



<WellCare Signature Plan (PDP)>  
<P.O. Box 69346>  
<Attn: Return Address Department>  
<Harrisburg, PA 17106-9346>

<Month Day, YYYY>

<WellCare Signature Plan (PDP)>

Your member numbers are:  
Member ID Number: <XXXXXXXXXXXXXXXX>  
RxPCN: <XXXXXX> RxGRP: <XXXXXXXX>  
Group Number: <XXXXXXXXXXXXXXXX>

**IMPORTANT PLAN INFORMATION**

<IMB Barcode>

<Beneficiary Name>  
<Street Address Line 1>  
<Street Address Line 2>  
<City, State ZIP Code>

**Your Monthly Prescription Drug Summary**

**For <Month YYYY>**

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is *not* a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

**Need large print or another format?**

To get this material in other formats, or ask for language translation services, call <Plan Name> Customer Service (the number is on this page).

**<Plan Name> Customer Services**

If you have questions or need help, call us <days and hours of operation>. Calls to these numbers are free.  
**<1-888-767-7717>**

TTY Users: <1-877-247-6272>

Fax: <1-877-297-3112>

**For languages other than English:**

Español <1-866-579-8006> (Spanish)  
<1-877-247-6272> (TTY Spanish)

On the web at:  
<[www.wellcare.com/www.ohanahealthplan.com/](http://www.wellcare.com/www.ohanahealthplan.com/)  
[www.wellcarepdp.com](http://www.wellcarepdp.com)>

<'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.>  
<WellCare is a Coordinated Care Plan with a Medicare Advantage contract.>  
<A Medicare-approved Part D sponsor.>

## SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month. < (Prescriptions for drugs covered by our plan's Supplemental Drug Coverage are shown separately in Chart 2.)>
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

### CHART 1.

Your prescriptions for covered Part D drugs  
< month and year >

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>&lt;No prescriptions for covered Part D drugs this month.&gt;</p> <p>&lt; name of drug or, when applicable, compound drug, followed by description of strength and form, e.g., "25 mg tabs"&gt;</p> <p>&lt; date filled&gt;.</p> <p>&lt; prescription number&gt;, &lt; amount dispensed as quantity filled and/or days supply.&gt;</p> <p>&lt; NOTE: Beginning on January 1, 2012, step therapy will be required for this drug. See Section 4 for details.&gt;</p> <p>&lt; NOTE: Compound drug includes non-Part D drugs which are not covered by your plan.&gt;</p>	< \$0.00.>	< \$0.00.>	< \$0.00>. <payer>
<p><b>TOTALS for the month of &lt; month and year&gt;:</b></p> <p>Your "out-of-pocket costs" amount is \$ &lt;\$0.00&gt;. (This is the amount you paid this month (&lt;\$0.00&gt;) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (&lt;\$0.00 &gt;). See definitions in Section 3.)</p> <p>Your "total drug costs" amount is \$ &lt;\$0.00&gt;. (This is the</p>	<p>&lt; \$0.00.&gt;</p> <p>(total for the month)</p>	<p>&lt; \$0.00.&gt;</p> <p>(total for the month)</p> <p>&lt;( Of this amount, \$&lt;0.00&gt; counts toward your out-of-pocket</p>	<p>&lt;\$0.00&gt;</p> <p>(total for the month)</p> <p>&lt; (Of this amount, \$&lt;0.00&gt; counts toward your "out-of-pocket costs. See</p>

**CHART 1.**

Your prescriptions for covered Part D drugs

< month and year >

Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
total for this month of all payments made for your drugs by the plan (<\$0.00>) and you (<\$0.00>) plus "other payments" (<\$0.00>).	costs.)>	definitions in Section 3.)>

<b>Year-to-date totals</b> <beginning date for the period covered by year-to-date> through <ending date for the month>	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Your year-to-date amount for "out-of-pocket costs" is \$&lt;\$0.00&gt;.</p> <p>Your year-to-date amount for "total drug costs" is \$&lt;\$0.00&gt;.</p> <p>For more about "out-of-pocket costs" and "total drug costs," see Section 3.</p> <p>&lt;NOTE: Your year-to-date totals shown here include payments of \$&lt;0.00&gt; in out-of-pocket costs and \$&lt;0.00&gt; in total drug costs made for your Part D covered drugs when you were in a different plan earlier this year."&gt;</p>	< \$0.00.>  (year-to-date total)	< \$0.00.>  (year-to-date total)  < (Of this amount, \$<0.00> counts toward your out-of-pocket costs.)>	< \$0.00 >  (year-to-date total)  < (Of this amount, \$<0.00> counts toward your "out-of-pocket costs. See definitions in Section 3.)>

<NOTE: The following < *correction has*> been made to amounts that were shown in a monthly summary sent to you earlier this calendar year: <*Updated information about the prescription*>

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## CHART 2.

