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 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%	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	lassic (PDI 5.70	?)	WellCa	re Wellness 1	Rx (PDP)	WellCar	WellCare Value Script (PD) \$17.20			
		145			\$445			\$445			
		1 tiers			Tiers 3 to 5	•		Tiers 3 to	5		
cost-shar		1 (1018		Stan	dard Retail a		mrian anat ah				
	llCare	137.1	1Care		llCare		1Care		llCare		
							Rx (PDP)				
	s Rx (PDP)		ript (PDP)		ic (PDP)		, ,		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		
\$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		
						L					
vven	Care Medica	re Kx Selec	t (PDP)	vven	WellCare Medicare Rx Saver (PDP) WellCare Medicare Rx Plus (PDP)						
	\$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	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
*** 41.0	3.5.1.		10		3.5 %		3.5.1.		3.5.1.		
	re Medicare		1Care		e Medicare		e Medicare		re Medicare		
	rer (PDP)		lus (PDP)		ect (PDP)	1	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	\$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%		

N/A

25%

N/A

33%

N/A

N/A

25%

4

25%

N/A

Region 02	
State(s) CT, MA, RI, VT	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	\$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)						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%	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		P)	WellCa	re Wellness	Rx (PDP)	WellCar	WellCare Value Script (PD)			
	" -	1.00			\$14.40			\$16.20			
		45			\$445			\$445			
	on al	l tiers			Tiers 3 to 5			Tiers 3 to 5			
cost-shar	ing			Stan	idard Retail a	nd Mail Se	rvice cost-sh	aring (in no	etwork)		
WellCare		We	llCare	We	11Care	Wel	llCare	We	11Care		
Wellnes	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	\$2.00	\$6.00	\$8.00	\$24.00	\$5.00	\$15.00		
\$8.00	\$20.00	\$8.00	\$20.00	\$6.00	\$18.00	\$15.00	\$45.00	\$13.00	\$39.00		
\$40.00	\$100.00	\$43.00	\$107.50	\$35.00	\$105.00	\$47.00	\$141.00	\$47.00	\$141.00		
46%	46%	47%	47%	44%	44%	50%	50%	50%	50%		
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		
Well	Care Medica	re Rx Selec	t (PDP)	Wel	Care Medic Saver (PDP		WellCar	e Medicar Plus (PDI	e Rx Value		
	\$20	5.40			\$35.70	,	\$74.40				
	\$ 4	100			\$445	No Deducti	ble				
	Tiers	3 to 5			on all tiers						
cost-shar	ing			Stan	ıdard Retail a	nd Mail Se	rvice cost-sh	aring (in no	etwork)		
WellCar	e Medicare	We	llCare	WellCar	e Medicare	 WellCar	e Medicare	WellCa1	e 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		
\$2.00	\$5.00	\$4.00	\$10.00	\$20.00	\$60.00	\$6.00	\$18.00	\$20.00	\$60.00		
\$42.00	\$105.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00		
37%	37%	47%	47%	49%	49%	38%	38%	47%	47%		

N/A

33%

N/A

N/A

25%

N/A

25%

25%

N/A

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	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

	WellCare C	lassic (PDI	P)	WellCar	re Wellness	Rx (PDP)	WellCare Value Script (PDP)				
	\$34	1.80			\$15.60		\$17.70				
	\$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	lCare	We	llCare	Wel	llCare	We	11Care		
Wellness	s Rx (PDP)	Value Sci	ript (PDP)	Classi	c (PDP)	Wellnes	s 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		
\$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		
WellC	Care Medica	re Rx Select	(PDP)	Well	Care Medic Saver (PDP			e Medicaro Plus (PDF			
	\$40	0.20			\$36.80			\$82.00	,		
	\$3	00			\$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	lCare	 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	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	\$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%		

N/A

25%

N/A

33%

N/A

6

N/A

33%

25%

N/A

Region 04	
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 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 Classic (PDP)				e Wellness	Rx (PDP)	WellCare Value Script (PDP)			
	\$33	3.90			\$14.80		\$16.30			
	\$4	145			\$445			\$445		
	on al	1 tiers		,	Tiers 3 to 5			Tiers 3 to 5	5	
cost-shari	ng			Standard Retail and Mail Service cost-sharing (in network)						
Wel	1Care	Wel	ICare	Wel	1Care	Wel	1Care	Wel	1Care	
Wellness	Rx (PDP)	Value Sc1	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Sci	ript (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$0.00	\$0.00	\$1.00	\$3.00	\$8.00	\$24.00	\$5.00	\$15.00	
\$5.00	\$12.50	\$6.00	\$15.00	\$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	
WellC	Care Medica	re Rx Select	(PDP)		Care Medica Saver (PDP		WellCar	e Medicare Plus (PDP		
	\$28	3.50			\$35.50		\$78.80			
	\$3	345			\$445		No Deductible			
	Tiers	3 to 5			on all tiers					
cost-shari	ng			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)	
WellCar	e Medicare	 Wel	lCare	 WellCare	e Medicare	 WellCare	e Medicare	 WellCare	e Medicare	
Rx Sav	er (PDP)	Value Pl	us (PDP)	Rx Sele	ct (PDP)	Rx Save	er (PDP)	Value Pl	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	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	lassic (PDP 3.30)	WellCar	e Wellness 1	Rx (PDP)	WellCare Value Script (PDP) \$16.20				
		45			\$445		\$445				
		l tiers			Tiers 3 to 5			Tiers 3 to .	5		
cost-sharii	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)		
	Care	Well	Care		lCare	-	Care		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		
WellCare Medicare Rx Select (PDP)					Care Medica Saver (PDP			WellCare Medicare Rx Value Plus (PDP) \$76.60			
		5.40			\$30.00		No Deductible				
		25 3 to 5		\$445 No Deductible on all tiers					ole		
cost-sharii	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)		
	e Medicare er (PDP)		Care us (PDP)		Medicare		re Medicare WellCare Medicare ver (PDP) Value Plus (PDP)				
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$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	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	lassic (PD	P)	WellCa	re Wellness	Rx (PDP)	WellCar	WellCare Value Script (PDF			
	\$33	3.80			\$15.70			\$17.80			
	\$4	145			\$445			\$445			
	on al	1 tiers			Tiers 3 to 5	<u> </u>		Tiers 3 to	5		
cost-shar	ing			Stan	idard Retail a	ınd Mail Se	rvice cost-sh	aring (in no	etwork)		
We	llCare	We	llCare	We	11Care	Wel	llCare	WellCare			
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellnes	s Rx (PDP)	Value So	Value Script (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$3.00	\$9.00	\$8.00	\$24.00	\$5.00	\$15.00		
\$5.00	\$12.50	\$6.00	\$15.00	\$8.00	\$24.00	\$15.00	\$45.00	\$11.00	\$33.00		
\$40.00	\$100.00	\$43.00	\$107.50	\$38.00	\$114.00	\$47.00	\$141.00	\$47.00	\$141.00		
46%	46%	47%	47%	45%	45%	50%	50%	50%	50%		
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		
Well	Care Medica	re Rx Selec	t (PDP)	Wel	Care Medic Saver (PDP		WellCar	e Medicar Plus (PDI	e Rx Value		
	\$20	5.40			\$35.90	,		\$75.60			
	\$ 4	115			\$445		N	No Deducti	ble		
	Tiers	3 to 5			on all tiers						
cost-shar	ing			Stan	ıdard Retail a	ınd Mail Se	rvice cost-sh	aring (in ne	etwork)		
WellCar	WellCare Medicare		llCare	 WellCar	e Medicare	 WellCar	e Medicare	 WellCar	e Medicare		
	rer (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	\$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

