

2010

Summary of Benefits

WellCare Signature (PDP) | WellCare Classic (PDP)

Prescription Drug Plans



 **WellCare**[®]
Get more from your MedicareSM

S5967

01/01/10–12/31/10

Section I – Introduction to Summary of Benefits

Thank you for your interest in WellCare Signature (PDP) and WellCare Classic (PDP). Our plans are offered by WellCare Prescription Insurance, Inc./WellCare, a Medicare Prescription Drug Plan that contracts with the federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation or exclusion. To get a complete list of our benefits, please call WellCare Signature (PDP) and WellCare Classic (PDP) and ask for the "Evidence of Coverage."

You have choices in your Medicare prescription drug coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through Medicare Prescription Drug Plans, like WellCare Signature (PDP) or WellCare Classic (PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How can I compare my options?

The charts in this booklet list some important drug benefits. You can use

this Summary of Benefits to compare the benefits offered by WellCare Signature (PDP) and WellCare Classic (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where are WellCare Signature (PDP) and WellCare Classic (PDP) available?

The service area for these plans is included on pages 15–16. You must live in one of these areas to join these plans. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

Who is eligible to join?

You can join these plans if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a Private Fee-For-Service (PFFS) plan that does not provide Medicare

prescription drug coverage, or an MA Medical Savings Account (MSA) plan, may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

Does my plan cover Medicare Part B or Part D drugs?

WellCare Signature (PDP) and WellCare Classic (PDP) do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

Where can I get my prescriptions?

WellCare Signature (PDP) and WellCare Classic (PDP) have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.wellcarepdp.com. Our Customer Service number is listed at the end of this introduction.

What is a prescription drug formulary?

WellCare Signature (PDP) and WellCare Classic (PDP) use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove or make changes to coverage limitations on certain drugs, or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.wellcarepdp.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement Insurance) policy that includes prescription drug coverage, you must

contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap Issuer will remove the prescription drug coverage portion from your Medigap policy. This will occur as of the effective date of your Medicare Prescription Drug Plan coverage. Your Issuer will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join WellCare Signature (PDP) or WellCare Classic (PDP). Get this information before you decide to enroll in this plan.

How can I get extra help with my prescription drug plan?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join WellCare Signature (PDP) or WellCare Classic (PDP), Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare Prescription Drug coverage in your area.

As a member of WellCare Signature (PDP) and WellCare Classic (PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost-utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact

us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO). Please see pages 17–18 for your state QIO information.

What is a Medication Therapy Management (MTM) program?

A Medication Therapy Management (MTM) program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact WellCare Signature (PDP) and WellCare Classic (PDP) for more details.

Plan Ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings

from patients and customer service). If you have access to the Web, you may use the Web tools on www.medicare.gov and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-888-550-5252 to obtain a copy of the plan ratings for this plan. TTY users call 1-888-816-5252.

Please call WellCare for more information about WellCare Signature (PDP) or WellCare Classic (PDP).

Visit us at www.wellcarepdp.com or call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 7am to 2am Eastern.

Current members should call toll-free 1-888-550-5252 (TTY/TDD: 1-888-816-5252).

Prospective members should call toll-free 1-888-908-5252 (TTY/TDD: 1-888-816-5252).

Current members should call locally 1-888-550-5252 (TTY/TDD: 1-888-816-5252).

Prospective members should call locally 1-888-908-5252 (TTY/TDD: 1-888-816-5252).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or visit www.medicare.gov on the Web.

If you have special needs, this document may be available in other formats.

If you have any questions about plan benefits or costs, please contact WellCare for details.

Section II – Summary of Benefits

Benefit	Original Medicare	WellCare Signature (PDP)	WellCare Classic (PDP)
<p>Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs Covered Under Medicare Part D</p> <p>General Information This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.wellcarepdp.com on the Web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • have limited incomes, • live in long-term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). 	<p>Drugs Covered Under Medicare Part D</p> <p>General Information This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.wellcarepdp.com on the Web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • have limited incomes, • live in long-term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service).
		<p>Please refer to the chart located after this section to find out what the premium is in your area.</p>	<p>Please refer to the chart located after this section to find out what the premium is in your area.</p>

If you have any questions about plan benefits or costs, please contact WellCare for details.