### Your prescriptions for drugs covered by our plan's Supplemental Drug Coverage

< month, year >

- This chart shows your prescriptions for drugs that are not generally covered by Medicare.
- These drugs are covered for you under our plan's Supplemental Drug Coverage.

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>&lt; name of drug or compound drug; strength and form,&gt; &lt; date filled&gt;. &lt; prescription number&gt;, &lt; amount dispensed, as quantity filled and/or days supply.&gt;</p>	< \$0.00.>	< . \$0.00.>	< \$0.00> <payer>
<p><b>Totals for the month of</b> &lt;month, year&gt;</p>	<p>&lt;. \$0.00 &gt;</p> <p>These payments do <u>not</u> count toward your “out-of-pocket costs” or your “total drug costs” because they are for drugs that are <u>not</u> generally covered by Medicare. (See definitions in Section 3.)</p>		

## SECTION 2. Which “drug payment stage” are you in?

As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

### You are in this stage:

#### STAGE 1

##### Yearly Deductible

- You begin in this payment stage when you fill your first prescription of the calendar year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage **until you (or others on your behalf) have paid \$<0.00>** for your drugs (\$<0.00> is the amount of your deductible).
- As of <end date for the month> you have paid \$<0.00> for your drugs.

### What happens next?

Once you (or others on your behalf) have paid **an additional \$<0.00>** for your drugs, you move to the next

#### STAGE 2

##### Initial Coverage

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage until the amount of your year-to-date “total drug costs” (see Section 3) reaches \$<initial coverage limit>. When this happens, you move to payment stage 3, Coverage Gap.

#### STAGE 3

##### Coverage Gap

- During this payment stage, < you (or others on your behalf) receive a discount on brand name drugs and you pay only 86% of the costs of generic drugs> <you receive limited coverage by the plan and a discount on brand name drugs. You (or others on your behalf) pay up to 86% of the costs of generic drugs.>
- You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” (see Section 3) reaches \$<0.00>. When this happens, you move to payment stage 4, Catastrophic Coverage.

#### STAGE 4

##### Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, <year>).

payment stage (stage 2, Initial Coverage).

## SECTION 2. Which “drug payment stage” are you in?

As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

### STAGE 1

#### Yearly Deductible

< (Because there is no deductible for the plan, this payment stage does not apply to you.)>

- <During this payment stage, you (or others on your behalf) pay the full cost of your <brand-name/tier level> drugs.
- You generally pay the full cost of your <brand-name/tier level> drugs until you (or others on your behalf) have paid \$<0.00> for your <brand-name/tier level> drugs (\$<0.00> is the amount of your <brand name/tier level> deductible.)>
- <You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on

### You are in this stage:

### STAGE 2

#### Initial Coverage

- < You begin in this payment stage when you fill your first prescription of the year. During this < During this payment> stage, the plan pays its share of the cost of your < generic/ tier levels> drugs and you (or others on your behalf) pay your share of the cost.
- < After you (or others on your behalf) have met your <brand-name/tier level> deductible, the plan pays its share of the cost of your <brand-name/tier level> drugs and you (or others on your behalf) pay your share of the cost.>
- You generally stay in this stage **until the amount of your year-to-date “total drug costs” reaches \$<0.00>.** As of <end date of month>, your year-to-date “total drug costs” was \$<0.00>. (See definitions in Section 3.)

### STAGE 3

#### Coverage Gap

- During this payment stage, <you (or others on your behalf) receive a discount on brand name drugs and you pay only 86% of the costs of generic drugs> <you receive limited coverage by the plan and a discount on brand name drugs. You (or others on your behalf) pay up to 86% of the costs of generic drugs.>
- You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” (see Section 3) reaches \$<0.00>. When this happens, you move to payment stage 4, Catastrophic Coverage.