33%

N/A

9

N/A

33%

25%

N/A

25%

N/A

Region 07	
State(s) VA	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	\$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	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	\$37.00	\$111.00	\$47.00	\$141.00	\$47.00	\$117.50
Tier 4: Non-Preferred Drug	42%	42%	42%	42%	49%	49%	42%	42%
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A

	WellCare Classic (PDP) WellCare Wellness Rx (PDP) WellCare Value Sc						ript (PDP)		
	\$24	1.50			\$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	lCare	WellCare		We	llCare	Wel	lCare	are WellCare	
Wellness	Rx (PDP)	Value Sci	ript (PDP)	Classi	c (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	\$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 Medica	re Rx Select	(PDP)	Well	Care Medic Saver (PDP			e Medicaro Plus (PDI	
	\$20	0.10			\$34.50			\$74.60	
	\$4	45			\$445		N	No Deducti	ble
	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	WellCare	e Medicare		e Medicare
Rx Sav	er (PDP)	Value Pl	us (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	\$1.00	\$3.00	\$10.00	\$30.00
\$5.00	\$12.50	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00
\$37.00	\$92.50	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00
42%	42%	49%	49%	49%	49%	42%	42%	49%	49%

25%

N/A

33%

N/A

25%

N/A

25%

N/A

33%

N/A

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

		Preferred	Preferred Mail					
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx(PDP)		WellCare Value Script (PDP)		WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$3.00	\$9.00	\$6.00	\$18.00	\$7.00	\$21.00	\$3.00	\$7.50
Tier 3: Preferred Brand Drug	\$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	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 (PDI	?)	WellCar	re Wellness	Rx (PDP)	WellCar	WellCare Value Script (PDP			
	\$24	4.90			\$15.30			\$17.20			
	\$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	11Care	Wel	1Care	Wel	1Care	Well	lCare	WellCare			
Wellnes	s Rx (PDP)	Value Sca	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	DP) Value Script (PI			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$2.00	\$6.00	\$8.00	\$24.00	\$5.00	\$15.00		
\$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 Select	t (PDP)	Well	Care Medic Saver (PDP			e Medicaro Plus (PDI			
	\$26	5.40			\$26.50			\$76.60			
	\$3	865			\$445		N	No Deducti	ible		
	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	WellCare Medicare		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		
\$5.00	\$12.50	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00		
\$40.00	\$100.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00		
35%	35%	47%	47%	49%	49%	35%	35%	47%	47%		

25%

N/A

33%

N/A

26%

N/A

25%

N/A

33%

N/A

Region 09	
State(s) SC	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	\$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	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 (PDP 1.20	")	WellCar	e Wellness l \$16.70	Rx (PDP)	WellCare Value Script (PDP) \$19.70				
		45			\$350		\$350				
	on all tiers				Tiers 3 to 5			Tiers 3 to 5	;		
cost-shari				Stand	lard Retail a		vice cost-sha				
	ICare	Well	Care		lCare	Well			1Care		
Wellness	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	\$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		
WellC	Care Medicar	re Rx Select	(PDP)		Care Medica Saver (PDP		WellCare Medicare Rx Value Plus (PDP)				
	\$26	5.90			\$23.60		\$79.20				
	\$4	45			\$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	twork)		
WellCare	e Medicare	Well	Care	 WellCare	Medicare	 WellCare	Medicare	WellCare	Medicare		
Rx Save	er (PDP)	Value Pl	us (PDP)	Rx Selec	ct (PDP)	Rx Save	er (PDP)	Value Pl	us (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$8.00	\$24.00		
\$6.00	\$15.00	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00		
\$42.00	\$105.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00		
36%	36%	47%	47%	49%	49%	36%	36%	47%	47%		
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A		

Region 10	
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	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 (PDF	')	WellCar	e Wellness 1	Rx (PDP)	WellCare Value Script (PDP)				
	\$31	1.50			\$15.10		\$17.00				
	\$4	45			\$445			\$445			
on all tiers					Tiers 3 to 5			Tiers 3 to 3	5		
cost-shari	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)		
Wel	1Care	WellCare WellCare			lCare	Well	Care	We	llCare		
Wellness	Rx (PDP)	Value Sci	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		
\$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		
WellC	Care Medicar		(PDP)		Care Medica Saver (PDP		WellCare Medicare Rx Value Plus (PDP)				
		5.40			\$24.90		_	\$78.30			
		45 3 to 5			\$445 on all tiers		Ν	No Deductil	ble		
cost-shari		3 10 3		Standard Retail and Mail Service cost-sharing (in network)							
									,		
WellCar	e Medicare	Wel	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	\$1.00	\$3.00	\$10.00	\$30.00		
\$5.00	\$12.50	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00		
\$36.00	\$90.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00		
37%	37%	49%	49%	49%	49%	37%	37%	49%	49%		
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A		