Benefit	Original Medicare	WellCare Signature (PDP)	WellCare Classic (PDP)
		<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and D.C.). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from WellCare Signature (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network.</p>	<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and D.C.). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from WellCare Classic (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network.</p>

If you have any questions about plan benefits or costs, please contact WellCare for details.

Benefit	Original Medicare	WellCare Signature (PDP)	WellCare Classic (PDP)
		<p>These drugs are listed on the plan's Web site, formulary and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and WellCare Signature (PDP) approves the exception, you will pay Tier 3 cost-sharing for that drug.</p>	<p>These drugs are listed on the plan's Web site, formulary and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and WellCare Classic (PDP) approves the exception, you will pay Tier 3 cost-sharing for that drug.</p>
		<p>In-Network \$0 deductible.</p>	<p>In-Network \$310 yearly deductible.</p>
		<p>Initial Coverage You pay the following until total yearly drug costs reach \$2,830:</p>	<p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:</p>

If you have any questions about plan benefits or costs, please contact WellCare for details.

Benefit	Original Medicare	WellCare Signature (PDP)	WellCare Classic (PDP)
		<p>Retail Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$0 co-pay for a one-month (31-day) supply of drugs in this tier • \$0 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> • \$42 co-pay for a one-month (31-day) supply of drugs in this tier • \$126 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> • \$85 co-pay for a one-month (31-day) supply of drugs in this tier • \$255 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier • 33% coinsurance for a three-month (93-day) supply of drugs in this tier 	<p>Retail Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$3–\$5 co-pay for a one-month (31-day) supply of drugs in this tier ❖ • \$9–\$15 co-pay for a three-month (93-day) supply of drugs in this tier ❖ <p>Tier 2</p> <ul style="list-style-type: none"> • \$32–\$39 co-pay for a one-month (31-day) supply of drugs in this tier ❖ • \$96–\$117 co-pay for a three-month (93-day) supply of drugs in this tier ❖ <p>Tier 3</p> <ul style="list-style-type: none"> • \$60–\$85 co-pay for a one-month (31-day) supply of drugs in this tier ❖ • \$180–\$255 co-pay for a three-month (93-day) supply of drugs in this tier ❖ <p>Tier 4</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier • 25% coinsurance for a three-month (93-day) supply of drugs in this tier <div data-bbox="1402 1252 1913 1370" style="border: 1px solid black; padding: 5px;"> <p>❖ Please refer to the chart located after this section to find out what the costs are in your area.</p> </div>

If you have any questions about plan benefits or costs, please contact WellCare for details.

Benefit	Original Medicare	WellCare Signature (PDP)	WellCare Classic (PDP)
		<p>Long-Term Care Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$0 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> • \$42 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> • \$85 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier 	<p>Long-Term Care Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$3–\$5 co-pay for a one-month (31-day) supply of drugs in this tier ❖ <p>Tier 2</p> <ul style="list-style-type: none"> • \$32–\$39 co-pay for a one-month (31-day) supply of drugs in this tier ❖ <p>Tier 3</p> <ul style="list-style-type: none"> • \$60–\$85 co-pay for a one-month (31-day) supply of drugs in this tier ❖ <p>Tier 4</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier <div data-bbox="1402 1253 1911 1367" style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>❖ Please refer to the chart located after this section to find out what the costs are in your area.</p> </div>

If you have any questions about plan benefits or costs, please contact WellCare for details.

Benefit	Original Medicare	WellCare Signature (PDP)	WellCare Classic (PDP)
		<p>Mail Order</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$0 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> • \$126 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> • \$255 co-pay for a three-month (93-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> • 33% coinsurance for a three-month (93-day) supply of drugs in this tier 	<p>Mail Order</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$9–\$15 co-pay for a three-month (93-day) supply of drugs in this tier ❖ <p>Tier 2</p> <ul style="list-style-type: none"> • \$96–\$117 co-pay for a three-month (93-day) supply of drugs in this tier ❖ <p>Tier 3</p> <ul style="list-style-type: none"> • \$180–\$255 co-pay for a three-month (93-day) supply of drugs in this tier ❖ <p>Tier 4</p> <ul style="list-style-type: none"> • 25% coinsurance for a three-month (93-day) supply of drugs in this tier <div data-bbox="1402 1253 1911 1370" style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>❖ Please refer to the chart located after this section to find out what the costs are in your area.</p> </div>

If you have any questions about plan benefits or costs, please contact WellCare for details.

