2023
Summary of Benefits

Texas

Wellcare Value Script (PDP)

S4802 | 155

Wellcare Classic (PDP)

S4802 | 013

Wellcare Medicare Rx Value Plus (PDP)

S4802 | 225

This is a summary of prescription drug benefits covered by Wellcare Value Script (PDP), Wellcare Classic (PDP), and Wellcare Medicare Rx Value Plus (PDP) from January 1, 2023 to December 31, 2023.

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

Our service area includes this state: Texas.

Which drugs are covered?

Our plans use a formulary. 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.

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

How will I determine my drug costs?

Our plans group each medication into one of five or six "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.

For more information, please contact your plan for details.

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

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. You can access or view it online at https://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. Available 24 hours, 7 days a week, including some federal holidays.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.

Prescription Drug Coverage	Wellcare Value Script (PDP) S4802, Plan 155	Wellcare Classic (PDP) S4802, Plan 013	Wellcare Medicare Rx Value Plus (PDP) S4802, Plan 225
Monthly plan premium	$11.10	$24.30	$71.30
Stage 1: Annual Prescription Deductible			
Deductible	$505 for Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), Tier 5 (Specialty Tier), and Tier 6 (Select Diabetic Drugs) Part D prescription drugs. For all other covered drugs, you will not have to pay any deductible and will start receiving coverage immediately.	$505 for all covered Part D prescription drugs.	This plan has no deductible for Part D covered drugs, this payment stage doesn't apply.
	Tier 3, Select Insulin cost sharing is $35 a month for a 30-day supply of each medication during the deductible, initial coverage and coverage gap stages. See your plan's Evidence of Coverage for complete details.	N/A	N/A

Prescription Drug Coverage	Wellcare Value Script (PDP) S4802, Plan 155		Wellcare Classic (PDP) S4802, Plan 013		Wellcare Medicare Rx Value Plus (PDP) S4802, Plan 225	
	Preferred	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**
Stage 2: Initial Coverage (after you pay your deductible, if applicable)						
You pay the following until your total yearly drug costs reach $4,660. Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.						
Important Message About What You Pay for Vaccines and Insulin: Our plan covers most Part D vaccines at no cost to you, even if you have not paid your deductible (if your plan has a deductible). You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it is on, even if you have not paid your deductible (if your plan has a deductible).						
Retail cost-sharing (30-day/90-day supply)						
	Preferred	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**
Tier 1 (Preferred Generic Drugs- includes preferred generic drugs and may include some brand drugs.)	$0 / $0 copay	$8 / $24 copay	$0 / $0 copay	$3 / $9 copay	$0 / $0 copay	$10 / $30 copay
Tier 2 (Generic Drugs- includes generic drugs and may include some brand drugs.)	$5 / $15 copay	$15 / $45 copay	$5 / $15 copay	$8 / $24 copay	$4 / $12 copay	$20 / $60 copay

Prescription Drug Coverage	Wellcare Value Script (PDP) S4802, Plan 155		Wellcare Classic (PDP) S4802, Plan 013		Wellcare Medicare Rx Value Plus (PDP) S4802, Plan 225	
	Preferred	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**
Tier 3 (Preferred Brand Drugs- includes preferred brand drugs and may include some generic drugs.)	$44 / $132 copay	$47 / $141 copay	$37 / $111 copay	$43 / $129 copay	$47 / $141 copay	$47 / $141 copay
	Tier 3, Select Insulin cost sharing is $35 a month for a 30-day supply of each medication during the deductible, initial coverage and coverage gap stages. See your plan's Evidence of Coverage for complete details.		N/A		Tier 3, Select Insulin cost sharing is $35 a month for a 30-day supply of each medication during the initial coverage and coverage gap stages. See your plan's Evidence of Coverage for complete details.	
Tier 4 (Non-Preferred Drugs- includes non-preferred brand and non-preferred generic drugs.)	47% / 47% coinsurance	50% / 50% coinsurance	41% / 41% coinsurance	42% / 42% coinsurance	50% / 50% coinsurance	50% / 50% coinsurance
Tier 5 (Specialty Tier- includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	25% coinsurance / Not Available	25% coinsurance / Not Available	25% coinsurance / Not Available	25% coinsurance / Not Available	33% coinsurance / Not Available	33% coinsurance / Not Available
Tier 6 (Select Diabetic Drugs- includes some brand drugs commonly used to treat diabetes.)	$11 / $33 copay	$11 / $33 copay	Not Available / Not Available	Not Available / Not Available	$11 / $33 copay	$11 / $33 copay

Prescription Drug Coverage	Wellcare Value Script (PDP) S4802, Plan 155		Wellcare Classic (PDP) S4802, Plan 013		Wellcare Medicare Rx Value Plus (PDP) S4802, Plan 225	
Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)						
Mail-order cost-sharing (30-day/90-day supply)						
	Preferred	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**
Tier 1 (Preferred Generic Drugs- includes preferred generic drugs and may include some brand drugs.)	$0 / $0 copay	$8 / $24 copay	$0 / $0 copay	$3 / $9 copay	$0 / $0 copay	$10 / $30 copay
Tier 2 (Generic Drugs- includes generic drugs and may include some brand drugs.)	$5 / $15 copay	$15 / $45 copay	$5 / $15 copay	$8 / $24 copay	$4 / $10 copay	$20 / $60 copay
Tier 3 (Preferred Brand Drugs- includes preferred brand drugs and may include some generic drugs.)	$44 / $132 copay	$47 / $141 copay	$37 / $111 copay	$43 / $129 copay	$47 / $117.50 copay	$47 / $141 copay
	Tier 3, Select Insulin cost sharing is $35 a month for a 30-day supply of each medication during the deductible, initial coverage and coverage gap stages. See your plan's Evidence of Coverage for complete details.		N/A		Tier 3, Select Insulin cost sharing is $35 a month for a 30-day supply of each medication during the initial coverage and coverage gap stages. See your plan's Evidence of Coverage for complete details.	