Region 11	
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 (PDI	P)	WellCar	re Wellness	Rx (PDP)	WellCare Value Script (PDP)			
	\$26	5.60			\$14.70		\$15.60			
	\$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	WellCare Wel			1Care	Care WellCare		
Wellness	s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	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		WellCar	re Medicar Plus (PDI		
	\$26	5.40			\$49.80			\$77.80	•	
	\$4	45			\$445		N	No Deducti	ble	
	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	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	P)	WellCar	re Wellness	Rx (PDP)	WellCare Value Script (PDP)				
	\$27	7.20			\$15.70		\$17.80				
	\$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 Ser	vice cost-sh	aring (in ne	etwork)		
Wel	WellCare		lCare	Wel	1Care	WellCare WellCare			11Care		
Wellness	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	\$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		
Well	Care Medica	re Rx Select	(PDP)	Well	Care Medic Saver (PDP		WellCar	e Medicaro Plus (PDF			
	\$2 3	3.90			\$34.00	•		\$75.20			
	\$4	45			\$445		N	No Deductible			
	Tiers	3 to 5			on all tiers						
cost-shari	ng			Stan	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	etwork)		
WellCar	e Medicare	Wel	lCare	WellCar	e Medicare	WellCare	e Medicare	WellCar	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		
\$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%		

N/A

33%

N/A

N/A

25%

N/A

25%

25%

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 C	lassic (PDP	')	WellCar	e Wellness 1	Rx (PDP)	WellCare Value Script (PDP)					
	\$27	7.70			\$15.10		\$15.80					
	\$4	45			\$445		\$445					
	on al	l tiers			Tiers 3 to 5			Tiers 3 to 5	ĺ			
cost-sharii	ng			Stand	Standard Retail and Mail Service cost-sharing (in network)							
Well	lCare	Well	lCare	Wel	lCare	Well	lCare	Wel	lCare			
Wellness	Rx (PDP)	Value Scr	ipt (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			
\$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			
WellC	WellCare Medicare Rx Select (PDP)				Care Medica Saver (PDP		WellCar	e Medicare Plus (PDP				
		5.30			\$29.30		\$69.60					
		3 to 5			\$445 on all tiers		No Deductible					
cost-sharii				Stand		nd Mail Sei	vice cost-sh	aring (in net	twork)			
				ĺ								
	Medicare		ICare		Medicare		Medicare		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			
\$3.00	\$7.50	\$4.00	\$10.00	\$20.00	\$60.00	\$6.00	\$18.00	\$20.00	\$60.00			
\$36.00	\$90.00	\$47.00	\$117.50	\$47.00	\$141.00	\$46.00	\$138.00	\$47.00	\$141.00			
36%	36%	45%	45%	49%	49%	36%	36%	45%	45%			
25%												

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	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 Classic (PDP)				re Wellness 1	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	5		
cost-shari	ng			Standard Retail and Mail Service cost-sharing (in network)							
Wel	1Care	Wel	ICare	Wel	WellCare WellCare WellC				1Care		
Wellness	s Rx (PDP)	Value Sc1	ript (PDP)	Classi	c (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		
\$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		
WellO	Care Medica	re Rx Select	(PDP)		Care Medica Saver (PDP		WellCar	WellCare Medicare Rx Value Plus (PDP)			
	\$2 3	3.20			\$36.00		\$74.60				
	\$4	45			\$445		No Deductible				
	Tiers	3 to 5			on all tiers						
cost-shari	ng			Stand	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	twork)		
WellCar	e Medicare	Wel	lCare	 WellCare	e Medicare	 WellCare	e Medicare	WellCard	e Medicare		
Rx Sav	er (PDP)	Value Pl	us (PDP)	Rx Sele	ct (PDP)	Rx Sav	er (PDP)	Value Pl	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	\$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	

	WellCare C	lassic (PDI	?)	WellCar	re Wellness	Rx (PDP)	WellCare Value Script (PDP)			
	\$26	5.50			\$15.80		\$17.70			
	\$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 Ser	vice cost-sh	aring (in ne	etwork)	
Wel	1Care	Wel	1Care	Wel	llCare	Well	Care	We	11Care	
Wellness	s Rx (PDP)	Value Sci	ript (PDP)	Classi	c (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	
\$5.00	\$12.50	\$6.00	\$15.00	\$6.00	\$18.00	\$15.00	\$45.00	\$11.00	\$33.00	
\$40.00	\$100.00	\$43.00	\$107.50	\$40.00	\$120.00	\$47.00	\$141.00	\$47.00	\$141.00	
46%	46%	47%	47%	41%	41%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	Care Medica	re Rx Select	(PDP)	Well	Care Medic Saver (PDP			e Medicaro Plus (PDF		
	\$2 3	3.20			\$36.00	•		\$73.20	·	
	\$4	15			\$445		No Deductible			
	Tiers	3 to 5			on all tiers					
cost-shari	ng			Stan	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)	
WellCar	e Medicare	Wel	1Care	 WellCar	e Medicare	 WellCare	Medicare	WellCar	e Medicare	
Rx Sav	er (PDP)	Value Pl	us (PDP)	Rx Sele	ect (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	
\$6.00	\$15.00	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00	
\$40.00	\$100.00	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00	
40%	40%	46%	46%	49%	49%	41%	41%	46%	46%	

N/A

33%

N/A

N/A

25%

N/A

25%

25%

N/A

Region 16	
State(s) WI	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	\$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)						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%	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) \$33.90				re Wellness 1	Rx (PDP)	WellCare Value Script (PDP) \$14.80			
		,.,, ₀ 45			\$445		\$445			
	on all tiers				Tiers 3 to 5			Tiers 3 to	5	
cost-shar	ing			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)	
We	llCare	Wel	1Care		11Care		lCare		11Care	
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	ic (PDP)	Wellness	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	
\$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	
Well	Care Medica	re Rx Selec	t (PDP)	Well	Care Medic Saver (PDP			e Medicar Plus (PDI	e Rx Value P)	
	\$20	6.80			\$39.50	•		\$76.10	,	
	\$3	300			\$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 ne	etwork)	
	re Medicare ver (PDP)		1Care lus (PDP)		re Medicare ect (PDP)		WellCare Medicare Rx Saver (PDP)		re Medicare Plus (PDP)	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00	
\$2.00	\$5.00	\$4.00	\$10.00	\$20.00	\$60.00	\$5.00	\$15.00	\$20.00	\$60.00	
\$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%	
			1				-			