Benefit	Original Medicare	WellCare Signature (PDP)	WellCare Classic (PDP)
		<p>Coverage Gap After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p>Coverage Gap After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>
		<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or • 5% coinsurance. 	<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or • 5% coinsurance.

If you have any questions about plan benefits or costs, please contact WellCare for details.

Benefit	Original Medicare	WellCare Signature (PDP)	WellCare Classic (PDP)
		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from WellCare Signature (PDP).</p>	<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from WellCare Classic (PDP).</p>
		<p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p>	<p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p>

If you have any questions about plan benefits or costs, please contact WellCare for details.

Benefit	Original Medicare	WellCare Signature (PDP)	WellCare Classic (PDP)
		<p>Tier 1</p> <ul style="list-style-type: none"> • \$0 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 2</p> <ul style="list-style-type: none"> • \$42 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 3</p> <ul style="list-style-type: none"> • \$85 co-pay for a one-month (31-day) supply of drugs in this tier <p>Tier 4</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier 	<p>Tier 1</p> <ul style="list-style-type: none"> • \$3–\$5 co-pay for a one-month (31-day) supply of drugs in this tier ❖ <p>Tier 2</p> <ul style="list-style-type: none"> • \$32–\$39 co-pay for a one-month (31-day) supply of drugs in this tier ❖ <p>Tier 3</p> <ul style="list-style-type: none"> • \$60–\$85 co-pay for a one-month (31-day) supply of drugs in this tier ❖ <p>Tier 4</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier <div data-bbox="1402 1253 1911 1370" style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>❖ Please refer to the chart located after this section to find out what the costs are in your area.</p> </div>

If you have any questions about plan benefits or costs, please contact WellCare for details.

Benefit	Original Medicare	WellCare Signature (PDP)	WellCare Classic (PDP)
		<p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by WellCare Signature (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to WellCare Signature (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by WellCare Classic (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to WellCare Classic (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>
		<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug, minus the following:</p> <ul style="list-style-type: none"> • A \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or • 5% coinsurance. 	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug, minus the following:</p> <ul style="list-style-type: none"> • A \$2.50 co-pay for generic (including brand drugs treated as generic) and a \$6.30 co-pay for all other drugs, or • 5% coinsurance.

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		Monthly Premium	Tier 1 (Generic)		Tier 2 (Preferred Brand)		Tier 3 (Non-Preferred Brand)		Tier 4 (Specialty)	
			31 Days	93 Days	31 Days	93 Days	31 Days	93 Days	31 Days	93 Days
AK	\$34.50	\$33.30	\$3	\$9	\$33	\$99	\$60	\$180	25%	25%
AL	\$44.00	\$33.70	\$4	\$12	\$33	\$99	\$65	\$195	25%	25%
AR	\$41.30	\$23.20	\$4	\$12	\$32	\$96	\$63	\$189	25%	25%
AZ	\$35.00	\$19.70	\$4	\$12	\$36	\$108	\$75	\$225	25%	25%
CA	\$33.10	\$24.30	\$4	\$12	\$35	\$105	\$76	\$228	25%	25%
CO	\$40.90	\$29.10	\$4	\$12	\$35	\$105	\$76	\$228	25%	25%
CT	\$39.60	\$30.80	\$4	\$12	\$39	\$117	\$80	\$240	25%	25%
DC	\$40.30	\$30.50	\$4	\$12	\$39	\$117	\$85	\$255	25%	25%
DE	\$40.30	\$30.50	\$4	\$12	\$39	\$117	\$85	\$255	25%	25%
FL	\$30.80	\$28.80	\$4	\$12	\$33	\$99	\$74	\$222	25%	25%
GA	\$39.30	\$27.40	\$4	\$12	\$33	\$99	\$70	\$210	25%	25%
HI	\$30.00	\$38.70	\$5	\$15	\$35	\$105	\$82	\$246	25%	25%
IA	\$49.70	\$40.90	\$4	\$12	\$36	\$108	\$77	\$231	25%	25%
ID	\$51.50	\$44.50	\$4	\$12	\$37	\$111	\$75	\$225	25%	25%
IL	\$39.40	\$34.90	\$4	\$12	\$35	\$105	\$73	\$219	25%	25%
IN	\$42.50	\$36.90	\$4	\$12	\$34	\$102	\$68	\$204	25%	25%
KS	\$40.00	\$37.90	\$4	\$12	\$35	\$105	\$68	\$204	25%	25%
KY	\$42.50	\$36.90	\$4	\$12	\$34	\$102	\$68	\$204	25%	25%
LA	\$40.10	\$26.90	\$4	\$12	\$32	\$96	\$68	\$204	25%	25%
MA	\$39.60	\$30.80	\$4	\$12	\$39	\$117	\$80	\$240	25%	25%
MD	\$40.30	\$30.50	\$4	\$12	\$39	\$117	\$85	\$255	25%	25%
ME	\$32.50	\$26.90	\$4	\$12	\$35	\$105	\$75	\$225	25%	25%
MI	\$39.40	\$30.30	\$4	\$12	\$37	\$111	\$82	\$246	25%	25%
MN	\$49.70	\$40.90	\$4	\$12	\$36	\$108	\$77	\$231	25%	25%
MO	\$39.60	\$31.10	\$4	\$12	\$32	\$96	\$63	\$189	25%	25%

