2027
Summary of Benefits

Wellcare Value Script (PDP)

Wellcare Classic (PDP)

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This is a summary of prescription drug benefits covered by Wellcare Value Script (PDP) and Wellcare Classic (PDP) from January 1, 2027 to December 31, 2027.

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

Wellcare Value Script (PDP)

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

Wellcare Classic (PDP)

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

Who can join?

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

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

Get to Know Medicare Part D

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

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

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

Wellcare Value Script (PDP):

You are in this stage until your payments and the plan's payments total $2,400 for the year. This plan groups each medication into one of six tiers:

- Tier 1 (Generic) includes preferred generic drugs and may include some brand drugs.
- Tier 2 (Preferred Brand) includes preferred brand drugs and may include some generic drugs.
- Tier 3 (Non-Preferred Drug) includes non-preferred brand and generic drugs.
- Tier 4 (Injectable Drugs) includes select drugs that are administered by injection or used to prevent illness (vaccines).
- 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.
- Tier 6 (Select Care Drugs) includes select generic and/or brand drugs used to treat specific conditions.

WellCare Classic (PDP):

You are in this stage until your payments and the plan's payments total $2,400 for the year. This plan groups each medication into one of five tiers:

- Tier 1 (Generic) includes preferred generic drugs and may include some brand drugs.
- Tier 2 (Preferred Brand) includes preferred brand drugs and may include some generic drugs.
- Tier 3 (Non-Preferred Drug) includes non-preferred brand and generic drugs.
- Tier 4 (Injectable Drugs) includes select drugs that are administered by injection or used to prevent illness (vaccines).
- Tier 5 (Specialty Tier) includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.

Catastrophic Coverage: After your out-of-pocket costs for prescription drugs reach $2,400, you pay $0 for covered brand and generic drugs for the remainder of the year.

What You Pay for Insulin:

You won’t pay more than $35 for a 1-month supply, $70 for up to a 2-month supply or $105 for up to a 3-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

What You Pay for Vaccines:

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

Medicare Prescription Payment Plan

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

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

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

For more information, please contact your plan for details.

Phone Numbers	**1-844-480-0700** (**TTY 711**)
Pre-Enrollment Hours	Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones)
Website	go.wellcare.com/PDP
Drug List	**Wellcare Value Script (PDP):** go.wellcare.com/druglist-2 **Wellcare Classic (PDP):** go.wellcare.com/druglist-1
Pharmacy Directory	go.wellcare.com/2027providerdirectories
Medicare & You Handbook	If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

We can send materials to you in a language other than English or in an alternate format (such as braille, audio, or large print). For more information or to request information in an alternate format, please call us at 1-844-480-0700 (TTY users should call 711). Hours are: Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones).