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	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)						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	\$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 C	lassic (PDP	')	WellCar	e Wellness 1	Rx (PDP)	WellCare Value Script (PDP)					
	\$2 5	5.00			\$14.70		\$16.70					
	\$4	45			\$445		\$445					
	on al	l tiers		,	Tiers 3 to 5			Tiers 3 to 3	5			
cost-sharin	ng			Stand	Standard Retail and Mail Service cost-sharing (in network)							
Well	lCare	Well	lCare	WellCare W			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	\$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			
WellC	Care Medicar		(PDP)		Care Medica Saver (PDP			e Medicare Plus (PDP				
	\$20	0.00			\$26.60			\$77.10				
		45			\$445		No Deductible					
		3 to 5		on all tiers								
cost-sharir	ng			Stand	lard Retail a	nd Mail Sei	vice cost-sh	aring (in ne	twork)			
WellCare	e Medicare	Well	lCare	 WellCare	Medicare	 WellCare	e Medicare	 WellCar	e Medicare			
Rx Save	er (PDP)	Value Pl	us (PDP)	Rx Sele	ct (PDP)		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	\$7.00	\$21.00	\$20.00	\$60.00			
\$36.00	\$90.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00			
41%	41%	47%	47%	49%	49%	41%	41%	47%	47%			
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A			

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	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	')	WellCar	e Wellness 1	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 3	5		
cost-shari	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)		
Wel	1Care	re WellCare			lCare	Well	Care	We	llCare		
Wellness	Rx (PDP)	Value Sci	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		
\$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		
WellC	Care Medica		(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-shari	ng	1		Stand	lard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)		
WellCar	e Medicare	Wel	lCare	 WellCare	Medicare	 WellCare	Medicare	 WellCar	e Medicare		
Rx Savo	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		
\$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	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 \$25	lassic (PDP 5.00	")	WellCar	e Wellness l \$17.00	Rx (PDP)	WellCare Value Script (PDP) \$19.10				
	\$4	45			\$445			\$445			
	on al	l 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	WellCare WellCare			Well	lCare	Well	Care	Wel	1Care		
Wellness	Rx (PDP)	Value Scr	ipt (PDP)	Classic	(PDP)	Wellness	Rx (PDP)	Value Sca	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	re Rx Select	(PDP)		Care Medica Saver (PDP			e Medicare Plus (PDP			
	\$26	5.00			\$26.20			\$75.90			
	\$4	45			\$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)		
WellCare	e Medicare	Well	lCare	 WellCare	Medicare	 WellCare	Medicare	WellCard	e Medicare		
Rx Savo	er (PDP)	Value Pl	us (PDP)	Rx Selec	ct (PDP)	Rx Save	er (PDP)	Value Pl	us (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$2.00	\$6.00	\$10.00	\$30.00		
\$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 C	lassic (PDI 5.10	?)	WellCa	re Wellness 3	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	ing			Stan	dard Retail a	nd Mail Sei	vice cost-sh	aring (in ne	etwork)	
Wel	llCare	Wel	1Care	We	llCare	Well	lCare	We	11Care	
Wellness	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	\$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	
Well	Care Medica	re Rx Selec	t (PDP)	Well	Care Medic Saver (PDP			e Medicaro Plus (PDF	e Rx Value	
	\$24	1.60			\$23.80	,	\$77.10			
	\$4	15			\$445		No Deductible			
	Tiers	3 to 5			on all tiers					
cost-shari	ing			Stan	dard Retail a	nd Mail Sei	vice cost-sh	aring (in ne	etwork)	
WellCar	e Medicare	Wel	1Care	 WellCar	e Medicare	 WellCare	e Medicare	WellCar	e Medicare	
Rx Sav	er (PDP)	Value P	lus (PDP)	Rx Sele	ect (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	
\$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%	

N/A

33%

N/A

N/A

25%

N/A

25%

25%

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 (PDF	')	WellCar	e Wellness 1	Rx (PDP)	WellCare Value Script (PDP)			
	\$26	5.60			\$17.20			\$18.50		
\$445				\$445			\$445			
	on al	l tiers			Tiers 3 to 5			Tiers 3 to	5	
cost-shari	ng			Stand	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)	
Wel	1Care	Wel	lCare	Wel	lCare	Well	Care	WellCare		
Wellness	s 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	
\$5.00	\$12.50	\$4.00	\$10.00	\$5.00	\$15.00	\$15.00	\$45.00	\$9.00	\$27.00	
\$40.00	\$100.00	\$43.00	\$107.50	\$33.00	\$99.00	\$47.00	\$141.00	\$47.00	\$141.00	
46%	46%	47%	47%	40%	40%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
WellC	ellCare Medicare Rx Select (PDP)				Care Medica Saver (PDP			re Medicare Plus (PDP		
		5.80			\$32.60			\$75.00		
		85 3 to 5			\$445 on all tiers		N	No Deductible		
cost-shari		3 10 3		Stand	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)	
						1		1		
	e Medicare		lCare		Medicare		Medicare		e Medicare	
	er (PDP)		us (PDP)		ct (PDP)		er (PDP)	ļ	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	\$8.00	\$24.00	\$20.00	\$60.00	
\$38.00	\$95.00	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00	
35%	35%	49%	49%	49%	49%	35%	35%	49%	49%	
25%	N/A	33%	N/A	26%	N/A	25%	N/A	33%	N/A	

Region 22	
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)			Care ipt(PDP)	WellCare Classic (PDP)	
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic Drug	\$1.00	\$3.00	\$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

ork) are t (PDP) 00-day 615.00 633.00 6141.00			
are t (PDP) 90-day 615.00			
are t (PDP) 90-day 615.00			
are t (PDP) 90-day 615.00			
615.00 633.00			
90-day 615.00			
615.00 633.00			
33.00			
3141.00			
50%			
N/A			
re Medicare Rx Value Plus (PDP) \$76.70			
No Deductible			
ork)			
Iedicare			
(PDP)			
90-day			
530.00			
660.00			
5141.00			
16%			
N/A			
) ((() () () () () () () () (