S5967	WellCare Signature (PDP)	WellCare Classic (PDP) ❖								
		Monthly Premium	Tier 1 (Generic)		Tier 2 (Preferred Brand)		Tier 3 (Non-Preferred Brand)		Tier 4 (Specialty)	
			31 Days	93 Days	31 Days	93 Days	31 Days	93 Days	31 Days	93 Days
MS	\$43.50	\$31.40	\$4	\$12	\$33	\$99	\$66	\$198	25%	25%
MT	\$49.70	\$40.90	\$4	\$12	\$36	\$108	\$77	\$231	25%	25%
NC	\$41.30	\$36.30	\$4	\$12	\$33	\$99	\$71	\$213	25%	25%
ND	\$49.70	\$40.90	\$4	\$12	\$36	\$108	\$77	\$231	25%	25%
NE	\$49.70	\$40.90	\$4	\$12	\$36	\$108	\$77	\$231	25%	25%
NH	\$32.50	\$26.90	\$4	\$12	\$35	\$105	\$75	\$225	25%	25%
NJ	\$41.10	\$39.80	\$4	\$12	\$38	\$114	\$78	\$234	25%	25%
NM	\$31.20	\$18.00	\$4	\$12	\$35	\$105	\$69	\$207	25%	25%
NV	\$36.30	\$28.70	\$4	\$12	\$35	\$105	\$75	\$225	25%	25%
NY	\$41.60	\$33.30	\$4	\$12	\$36	\$108	\$75	\$225	25%	25%
OH	\$37.00	\$38.00	\$4	\$12	\$33	\$99	\$70	\$210	25%	25%
OK	\$42.50	\$29.80	\$4	\$12	\$35	\$105	\$72	\$216	25%	25%
OR	\$45.50	\$39.20	\$4	\$12	\$35	\$105	\$75	\$225	25%	25%
PA	\$38.30	\$37.30	\$4	\$12	\$34	\$102	\$70	\$210	25%	25%
RI	\$39.60	\$30.80	\$4	\$12	\$39	\$117	\$80	\$240	25%	25%
SC	\$42.70	\$30.80	\$4	\$12	\$34	\$102	\$68	\$204	25%	25%
SD	\$49.70	\$40.90	\$4	\$12	\$36	\$108	\$77	\$231	25%	25%
TN	\$44.00	\$33.70	\$4	\$12	\$33	\$99	\$65	\$195	25%	25%
TX	\$37.10	\$24.50	\$4	\$12	\$37	\$111	\$75	\$225	25%	25%
UT	\$51.50	\$44.50	\$4	\$12	\$37	\$111	\$75	\$225	25%	25%
VA	\$41.30	\$33.20	\$4	\$12	\$34	\$102	\$68	\$204	25%	25%
VT	\$39.60	\$30.80	\$4	\$12	\$39	\$117	\$80	\$240	25%	25%
WA	\$45.50	\$39.20	\$4	\$12	\$35	\$105	\$75	\$225	25%	25%
WV	\$38.30	\$37.30	\$4	\$12	\$34	\$102	\$70	\$210	25%	25%
WY	\$49.70	\$40.90	\$4	\$12	\$36	\$108	\$77	\$231	25%	25%