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Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Alabama	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	33%	15%	25%	NA
Alaska	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	34%	15%	25%	NA
Arizona	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	43%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	38%	15%	25%	NA
Arkansas	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	28%	15%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$20	25%	50%	15%	25%	$11	Tier 1 Classic: Preferred Retail = $9 copay Preferred Mail = $0 copay Tier 1 Value Script: Preferred Retail & Mail = $0 copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 2, Tier 3 & Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$20	25%	35%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	36%	15%	25%	NA	
$20	25%	46%	15%	25%	$11	
$20	25%	38%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	29%	15%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
California	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	40%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	35%	15%	25%	NA
Colorado	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	42%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	34%	15%	25%	NA
Connecticut	Wellcare Value Script (PDP)	$13.30	$700 Tiers 2-5	$0	25%	41%	15%	25%	$11
	Wellcare Classic (PDP)	$21.30	$700 All tiers	$3	25%	37%	15%	25%	NA
Delaware	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	46%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	36%	15%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$20	25%	40%	15%	25%	$11	Tier 1 Classic: Preferred Retail = $9 copay Preferred Mail = $0 copay Tier 1 Value Script: Preferred Retail & Mail = $0 copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 2, Tier 3 & Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$20	25%	35%	15%	25%	NA	
$20	25%	45%	15%	25%	$11	
$20	25%	35%	15%	25%	NA	
$20	25%	43%	15%	25%	$11	
$20	25%	39%	15%	25%	NA	
$20	25%	48%	15%	25%	$11	
$20	25%	36%	15%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
District of Columbia	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	46%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	36%	15%	25%	NA
Florida	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	45%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	33%	15%	25%	NA
Georgia	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	47%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	35%	15%	25%	NA
Hawaii	Wellcare Value Script (PDP)	$23.30	$700 Tiers 2-5	$0	25%	37%	15%	25%	$11
	Wellcare Classic (PDP)	$28.30	$700 All tiers	$3	25%	37%	15%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$20	25%	48%	15%	25%	$11	Tier 1 Classic: Preferred Retail = $9 copay Preferred Mail = $0 copay Tier 1 Value Script: Preferred Retail & Mail = $0 copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 2, Tier 3 & Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$20	25%	36%	15%	25%	NA	
$20	25%	45%	15%	25%	$11	
$20	25%	35%	15%	25%	NA	
$20	25%	49%	15%	25%	$11	
$20	25%	35%	15%	25%	NA	
$20	25%	37%	15%	25%	$11	
$20	25%	38%	15%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Idaho	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	35%	15%	25%	NA
Illinois	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	37%	15%	25%	NA
Indiana	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$8.30	$700 All tiers	$3	25%	34%	15%	25%	NA
Iowa	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$16.30	$700 All tiers	$3	25%	33%	15%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$20	25%	50%	15%	25%	$11	Tier 1 Classic: Preferred Retail = $9 copay Preferred Mail = $0 copay Tier 1 Value Script: Preferred Retail & Mail = $0 copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 2, Tier 3 & Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$20	25%	36%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	37%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	34%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	34%	15%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Kansas	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$20.30	$700 All tiers	$3	25%	32%	15%	25%	NA
Kentucky	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$8.30	$700 All tiers	$3	25%	34%	15%	25%	NA
Louisiana	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	34%	15%	25%	NA
Maine	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	47%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	34%	15%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$20	25%	50%	15%	25%	$11	Tier 1 Classic: Preferred Retail = $9 copay Preferred Mail = $0 copay Tier 1 Value Script: Preferred Retail & Mail = $0 copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 2, Tier 3 & Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$20	25%	33%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	34%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	36%	15%	25%	NA	
$20	25%	49%	15%	25%	$11	
$20	25%	34%	15%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Maryland	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	46%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	36%	15%	25%	NA
Massachusetts	Wellcare Value Script (PDP)	$13.30	$700 Tiers 2-5	$0	25%	41%	15%	25%	$11
	Wellcare Classic (PDP)	$21.30	$700 All tiers	$3	25%	37%	15%	25%	NA
Michigan	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	36%	15%	25%	NA
Minnesota	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$16.30	$700 All tiers	$3	25%	33%	15%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$20	25%	48%	15%	25%	$11	Tier 1 Classic: Preferred Retail = $9 copay Preferred Mail = $0 copay Tier 1 Value Script: Preferred Retail & Mail = $0 copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 2, Tier 3 & Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$20	25%	36%	15%	25%	NA	
$20	25%	43%	15%	25%	$11	