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)					llCare ic (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

	WellCare C	lassic (PDF	ssic (PDP) WellCare Wellness Rx (PDP) WellCare Value Scrip						ript (PDP)		
	\$26	5.80			\$15.70			\$17.70			
	\$4	45			\$445			\$445			
	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	11Care	Wel	lCare	Wel	1Care	Well	lCare	WellCare			
Wellnes	s Rx (PDP)	Value Sci	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	Value Sc	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		
\$6.00	\$15.00	\$6.00	\$15.00	\$10.00	\$30.00	\$15.00	\$45.00	\$11.00	\$33.00		
\$40.00	\$100.00	\$43.00	\$107.50	\$37.00	\$111.00	\$47.00	\$141.00	\$47.00	\$141.00		
46%	46%	47%	47%	41%	41%	50%	50%	50%	50%		
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A		
vv en (WellCare Medicare Rx Select (PDP) \$26.60				Care Medic Saver (PDP \$28.40		WellCar	WellCare Medicare Rx Value Plus (PDP) \$87.90			
		00			\$445		N	No Deducti	h 10		
	, , , , , , , , , , , , , , , , , , ,	3 to 5			on all tiers		1	vo Deducti	DIC		
cost-shar	ing			Stan	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	etwork)		
	re Medicare ver (PDP)				e Medicare ct (PDP)		e Medicare er (PDP)	WellCare Medicare Value Plus (PDP)			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$5.00	\$15.00	\$10.00	\$30.00		
\$5.00	\$12.50	\$4.00	\$10.00	\$20.00	\$60.00	\$10.00	\$30.00	\$20.00	\$60.00		
\$38.00	\$95.00	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00		
37%	37%	48%	48%	49%	49%	37%	37%	48%	48%		
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A		
			•								

Region 24	
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)					Care (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 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	\$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	lassic (PD)	P)	WellCa	re Wellness	Rx (PDP)	WellCar	WellCare Value Script (PDP) \$17.60			
		145			\$445		\$445				
		1 tiers			Tiers 3 to 5	, ,		Tiers 3 to 5			
cost-shar	ing			Stan	dard Retail a		rvice cost-sh				
	llCare	Wel	llCare		11Care		1Care		11Care		
	s Rx (PDP)	Value Sc	ript (PDP)		ic (PDP)	Wellness	s Rx (PDP)				
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$2.00	\$6.00	\$8.00	\$24.00	\$5.00	\$15.00		
\$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		
Well	Care Medica	re Rx Selec	t (PDP)	Well	Care Medic Saver (PDP			e Medicar Plus (PDI	e Rx Value		
	\$22	2.80			\$31.70	,		\$76.00	,		
	\$4	100			\$445		No Deductible				
	Tiers	3 to 5			on all tiers						
cost-shar	ing			Stan	dard Retail a	nd Mail Se	rvice cost-sh	vice cost-sharing (in network)			
	re Medicare		llCare		e Medicare		e Medicare		e 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	\$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 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	\$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 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	\$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	lassic (PDI	P)	WellCar	e Wellness	Rx (PDP)	WellCare Value Script (PDP)				
	\$28	3.20			\$15.30		\$15.70				
	\$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	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		
\$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		
Well	WellCare Medicare Rx Select (PDP)				Care Medica Saver (PDP		WellCare Medicare Rx Value Plus (PDP)				
		3.40			\$36.50		\$76.70				
		145			\$445		No Deductible				
		3 to 5		on all tiers							
cost-shar	ing	1		Stan	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	etwork)		
	e Medicare		1Care		e Medicare		Medicare		e Medicare		
	rer (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%		
25%	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 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%	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 3	Rx (PDP)	WellCare Value Script (PDP) \$14.30				
	\$4	45			\$445			\$445			
	on al	l tiers			Tiers 3 to 5			Tiers 3 to	5		
cost-shar	ing			Stan	dard Retail a	nd Mail Service cost-sharing (in network)					
We	llCare	We	llCare	WellCare Well		lCare	We	11Care			
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	\$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	t (PDP)	Well	Care Medic Saver (PDP			e Medicaro Plus (PDF			
	\$2 3	3.10			\$25.20	,	\$76.90				
	\$4	45			\$445		No Deductible				
	Tiers	3 to 5			on all tiers						
cost-shar	ing			Stan	dard Retail a	nd Mail Sei	vice cost-sh	aring (in ne	etwork)		
WellCar	e Medicare	Wel	llCare	WellCar	e Medicare	WellCare	e Medicare	WellCar	e Medicare		
Rx Sav	rer (PDP)	Value P	lus (PDP)	Rx Sele	ect (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		
\$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%		

33%

N/A

N/A

25%

N/A

33%

N/A

25%

N/A

Region 27	
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 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) Rx Saver (PDI			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

