long term (90-day supply).

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Form Approved
OMB# 0938-1421

Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-888-550-5252 (TTY: 711)**. Someone who speaks English/ Language can help you. This is a free service.

Spanish: Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-888-550-5252 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Mandarin): 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-888-550-5252（TTY：711）**。您将获得中文普通话口译员的帮助。这是一项免费服务。

Chinese (Cantonese): 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-888-550-5252 (TTY：711)**。會説廣東話的人員可以幫助您。此為免費服務。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-888-550-5252 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-888-550-5252 (TTY : 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-888-550-5252 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-888-550-5252 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-888-550-5252(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-888-550-5252 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

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Arabic: نوفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-888-550-5252 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-888-550-5252 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक नि:शुल्क सेवा है।

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il **1-888-550-5252 (TTY: 711)**. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número **1-888-550-5252 (TTY: 711)**. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan **1-888-550-5252 (TTY: 711)**. Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-888-550-5252 (TTY: 711)**. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-888-550-5252**（**TTY：711**）にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

Hawaiian: Loaʻa iā mākou nā lawelawe unuhi ʻōlelo manuahi e pane i nā nīnau āu e pili ana i kā mākou papahana olakino a lāʻau paha. No ka loaʻa ʻana o ka unuhi ʻōlelo e kelepona iā mākou ma **1-888-550-5252 (TTY: 711)**. Hiki i kekahi kanaka ʻōlelo Hawaiʻi ke kōkua iā ʻoe. He lawelawe manuahi kēia.

Ilocano: Adda iti libre a serbisyo ti panagpatarus mi tapno masungbatan ti anyaman a saludsod mo maipanggep iti plano ti salun-at wenno agas mi. Tapno makaala ti maysa nga agipatpatarus pakiawagan dakami laeng iti **1-888-550-5252 (TTY: 711)**. Mabalin nga makatulong kenka ti maysa nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Samoan: E iai matou auaunaga faamatala upu e tali atu i soo se fesili e te ono fesili ai e uiga ia matou fuafuaga tau soifua maloloina poo fualaau. Ina ia maua se tagata faamatala upu na'o le vili mai a matou i le **1-888-550-5252 (TTY: 711)**. E mafai ona fesoasoani atu ia te oe se tasi e tautala i le gagana Samoan. E leai se totogi o lenei auaunaga.

Lao: ພວກເຮົາມີບໍລິການຄົນພາສາຟຣີ ເພື່ອຕອບຄຳຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ເພື່ອຂໍຄົນແປພາສາ ພຽງແຕ່ໂທຫາພວກເຮົາໄດ້ທີ່ເບີ **1-888-550-5252 (TTY: 711)**. ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນບໍລິການຟຣີ.

Form CMS-10802
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Cambodian: យើងមានសេវាបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃសម្រាប់ឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីគម្រោងឱសថ ឬគម្រោងសុខភាពរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមរយៈលេខ **1-888-550-5252 (TTY: 711)**។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរបានអាចជួយអ្នកបាន។ នេះជាសេវាកម្មឥតគិតថ្លៃ។

Hmong: Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb cov nqe lus nug twg uas koj yuav muaj hais txog peb lub phiaj xwm duav roos kev noj qab haus huv thiab tshuaj. Yog xav tau ib tug kws txhais lus ces tsuas hu rau peb tau ntawm **1-888-550-5252 (TTY: 711)**. Ib tug neeg twg uas hais tau lus Hmoob yuav pab tau koj. Qhov no yog kev pab cuam pab dawb xwb.

Thai: เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการล่ามแปลภาษา โปรดติดต่อเราที่หมายเลข 1-888-550-5252 (TTY: 711) คนที่พูดภาษาไทยได้สามารถช่วยคุณได้ บริการนี้ไม่มีค่าใช้จ่าย

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 1-800-270-5320 (TTY: 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.wellcare.com/PDP or call 1-800-270-5320 to view a copy of the EOC. Hours are Monday - Sunday, 8 am - 8 pm (all time zones).
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

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, 2026.

Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

"Wellcare" is issued by WellCare Prescription Insurance, Inc.

Contact Us

For more information, please contact us:

By phone

Toll-free at 1-800-270-5320 (TTY: 711). Your call may be answered by a licensed agent.

Hours of Operation

Monday - Sunday, 8 am - 8 pm (all time zones)

Online

www.wellcare.com/PDP