Prescription Drug Coverage	Wellcare Value Script (PDP) S4802, Plan 155		Wellcare Classic (PDP) S4802, Plan 013		Wellcare Medicare Rx Value Plus (PDP) S4802, Plan 225	
	Preferred	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**
Tier 4 (Non-Preferred Drugs- includes non-preferred brand and non-preferred generic drugs.)	47% / 47% coinsurance	50% / 50% coinsurance	41% / 41% coinsurance	42% / 42% coinsurance	50% / 50% coinsurance	50% / 50% coinsurance
Tier 5 (Specialty Tier- includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	25% coinsurance / Not Available	25% coinsurance / Not Available	25% coinsurance / Not Available	25% coinsurance / Not Available	33% coinsurance / Not Available	33% coinsurance / Not Available
Tier 6 (Select Diabetic Drugs- includes some brand drugs commonly used to treat diabetes.)	$11 / $33 copay	$11 / $33 copay	Not Available / Not Available	Not Available / Not Available	$11 / $27.50 copay	$11 / $33 copay
Stage 3: Coverage Gap						
	After your total drug costs (including what our plan has paid and what you have paid) reach $4,660, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.		After your total drug costs (including what our plan has paid and what you have paid) reach $4,660, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.		After your total drug costs (including what our plan has paid and what you have paid) reach $4,660, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	

Prescription Drug Coverage	Wellcare Value Script (PDP) S4802, Plan 155		Wellcare Classic (PDP) S4802, Plan 013		Wellcare Medicare Rx Value Plus (PDP) S4802, Plan 225	
	Preferred	**Standard**	**Preferred**	**Standard**	**Preferred**	**Standard**
	Tier 3, Select Insulin cost sharing is $35 a month for a 30-day supply of each medication during the deductible, initial coverage and coverage gap stages. See your plan's Evidence of Coverage for complete details.		N/A		Tier 3, Select Insulin cost sharing is $35 a month for a 30-day supply of each medication during the initial coverage and coverage gap stages. See your plan's Evidence of Coverage for complete details.	
Stage 4: Catastrophic Coverage						
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,400, you pay the greater of: • 5% coinsurance, or • $4.15 copay for generic (including brand drugs treated as generic) and $10.35 copay for all other drugs.		After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,400, you pay the greater of: • 5% coinsurance, or • $4.15 copay for generic (including brand drugs treated as generic) and $10.35 copay for all other drugs.		After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,400, you pay the greater of: • 5% coinsurance, or • $4.15 copay for generic (including brand drugs treated as generic) and $10.35 copay for all other drugs.	

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

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

Multi-Language Insert

Multi-Language Interpreter Services

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

Chinese Mandarin: 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。要联系译员，请拨打 **1-888-550-5252**（文本电话：**711**）。您将获得讲汉语普通话的译员的帮助。这是一项免费服务。

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

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

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pouvez avoir sur notre régime d'assurance maladie ou d'assurance médicaments. Pour profiter de ce service, il suffit de nous appeler au **1-888-550-5252** (TTY: **711**). Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

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

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

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

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

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

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, हमें **1-888-550-5252** (TTY:**711**) पर कॉल करें. हिन्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।

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

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

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

Polish: Oferujemy bezpłatne usługi tłumacza ustnego, który pomoże Państwu zadać wszelkie pytania, jakie mogą Państwo mieć odnośnie do Państwa stanu zdrowia lub planu leczenia. Aby skorzystać z usług tłumacza ustnego, wystarczy zadzwonić pod numer **1-888-550-5252** (TTY: **711**). Osoba mówiąca po polsku Państwu pomoże. Jest to usługa bezpłatna.

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

Hawaiian: Hoʻolako mākou i ka lawelawe unuhi manuahi e pane i kāu mau nīnau e pili i kā mākou papa hana olakino a i ʻole papa hana lāʻau. E loaʻa mai kekahi mea unuhi, e kelepona wale nō iā mākou **1-888-550-5252**(TTY:**711**). E kōkua ana kekahi kanaka ʻōlelo Hawaiʻi iā ʻoe. He lawelawe manuahi kēia.

Ilocano: Addaankami kadagiti libre a serbisio ti panagipatarus tapno sungbatan ti aniaman a saludsodmo maipapan iti plan-mi iti salun-at wenno agas. Tapno maaddaan iti paraipatarus, tawagannakami iti **1-888-550-5252** (TTY: **711**). Makatulongto kenka ti maysa nga agsasao iti Ilocano. Libre daytoy a serbisio.

Samoan: E iai le matou ʻauaunaga faamatala upu e leai se totogi e tali atu ai soo se fesili e uiga i le matou fuafuaga tau soifua maloloina poo fualaau. Ina ia maua se tagata faamatala upu, vili mai matou i le **1-888-550-5252** -(TTY: **711**). O le a mafai ona fesoasoani atu se tagata e tautala i naʻo le Gagana Samoa ia te oe. E fai fua lenei ʻauaunaga.

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 Member Services representative at 1-866-859-9084 (TTY: 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.wellcare.com/PDP or call 1-866-859-9084 (TTY: 711) to view a copy of the EOC. Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.

Contact Us

For more information, please contact us:

By phone

Toll-free at 1-866-859-9084 (TTY 711). Your call may be answered by a licensed agent.

Hours of Operation

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

Online www.wellcare.com/PDP

We're with our members every step of the way.

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

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