	· ·	P)	WellCar		Rx (PDP)	WellCar		ript (PDP)	
				\$16.40		\$14.50			
				\$445			\$445		
on al	l tiers			Tiers 3 to 5	,		Tiers 3 to	5	
ng			Stan	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	etwork)	
Care	Wel	1Care	Wel	llCare	Well	Care	WellCare		
Rx (PDP)	Value Scr	ript (PDP)	Classi	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	\$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	
are Medica	re Rx Select	(PDP)	Well			WellCare Medicare Rx Value Plus (PDP)			
\$2 5	5.40			\$32.30	•		\$81.50	•	
\$4	45			\$445		N	No Deducti	ble	
Tiers	3 to 5			on all tiers					
ng			Stan	dard Retail a	nd Mail Ser	vice cost-sh	aring (in ne	twork)	
Medicare	Wel ¹	1Care	 WellCar	e Medicare	 WellCare	Medicare	 WellCar	e Medicare	
r (PDP)	Value Pl	us (PDP)	Rx Sele	ect (PDP)	Rx Save	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 all ag Care Rx (PDP) 90-day \$0.00 \$12.50 \$95.00 46% N/A are Medicare \$25 \$4 Tiers ag Medicare r (PDP) 90-day \$0.00 \$7.50 \$97.50	\$30.90 \$445 on all tiers ag Care 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% are Medicare Rx Select \$25.40 \$445 Tiers 3 to 5 ag Medicare r (PDP) Value Pl 90-day 30-day \$0.00 \$1.00 \$7.50 \$4.00 \$97.50 \$47.00	### State	\$30.90 \$445 on all tiers Rg Care Rx (PDP) Value Script (PDP) 90-day \$0.00 \$12.50 \$5.00 \$12.50 \$5.00 \$12.50 \$43.00 \$107.50 \$38.00 46% 48% A4% N/A 25% N/A 25% N/A 25% Well \$25.40 \$445 Tiers 3 to 5 Rg Stan WellCare Value Plus (PDP) Well 90-day 30-day 90-day 30-day \$0.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$117.50 \$47.00	\$30.90 \$445 on all tiers Tiers 3 to 5 Tiers 3 to 5 Tiers 3 to 5 Standard Retail a WellCare Rx (PDP) 90-day \$0.00 \$0.00 \$0.00 \$12.50 \$95.00 \$12.50 \$43.00 \$107.50 \$38.00 \$114.00 \$46% \$48% \$48% \$48% \$40% \$10% N/A 25% \$N/A 25% \$N/A Are Medicare Rx Select (PDP) \$25.40 \$32.30 \$445 Tiers 3 to 5 on all tiers Tiers 3 to 5 Medicare Rx (PDP) 90-day \$0.00 \$1.00 \$10.00 \$10.00 \$15.00 \$45.00 \$45.00 \$117.50 \$47.00 \$117.50 \$47.00 \$117.50 \$41.00 \$41.00	\$30.90 \$445 on all tiers Tiers 3 to 5 Standard Retail and Mail Ser Care Rx (PDP) 90-day \$0.00 \$12.50 \$43.00 \$107.50 \$38.00 \$114.00 \$47.00 \$46% 48% 48% 48% 40% 40% 50% N/A 25% N/A 25% N/A 25% N/A 25% Standard Retail and Mail Ser Well Care We	\$30.90 \$445 on all tiers Tiers 3 to 5 Standard Retail and Mail Service cost-shr WellCare Rx (PDP) 90-day 30-day 90-day 30.00 \$12.50 \$5.00 \$12.50 \$6.00 \$18.00 \$15.00 \$14.00 \$14.00 \$141.00 \$45.00 \$141.00 \$141.00 \$141.00 \$141.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$145.00 \$141.00 \$141.00 \$141.00 \$141.00 \$141.00 \$141.00 \$141.00 \$141.00 \$141.00 \$141.00	\$30.90	

N/A

33%

N/A

N/A

25%

N/A

25%

25%

N/A

Region 28	
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 Classic (PDP)		WellCare Wellness Rx(PDP)			Care ipt (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		eMedicare		e Medicare er (PDP)	F	eMedicare Rx us (PDP)		e Medicare ct (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 (PDI 6.50	P)	WellCa	re Wellness 1	Rx (PDP)	WellCare Value Script (PDP) \$17.80				
		45			\$445			\$445			
	on al	l tiers			Tiers 3 to 5			Tiers 3 to	5		
cost-shar	ing			Stan	dard Retail a	nd Mail Se	rvice cost-sh	aring (in ne	etwork)		
We	llCare	Wel	lCare	We	llCare	Wel	1Care	Care WellCare			
Wellnes	s Rx (PDP)	Value Sci	ript (PDP)	Classi	c (PDP)	Wellness	s Rx (PDP)	x (PDP) Value Script (PI			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$0.00	\$0.00	\$2.00	\$6.00	\$8.00	\$24.00	\$5.00	\$15.00		
\$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		
Well	Care Medica	re Rx Select	(PDP)	Well	Care Medic Saver (PDP		Rx WellCare Medicare Rx Value Plus (PDP)				
	\$17	7.60			\$32.70	•		\$83.50	,		
	\$4	45			\$445		N	No Deducti	ble		
	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)		lCare us (PDP)		e Medicare		e Medicare er (PDP)		e Medicare Ilus (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%		
		1	1	 	1	+	+	1			