### STAGE 4

#### Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, < year>).

your behalf) pay the full cost of your drugs.

- You generally stay in this stage until you have paid \$<0.00> for your drugs (\$<0.00> is the amount of your deductible). Then you move to payment stage 2, Initial Coverage.>

### What happens next?

Once you have an additional \$<0.00> in “total drug costs,” you move to the next payment stage (stage 3, Coverage Gap).

## SECTION 2. Which “drug payment stage” are you in?

As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

You are in this stage:

#### STAGE 1

##### Yearly Deductible

< (Because there is no deductible for the plan, this payment stage does not apply to you.)>

- <During this payment stage, you (or others on your behalf) pay the full cost of your <brand-name/tier level> drugs.
- You generally pay the full cost of your <brand-name/tier level> drugs until you (or others on your behalf) have paid \$<0.00> for your <brand-name/tier level> drugs (\$<0.00> is the amount of your <brand name/tier level> deductible.)>
- <You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage until you have paid \$<0.00> for your drugs (\$<0.00 > is the amount of your deductible). Then you move to payment stage 2, Initial Coverage.>

#### STAGE 2

##### Initial Coverage

- < You begin in this payment stage when you fill your first prescription of the year. During this> < During this payment> stage, the plan pays its share of the cost of your < generic/ tier levels> drugs and you (or others on your behalf) pay your share of the cost.
- < After you (or others on your behalf) have met your <brand-name/tier level> deductible, the plan pays its share of the cost of your <brand-name/tier level> drugs and you (or others on your behalf) pay your share of the cost.>
- You generally stay in this stage until the amount of your year-to-date “total drug costs” reaches \$< initial coverage limit>. Then you move to payment stage 3, Coverage Gap.

#### STAGE 3

##### Coverage Gap

- During this payment stage, < you (or others on your behalf) receive a discount on brand name drugs (and you pay only 86% of the costs of generic drugs.> <you receive limited coverage by the plan and a discount on brand name drugs. You (or others on your behalf) pay up to 86% of the costs of generic drugs.>
- You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” reaches \$<0.00>. As of < end date of month> your year-to-date “out-of-pocket costs” was \$<0.00> (see Section 3).

#### STAGE 4

##### Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, < year>).

#### What happens next?

Once you (or others on your behalf) have paid an

additional \$<0.00> in “out-of-pocket costs,” you move to the next payment stage (stage 4, Catastrophic Coverage).

## SECTION 2. Which “drug payment stage” are you in?

As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

### STAGE 1

#### Yearly Deductible

< (Because there is no deductible for the plan, this payment stage does not apply to you.)>

- <During this payment stage, you (or others on your behalf) pay the full cost of your <brand-name/tier level> drugs.
- You generally pay the full cost of your <brand-name/tier level> drugs until you (or others on your behalf) have paid \$<0.00> for your <brand-name/tier level> drugs (\$<0.00> is the amount of your <brand name/tier level> deductible.)>
- <You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this

### STAGE 2

#### Initial Coverage

- < You begin in this payment stage when you fill your first prescription of the year. During this> <During this payment> stage, the plan pays its share of the cost of your < generic/ tier levels> drugs and you (or others on your behalf) pay your share of the cost.
- < After you (or others on your behalf) have met your <brand-name/tier level> deductible, the plan pays its share of the cost of your <brand-name/tier level> drugs and you (or others on your behalf) pay your share of the cost.>
- You generally stay in this stage until the amount of your year-to-date “total drug costs” reaches \$<0.00 >. Then you move to payment stage 3, Coverage Gap.

### STAGE 3

#### Coverage Gap

- During this payment stage, < you (or others on your behalf) receive a discount on brand name drugs and you pay only 86% of the costs of generic drugs.> <you receive limited coverage by the plan and a discount on brand name drugs. You (or others on your behalf) pay up to 86%of the costs of generic drugs>.
- You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” reaches \$<0.00>. Then you move to payment stage 4, Catastrophic Coverage.