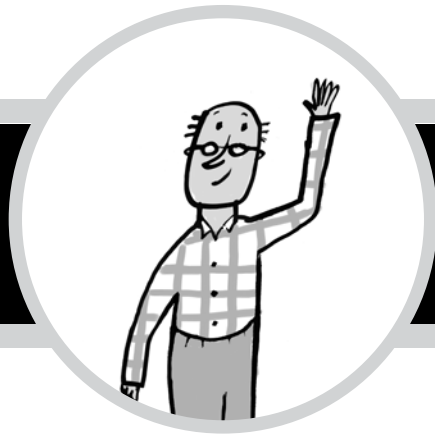
Quality Improvement Organizations (QIO)

State	Agency	Phone Number	TTY/TDD
AK	Qualis Health	888-578-2547	711
AL	Alabama Quality Assurance Foundation	800-760-4550	711
AR	Arkansas Foundation for Medical Care	877-375-5700	711
AZ	Health Services Advisory Group	800-359-9909	711
CA	Health Services Advisory Group	800-841-1602	800-881-5980
CO	Colorado Foundation for Medical Care	800-950-8250	711
CT	Qualidigm	800-553-7590	711
DC	Delmarva Foundation of the District of Columbia	800-937-3362	711
DE	Quality Insights of Delaware	866-475-9669	711
FL	FMQAI	800-844-0795	711
GA	GMCF	800-982-0411	711
HI	Mountain-Pacific Quality Health Foundation	800-524-6550	711
IA	Iowa Foundation for Medical Care	800-752-7014	711
ID	Qualis Health	800-488-1118	711
IL	Illinois Foundation for Quality Health Care	800-647-8089	711
IN	Health Care Excel	800-288-1499	711
KS	Kansas Foundation for Medical Care	800-432-0770	711
KY	Health Care Excel	800-288-1499	711
LA	Louisiana Health Care Review	800-433-4958	711
MA	MassPRO	800-252-5533	711
MD	Delmarva Foundation for Medical Care	800-999-3362	711
ME	Northeast Health Care Quality Foundation	800-772-0151	711
MI	MPRO	800-365-5899	711
MN	Stratis Health	877-787-2847	711
MO	Primaris	800-735-6776	711
MS	Information and Quality Healthcare	800-844-0600	711

Quality Improvement Organizations (QIO)

State	Agency	Phone Number	TTY/TDD
MT	Mountain-Pacific Quality Health Foundation	800-497-8232	711
NC	The Carolinas Center for Medical Excellence	800-682-2650	800-735-2962
ND	North Dakota Health Care Review	800-472-2902	711
NE	CIMRO of Nebraska	800-458-4262	711
NH	Northeast Health Care Quality Foundation	800-772-0151	711
NJ	Healthcare Quality Strategies, Inc.	800-624-4557	711
NM	New Mexico Medical Review Association	800-663-6351	711
NV	HealthInsight	800-748-6773	711
NY	IPRO	800-331-7767	516-326-6182
OH	Ohio KePRO	800-589-7337	711
OK	Oklahoma Foundation for Medical Quality	800-522-3414	711
OR	Acumentra Health	800-344-4354	711
PA	Quality Insights of Pennsylvania	800-322-1914	711
RI	Quality Partners of Rhode Island	800-662-5028	711
SC	Qualis Health	877-717-8592	711
SD	South Dakota Foundation for Medical Care	800-658-2285	711
TN	Qsource	800-528-2655	711
TX	TMF Health Quality Institute	800-725-9216	711
UT	HealthInsight	800-748-6773	711
VA	Virginia Health Quality Center	800-545-3814	711
VT	Northeast Health Care Quality Foundation	800-772-0151	711
WA	Qualis Health	800-949-7536	711
WV	WVMI Quality Insights	800-642-8686	711
WY	Mountain-Pacific Quality Health Foundation	877-810-6248	711

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