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

Wellness Rx (PDP) Value Script (PDP) Classic (PDP) Wellness Rx (PDP) Value Script (PDP) 30-day 90-day 824.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00<	ript (PDP)		
Standard Retail and Mail Service cost-sharing (in new WellCare WellCare WellCare WellCare Wellcare Classic (PDP) WellCare WellCare Wellcare Wellcare Wellcare Wellness Rx (PDP) Wellcare Standard Retail and Mail Service cost-sharing (in new Wellcare Wellcare Wellcare Wellcare Wellcare Wellcare Rx (PDP) Wellcare Wellcare Wellcare Rx (PDP) Wellcare Wellcare Wellcare Rx Select (PDP) Wellcare Medicare Rx Select (PDP) Wellcare Medica			
WellCare Wellness Rx (PDP) WellCare Value Script (PDP) WellCare Classic (PDP) Wellness Rx (PDP) Value Script (PDP) 30-day 90-day 48.00 \$24.00 \$15.00 \$45.00 <t< th=""><th>5</th></t<>	5		
Wellness Rx (PDP) Value Script (PDP) Classic (PDP) Wellness Rx (PDP) Value Script (PDP) 30-day 90-day 30-day 80-day 80-day 81-day 80-day 81-day 81-day<	etwork)		
30-day 90-day 30-day 80-day 814.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$11.00 \$47.00 \$141.00 \$47.00 \$141.00 \$47.00 \$141.00 \$47.00 \$141.00 \$141.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 \$10.00 </th <th>11Care</th>	11Care		
\$0.00 \$0.00 \$0.00 \$0.00 \$2.00 \$6.00 \$8.00 \$24.00 \$5.00 \$8.00 \$24.00 \$5.00 \$8.00 \$20.00 \$5.00 \$12.50 \$8.00 \$24.00 \$15.00 \$45.00 \$10.00 \$41.00 \$102.50 \$43.00 \$107.50 \$39.00 \$117.00 \$47.00 \$141.00 \$47.00 \$25% N/A 25% N/A 25% N/A 25% N/A 25% N/A 25% WellCare Medicare Rx Saver (PDP) WellCare Medicare Rx Saver (PDP) \$23.30 \$79.30	cript (PDP)		
\$8.00 \$20.00 \$5.00 \$12.50 \$8.00 \$24.00 \$15.00 \$45.00 \$10.00 \$41.00 \$102.50 \$43.00 \$107.50 \$39.00 \$117.00 \$47.00 \$141.00 \$47.00 \$47.00 \$25% N/A 25% N/A 25% N/A 25% N/A 25% WellCare Medicare Rx Select (PDP) WellCare Medicare Rx Saver (PDP) Plus (PDI \$23.30 \$79.30	90-day		
\$41.00 \$102.50 \$43.00 \$107.50 \$39.00 \$117.00 \$47.00 \$141.00 \$47.00 48% 48% 48% 48% 45% 50% 50% 50% 50% 25% N/A 25% N/A 25% N/A 25% N/A 25% WellCare Medicare Rx Select (PDP) WellCare Medicare Rx Saver (PDP) Plus (PDI \$23.30 \$23.00 \$79.30	\$15.00		
48% 48% 48% 45% 50% 50% 50% 25% N/A 25% N/A 25% N/A 25% WellCare Medicare Rx Select (PDP) WellCare Medicare Rx Saver (PDP) Plus (PDI \$23.30)	\$30.00		
25% N/A 25% N/A 25% N/A 25% N/A 25% WellCare Medicare Rx Select (PDP) WellCare Medicare Rx Saver (PDP) Plus (PDI \$23.30 \$23.00 \$79.30	\$141.00		
WellCare Medicare Rx Select (PDP) WellCare Medicare Rx Saver (PDP) \$23.30 \$23.00 \$79.30	50%		
Saver (PDP) Plus (PDI \$23.30 \$23.00 \$79.30	N/A		
\$23.30 \$23.00 \$79.30	WellCare Medicare Rx Value Plus (PDP)		
\$445 \$445 No Deducti	,		
TNO Deducti	ble		
Tiers 3 to 5 on all tiers			
cost-sharing Standard Retail and Mail Service cost-sharing (in no	etwork)		
	e Medicare		
	Plus (PDP)		
30-day 90-day 30-day 90-day 30-day 90-day 30-day 90-day	90-day		
\$0.00 \$1.00 \$0.00 \$15.00 \$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% 42% 42% 49% 38% 38% 42%	42%		

N/A

33%

N/A

N/A

25%

N/A

25%

25%

N/A

Region 30	
State(s) OR, WA	Monthly Premium:
	Annual Deductible:

		Preferred Retail cost-sharing (in-network)						Preferred Mail	
Initial Coverage Stage (after you pay your deductible, if	WellCare Classic (PDP)		WellCare Wellness Rx (PDP)			Care ipt(PDP)	WellCare Classic (PDP)		
applicable)	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
Tier 1: Preferred Generic Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Tier 2: Generic Drug	\$1.00	\$3.00	\$5.00	\$15.00	\$4.00	\$12.00	\$1.00	\$2.50	
Tier 3: Preferred Brand Drug	\$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 (PDF	P)	WellCar	re Wellness	Rx (PDP)	WellCare Value Script (PDP)				
	\$30	0.50			\$17.20		\$18.70				
	\$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 Ser	vice cost-sh	aring (in ne	etwork)		
Wel	1Care	Wel	lCare	WellCare WellC			Care	We	11Care		
Wellness	s Rx (PDP)	Value Sci	ript (PDP)	Classi	c (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	\$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		
Well	Care Medica	re Rx Select	(PDP)	Well	Care Medic Saver (PDP		WellCar	e Medicaro Plus (PDF			
	\$24	4.50			\$33.50	,		\$71.90			
	\$4	45			\$445		No Deductible				
	Tiers	3 to 5			on all tiers						
cost-shari	ng			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	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		
\$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%		

N/A

25%

N/A

25%

N/A

33%

N/A

25%

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 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%	35%	35%	49%	49%	42%	42%	
Tier 5: Specialty Tier Drug	25%	N/A	25%	N/A	33%	N/A	25%	N/A	

	WellCare C	lassic (PDF 3.00	')	WellCar	llCare Wellness Rx (PDP) WellCare Value Script (P) \$15.80 \$17.70					
		45			\$445			\$445		
		1 tiers			Tiers 3 to 5	(Tiers 3 to	5	
cost-shari				Stand	dard Retail a		vice cost-sh			
	1Care	Wel	WellCare WellC				lCare		11Care	
Wellness	Rx (PDP)	Value Sc1	ript (PDP)	Classic	c (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	\$4.00	\$12.00	\$15.00	\$45.00	\$11.00	\$33.00	
\$40.00	\$100.00	\$43.00	\$107.50	\$35.00	\$105.00	\$47.00	\$141.00	\$47.00	\$141.00	
46%	46%	47%	47%	40%	40%	50%	50%	50%	50%	
25%	N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
Wenc	Care Medica \$22	2.80	.(I D I)		Care Medic Saver (PDP \$36.50		WellCare Medicare Rx Value Plus (PDP) \$76.00			
		25			\$445		No Deductible			
		3 to 5			on all tiers			, 0 2 00000	~ 1 •	
cost-shari	ng			Stand	dard Retail a	nd Mail Sei	vice cost-sh	aring (in ne	etwork)	
	e Medicare er (PDP)		lCare us (PDP)		e Medicare		ellCare Medicare WellCare Medicar			
30-day	90-day	30-day	90-day	30-day	ct (PDP) 90-day	30-day	er (PDP) 90-day	30-day	lus (PDP) 90-day	
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$3.00	\$9.00	\$10.00	\$30.00	
\$3.00	\$7.50	\$4.00	\$10.00	\$20.00	\$60.00	\$8.00	\$24.00	\$20.00	\$60.00	
\$39.00	\$97.50	\$47.00	\$117.50	\$47.00	\$141.00	\$45.00	\$135.00	\$47.00	\$141.00	
35%	35%	49%	49%	49%	49%	35%	35%	49%	49%	
25%	N/A	33%	N/A	25%	N/A	25%	N/A	33%	N/A	