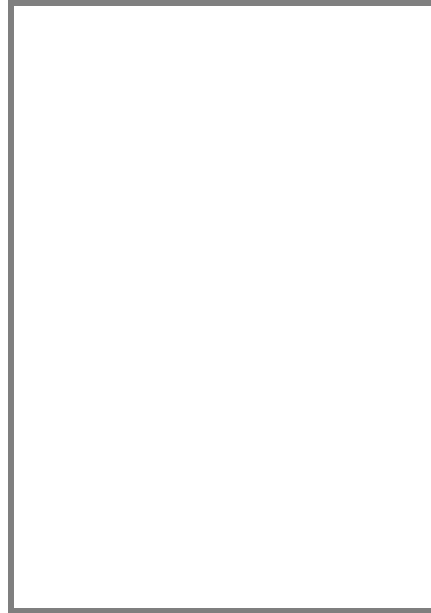
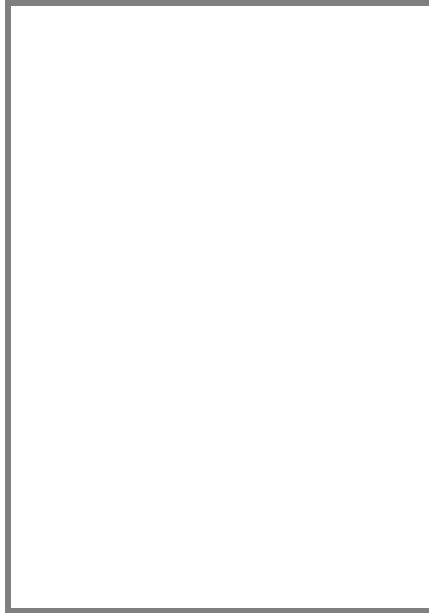
### You are in this stage:

### STAGE 4

#### Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- <For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called “coinsurance”), or a copayment (\$2.60 for a generic drug or a drug that is treated like a generic, \$6.50 for all other drugs)>..

stage until you have paid \$<0.00> for your drugs (<0.00> is the amount of your deductible). Then you move to payment stage 2, Initial Coverage.>



### What happens next?

You generally stay in this payment stage, Catastrophic Coverage, for the rest of the calendar year (through December 31, <year>).

## SECTION 2. Which “drug payment stage” are you in?

As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

### You are in this stage:

#### STAGE 1

##### Yearly Deductible

- You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage **until you (or others on your behalf) have paid \$<0.00>** for your drugs. <(The plan deductible is usually \$<0.00>, but you pay \$ <0.00> because you are receiving “Extra Help” from Medicare.)>
- As of <end date of month> you have paid \$<0.00> for your drugs.

### What happens next?

Once you (or others on your behalf) have paid **an additional \$<0.00>** for your drugs, you move to the next payment stage (stage 2, Initial Coverage).

#### STAGE 2

##### Initial Coverage

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf, including “Extra Help” from Medicare) pay your share of the cost.
- You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” reaches \$<0.00>. When this happens, you move to payment stage 4, Catastrophic Coverage.

#### STAGE 3

##### Coverage Gap

(Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.)

#### STAGE 4

##### Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, < year>).

## SECTION 2. Which “drug payment stage” are you in?

As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

### STAGE 1

#### Yearly Deductible

< (Because there is no deductible for the plan, this payment stage does not apply to you.)>

< (Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.)>

- <During this payment stage, you (or others on your behalf) pay the full cost of your <brand-name/tier level> drugs.
- You generally pay the full cost of your <brand-name/tier level> drugs until you (or others on your behalf) have paid \$<0.00> for your <brand-name/tier level> drugs (\$<0.00> is the amount of your <brand name/tier level> deductible.) < (The plan deductible is usually \$<0.00>, but you pay \$ <0.00>

### You are in this stage:

### STAGE 2

#### Initial Coverage

- < You begin in this payment stage when you fill your first prescription of the year. During this> < During this payment> stage, the plan pays its share of the cost of your < generic/tier levels> drugs and you (or others on your behalf, including “Extra Help” from Medicare) pay your share of the cost.
- < After you (or others on your behalf) have met your <brand-name/tier level> deductible, the plan pays its share of the cost of your <brand-name/tier level> drugs and you (or others on your behalf) pay your share of the cost.>
- You generally stay in this stage **until the amount of your year-to-date “out-of-pocket costs” reaches \$<0.00>**. As of <end date of month> your year-to-date “out-of-pocket costs” was \$<0.00> (see definitions in Section 3).

### STAGE 3

#### Coverage Gap

(Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.)

### STAGE 4

#### Catastrophic Coverage

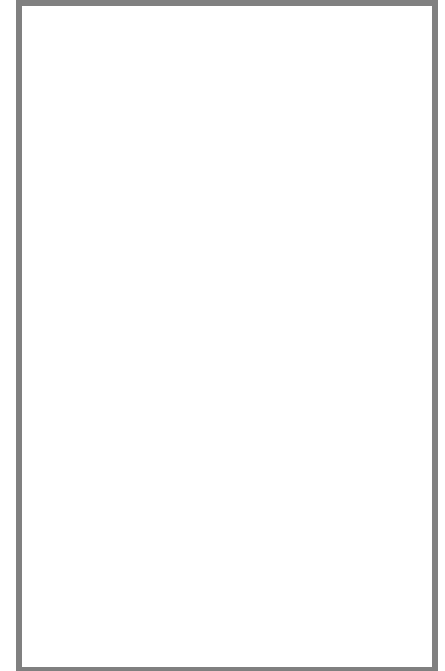
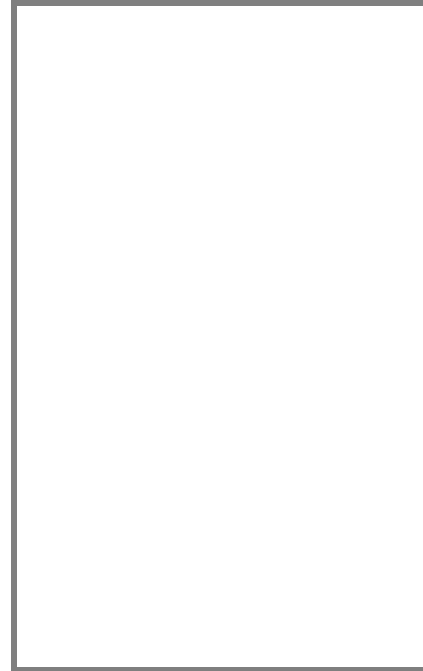
- During this payment stage, the plan pays <most of the cost for> < for all> your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, <year>).

because you are receiving “Extra Help” from Medicare.)>>

- <You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage until you (or others on your behalf) have paid \$<0.00> for your drugs (<0.00> is the amount of your deductible). Then you move to payment stage 2, Initial Coverage.>

### What happens next?

Once you (or others on your behalf) have paid an additional \$<0.00> in “**out-of-pocket costs**” for your drugs, you move to the next payment stage (stage 4, Catastrophic Coverage).



## SECTION 2. Which “drug payment stage” are you in?

As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

### STAGE 1

#### Yearly Deductible

< (Because there is no deductible for the plan, this payment stage does not apply to you.)>

< (Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.)>

- <During this payment stage, you (or others on your behalf) pay the full cost of your <brand-name/tier level> drugs.
- You generally pay the full cost of your <brand-name/tier level> drugs until you (or others on your behalf) have paid \$<0.00> for your <brand-name/tier level> drugs (\$<0.00> is the amount of your <brand name/tier level> deductible.)>

### STAGE 2

#### Initial Coverage

- < You begin in this payment stage when you fill your first prescription of the year. During this> <During this payment> stage, the plan pays its share of the cost of your < generic/tier levels> drugs and you (or others on your behalf, including “Extra Help” from Medicare) pay your share of the cost.
- < After you (or others on your behalf) have met your <brand-name/tier level> deductible, the plan pays its share of the cost of your <brand-name/tier level> drugs and you (or others on your behalf) pay your share of the cost.>
- You generally stay in this stage until the amount of your “out-of-pocket costs” reaches \$<0.00>. Then you move to payment stage 4,

### STAGE 3

#### Coverage Gap

(Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.)

### You are in this stage:

### STAGE 4

#### Catastrophic Coverage

- During this payment stage, the plan pays < most of the cost for> < for all> your covered drugs.
- <For each prescription, you pay up to \$2.60 for a generic drug or a drug that is treated like a generic, and \$6.50 for all other drugs> < you pay nothing.”>.

- <You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage until you (or others on your behalf) have paid \$<0.00> for your drugs (\$<0.00> is the amount of your deductible). Then you move to payment stage 2, Initial Coverage.>

Catastrophic Coverage.