Region 32	
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 C	lassic (PDI 0.10	?)	WellCa	re Wellness 3	Rx (PDP)	WellCare Value Script (PDP) \$17.20				
	\$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 Sei	vice cost-sh	aring (in ne	etwork)		
We	11Care	Wel	1Care	We	11Care	Well	lCare	e WellCare			
Wellnes	s Rx (PDP)	Value Sc	ript (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	P) Value Script (PDI			
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		
Well	Care Medica	re Rx Selec	t (PDP)	Well	Care Medic Saver (PDP			e Medicar Plus (PDI	e Rx Value P)		
	\$28	3.30			\$37.10	,		\$81.00	,		
	\$3	885			\$445		No Deductible				
	Tiers	3 to 5			on all tiers						
cost-shar	ing			Stan	dard Retail a	nd Mail Sei	vice cost-sh	aring (in ne	etwork)		
	re Medicare ver (PDP)		1Care lus (PDP)		e Medicare		e Medicare er (PDP)		re Medicare Plus (PDP)		
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$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%		
		1		1	+		-				

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-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	\$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			Tiers 3 to 5		
cost-sharir	ng			Stand	lard Retail a	nd Mail Ser	vice cost-sh	aring (in net	work)	
Well	Care	Well	lCare	Well	lCare	Well	Care WellCare			
Wellness	Rx (PDP)	Value Scr	ipt (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	\$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	are Medicar		(PDP)		Care Medica Saver (PDP		WellCare Medicare Rx Value Plus (PDP)			
		5.20			\$27.00		\$75.90			
		45		\$445			No Deductible			
		3 to 5		on all tiers						
cost-sharir	ng	*		Standard Retail and Mail Service cost-sharing (in network)						
	Medicare		lCare us (PDP)				e Medicare WellCare Medicare er (PDP) Value Plus (PDP)			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	
\$0.00	\$0.00	\$1.00	\$0.00	\$15.00	\$45.00	\$19.00	\$57.00	\$10.00	,	
# 0.00	#U.UU	\$1.00	#U.UU	₩13.00	₩43.00	Φ17.00	Φ37.00	Φ10.00	\$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-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	\$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

	lassic (PDP	,	, , cii Cai	e Wellness	ix (FDF)	WellCare Value Script (PDP)			
\$30	.60			\$15.70		\$17.60			
\$4	45			\$445		\$445			
on all	tiers		,	Tiers 3 to 5			Tiers 3 to	5	
•			Stan	dard Retail a	nd Mail Ser	vice cost-sha	aring (in ne	etwork)	
are	Well	ICare	Wel	ellCare WellCare WellCare					
x (PDP)	Value Scr	ipt (PDP)	Classi	c (PDP)	Wellness	Rx (PDP)	eript (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	\$6.00	\$15.00	\$13.00	\$39.00	\$15.00	\$45.00	\$11.00	\$33.00	
\$100.00	\$43.00	\$107.50	\$43.00	\$129.00	\$47.00	\$141.00	\$47.00	\$141.00	
46%	47%	47%	42%	42%	50%	50%	50%	50%	
N/A	25%	N/A	25%	N/A	25%	N/A	25%	N/A	
re Medicar	e Rx Select	(PDP)				WellCare Medicare Rx Value Plus (PDP)			
\$26	5.70			\$40.10	,	\$79.60 No Deductible			
\$4	45			\$445					
Tiers	3 to 5			on all tiers					
			Standard Retail and Mail Service cost-sharing (in network)						
/ // dicare	Well	lCare	WellCare Medicare WellCare			e Medicare WellCare Medicare			
(PDP)	Value Pl	us (PDP)	Rx Sele	Rx Select (PDP)		er (PDP)	Value 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	\$15.00	\$45.00	\$10.00	\$30.00	
\$37.50	\$4.00	\$10.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	
\$112.50	\$47.00	\$117.50	\$47.00	\$141.00	\$47.00	\$141.00	\$47.00	\$141.00	
45%	47%	47%	49%	49%	46%	46%	47%	47%	
	\$4 on all are x (PDP) 90-day \$0.00 \$12.50 \$100.00 46% N/A re Medicar \$26 \$4 Tiers Medicare (PDP) 90-day \$0.00 \$37.50 \$112.50	Well Value Scr 30-day 30-day 30-day 50.00 \$12.50 \$6.00 \$12.50 \$43.00 \$43.00 \$445 Tiers 3 to 5 \$26.70 \$445 Tiers 3 to 5 \$26.70 \$445 Tiers 3 to 5 \$26.70 \$445 \$26.70 \$445 \$26.70 \$445 \$26.70 \$445 \$26.70 \$445 \$26.70 \$445 \$26.70 \$445 \$26.70 \$445 \$26.70 \$445 \$26.70 \$445 \$26.70 \$445 \$26.70 \$450.00 \$1.00 \$37.50 \$4.00 \$1.00 \$37.50 \$44.00 \$112.50 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.00 \$47.	\$445 on all tiers are x (PDP) 90-day 30-day 90-day \$0.00 \$12.50 \$6.00 \$15.00 \$100.00 \$43.00 \$107.50 46% 47% N/A 25% N/A e Medicare Rx Select (PDP) \$26.70 \$445 Tiers 3 to 5 Aledicare (PDP) 90-day 30-day 90-day \$0.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00	\$445 on all tiers Standare WellCare Well	\$445	Standard Retail and Mail Ser Standard Retail and Mail Ser Standard Retail and Mail Ser WellCare WellCare WellCare Classic (PDP) Wellness 30-day 90-day 30-day 90-day 30-day 90-day 30-day 80.00 \$15.00 \$13.00 \$39.00 \$15.00 \$100.00 \$43.00 \$107.50 \$43.00 \$129.00 \$47.00 \$46% 47% 42% 42% 50% N/A 25% N/A 25% N/A 25% N/A 25% N/A 25% N/A 25% Saver (PDP) \$26.70 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445 \$445	S445	S445	

N/A

33%

N/A

N/A

25%

N/A

25%

25%

N/A

Medicare Part D Prescription Drug Coverage Information

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

Cost-sharing may change depending on the pharmacy's status as preferred or non-preferred, mail 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 Pa This premium is normally taken out of your Social Security check each month.	art B premium
☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 202	2.
Except in emergency or urgent situations, we do not cover services by out-of-netwo (doctors who are not listed in the provider directory)	rk providers

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.