### What happens next?

When you are in this payment stage, Catastrophic Coverage, you generally stay in it for the rest of the calendar year (through December 31, <year>).

**SECTION 2. Which “drug payment stage” are you in?**

This section is not applicable for your Medicare Part D subsidy level.

### SECTION 3. Your “out-of-pocket costs” and “total drug costs” (amounts and definitions)

We’re including this section to help you keep track of your “out-of-pocket costs” and “total drug costs” because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

#### Your “out-of-pocket costs”

\$<0.00> month of <name of month>, <year>

\$<0.00> year-to-date (since < January, <year> >)

<(This total includes \$<0.00> in out-of-pocket costs from when you were in a different plan earlier this year.)>

#### Your “total drug costs”

\$<0.00,> month of <name of month>, <year>

\$<0.00> year-to-date (since < January, <year> )

< (This total includes \$<0.00> in total drug costs from when you were in a different plan earlier this year.)>

#### DEFINITION:

##### “Out of pocket costs” includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: “Extra Help” from Medicare; Medicare’s Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

##### It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), < d) drugs covered by our plan’s Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does

#### DEFINITION:

##### “Total drug costs” is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

< **NOTE:** Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.>

[not meet our out-of-network pharmacy access policy.>](#)

- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

**Learn more.** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs." The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs," see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

## SECTION 4. Updates to the plan’s Drug List that will affect drugs you take

- <Formulary update information.>
- < At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of drugs you take. (By “drugs you take,” we mean any plan-covered drugs for which you filled prescriptions in <year> as a member of our plan.)>
- <If you are currently taking this drug, this change will not affect your coverage for this drug for the rest of the plan year.>

### About the Drug List and our updates

< plan name> has a “List of Covered Drugs (Formulary)” – or “Drug List” for short. If you need a copy, the Drug List on our website (<www.wellcare.com/ohanahealthplan.com/www.wellcarepd.com>) is always the most current. Or call <plan name> Customer Service (phone numbers are on the cover of this summary).

The Drug List tells which Part D prescription drugs are covered by the plan. It also tells which of the < number of cost-sharing tiers> “cost-sharing tiers” each drug is in and whether there are any restrictions on coverage for a drug.

During the year, with Medicare approval, we may make changes to our Drug List.

- We may add new drugs, remove drugs, and add or remove restrictions on coverage for drugs. We are also allowed to change drugs from one cost-sharing tier to another.
- Unless noted otherwise, you will have at least 60 days notice before any changes take effect unless a serious safety issue is involved (for example, a drug is taken off the market).

### Updates that affect drugs you take

The list that follows tells *only* about updates to the Drug List that will change the coverage or cost of **drugs you take**.

(For purposes of this update list, “drugs you take” means any plan-covered drugs for which you filled prescriptions in <year> as a member of our plan.)

#### < name of step therapy drug; strength or form in which the drug is dispensed >

- **Date and type of change:** Beginning < effective date of the change>, “step therapy” will be required for this drug. This means you will be required to try < a different drug first> <one or more other drugs first> before we will cover <name of step therapy drug>. This requirement encourages you to try another drug that is less costly, yet just as safe and effective as < name of step therapy drug>. If <: this other drug does not> < the other drugs do not> work for you, the plan will then cover < name of step therapy drug>.
- **Note:** See the information later in this section that tells “What you and your doctor can do.” < (You and your doctor may want to consider trying {alternate-drug-1} or {alternate drug-2}. Both are on our Drug List and have no restrictions on coverage. They are used in similar ways as <name of step therapy drug> and they are on a lower cost-sharing tier.)>

#### < name of quantity limits drug; strength or form in which the drug is dispensed >

- **Date and type of change:** Beginning < effective date of the change>, there will be a new limit on the amount of the drug you can have: < description of how the quantity will be limited>.
- **Note:** See the information below that tells “What you and your doctor can do.”

#### < name of prior authorization drug; strength or form in which the drug is dispensed >

- **Date and type of change:** Beginning *< effective date of the change>*, “prior authorization” will be required for this drug. This means you or your doctor need to get approval from the plan before we will agree to cover the drug for you.
- **Note:** See the information later in this section that tells “What you and your doctor can do.” *< Your choices include asking for prior authorization in order to continue having this drug covered or changing to a different drug.>*

***<name of brand-name drug to be replaced with generic; strength or form in which the drug is dispensed>***

- **Date and type of change:** Effective *<effective date of the change>*, the brand-name drug *< name of brand-name drug to be replaced with generic>* will be removed from our Drug List. We will add a new generic version of *< name of brand-name drug to be replaced with generic>* to the Drug List (it is called *< name of replacement generic drug>*).
- **Note:** *< Beginning < effective date of the change>, any prescription written for < name of brand-name drug to be replaced with generic> will automatically be filled with < name of replacement generic drug>. This change can save you money because < name of replacement generic drug> (tier < cost-sharing tier number or name for the replacement generic drug>) is in a lower cost-sharing tier than < name of brand-name drug to be replaced with generic> (tier < cost-sharing tier number or name for the replacement generic drug>).* If you want to keep using *< name of brand-name drug to be replaced with generic>*, see the information later in this section that tells “What you and your doctor can do.”

***<name of drug for which cost-sharing will increase; strength or form in which the drug is dispensed>***

- **Date and type of change:** Effective *< effective date of the change>*, *<the brand-name drug <name of drug for which cost-sharing will increase> will move from tier 2 to a higher cost-sharing tier (tier3).>* The amount you will pay for this drug depends on which drug

payment stage you are in when you fill the prescription. To find out how much you will pay, please call us at *<plan name>* Member Services (our phone numbers and calling hours are on the cover).

- **Note:** See the information later in this section that tells “What you and your doctor can do.” *< You and your doctor may want to consider trying a lower cost generic drug, < name of lower-cost generic drug>, which is in cost-sharing tier < number or name of cost-sharing tier>.*

### What you and your doctor can do

We are telling you about these changes now, so that you and your doctor will have time (at least 60 days) to decide what to do.

Depending on the type of change, there may be different options to consider. For example:

- **Perhaps you can find a different drug** covered by the plan that might work just as well for you.
  - You can call us at *<plan name>* Customer Service to ask for a list of covered drugs that treat the same medical condition.
  - This list can help your doctor to find a covered drug that might work for you and have fewer restrictions or a lower cost.
- **You and your doctor can ask the plan to make an exception for you.** This means asking us to agree that the upcoming change in coverage or cost-sharing tier of a drug does not apply to you.
  - Your doctor will need to tell us why making an exception is medically necessary for you.
  - To learn what you must do to ask for an exception, see the *Evidence of Coverage* that we sent to you. *< Look for Chapter 9, What to do if you have a problem or complaint.> < Look for Chapter 7, What to do if you have a problem or complaint.>*

- (Section 6 of this monthly summary tells how to get a copy of the *Evidence of Coverage* if you need it.)

## SECTION 5. If you see mistakes on this summary or have questions, what should you do?

### If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at [<plan name>](#) Customer Service (phone numbers are on the cover of this summary). You can also find answers to many questions at our website:

[www.wellcare.com/ohanahealthplan.com/www.wellcarepdp.com](http://www.wellcare.com/ohanahealthplan.com/www.wellcarepdp.com).

### What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at [<plan name>](#) Customer Service (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

## SECTION 6. Important things to know about your drug coverage and your rights

### Your "Evidence of Coverage" [<has>](#) [<and LIS Rider have>](#) the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage. [< Your LIS Rider \("Evidence of Coverage Rider for People](#)

[Who Get Extra Help Paying for their Prescriptions">](#) is a short separate document that tells what you pay for your prescriptions.>

We have sent you a copy of the *Evidence of Coverage* [<and LIS Rider>](#). If you need another copy [< of either of these>](#), please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

### What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- [< Chapter 7.>](#) [< Chapter 5.>](#) Asking the plan to pay its share of a bill you have received for covered services or drugs.
- [< Chapter 9.>](#) [< Chapter 7.>](#) What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision." If you disagree with our coverage decision, you can appeal our decision (see [< Chapter 9>](#) [<Chapter 7>](#) of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at [<plan name>](#) Customer Service (phone numbers are on the cover of this monthly summary).

- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

### Did you know there are programs to help people pay for their drugs?

- **“Extra Help” from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program is also called the “low-income subsidy” or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section < [section number](#) > of your *Medicare & You* < [year](#) > handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