$20	25%	39%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	36%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	34%	15%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Mississippi	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	48%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	32%	15%	25%	NA
Missouri	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	30%	15%	25%	NA
Montana	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$16.30	$700 All tiers	$3	25%	33%	15%	25%	NA
Nebraska	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$16.30	$700 All tiers	$3	25%	33%	15%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$20	25%	50%	15%	25%	$11	Tier 1 Classic: Preferred Retail = $9 copay Preferred Mail = $0 copay Tier 1 Value Script: Preferred Retail & Mail = $0 copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 2, Tier 3 & Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$20	25%	33%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	30%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	34%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	34%	15%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Nevada	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	44%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	38%	15%	25%	NA
New Hampshire	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	47%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	34%	15%	25%	NA
New Jersey	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	42%	15%	25%	$11
	Wellcare Classic (PDP)	$24.30	$700 All tiers	$3	25%	32%	15%	25%	NA
New Mexico	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	13%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	39%	15%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$20	25%	45%	15%	25%	$11	Tier 1 Classic: Preferred Retail = $9 copay Preferred Mail = $0 copay Tier 1 Value Script: Preferred Retail & Mail = $0 copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 2, Tier 3 & Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$20	25%	38%	15%	25%	NA	
$20	25%	49%	15%	25%	$11	
$20	25%	34%	15%	25%	NA	
$20	25%	42%	15%	25%	$11	
$20	25%	32%	15%	25%	NA	
$15	25%	50%	13%	25%	$11	
$20	25%	41%	15%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
New York	Wellcare Value Script (PDP)	$37.30	$700 Tiers 2-5	$0	25%	39%	15%	25%	$11
	Wellcare Classic (PDP)	$40.30	$700 All tiers	$3	25%	31%	15%	25%	NA
North Carolina	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	45%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	32%	15%	25%	NA
North Dakota	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$16.30	$700 All tiers	$3	25%	33%	15%	25%	NA
Ohio	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	33%	15%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$20	25%	39%	15%	25%	$11	Tier 1 Classic: Preferred Retail = $9 copay Preferred Mail = $0 copay Tier 1 Value Script: Preferred Retail & Mail = $0 copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 2, Tier 3 & Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$20	25%	32%	15%	25%	NA	
$20	25%	45%	15%	25%	$11	
$20	25%	33%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	34%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	33%	15%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Oklahoma	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$8.30	$700 All tiers	$3	25%	33%	15%	25%	NA
Oregon	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	46%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	36%	15%	25%	NA
Pennsylvania	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	49%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	36%	15%	25%	NA
Rhode Island	Wellcare Value Script (PDP)	$13.30	$700 Tiers 2-5	$0	25%	41%	15%	25%	$11
	Wellcare Classic (PDP)	$21.30	$700 All tiers	$3	25%	37%	15%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$20	25%	50%	15%	25%	$11	Tier 1 Classic: Preferred Retail = $9 copay Preferred Mail = $0 copay Tier 1 Value Script: Preferred Retail & Mail = $0 copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 2, Tier 3 & Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$20	25%	33%	15%	25%	NA	
$20	25%	47%	15%	25%	$11	
$20	25%	36%	15%	25%	NA	
$20	25%	49%	15%	25%	$11	
$20	25%	37%	15%	25%	NA	
$20	25%	43%	15%	25%	$11	
$20	25%	39%	15%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
South Carolina	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	46%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	33%	15%	25%	NA
South Dakota	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$16.30	$700 All tiers	$3	25%	33%	15%	25%	NA
Tennessee	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	33%	15%	25%	NA
Texas	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	49%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	34%	15%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$20	25%	46%	15%	25%	$11	Tier 1 Classic: Preferred Retail = $9 copay Preferred Mail = $0 copay Tier 1 Value Script: Preferred Retail & Mail = $0 copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 2, Tier 3 & Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$20	25%	34%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	34%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	35%	15%	25%	NA	
$20	25%	49%	15%	25%	$11	
$20	25%	36%	15%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Utah	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	35%	15%	25%	NA
Vermont	Wellcare Value Script (PDP)	$13.30	$700 Tiers 2-5	$0	25%	41%	15%	25%	$11
	Wellcare Classic (PDP)	$21.30	$700 All tiers	$3	25%	37%	15%	25%	NA
Virginia	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	46%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	37%	15%	25%	NA
Washington	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	46%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	36%	15%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$20	25%	50%	15%	25%	$11	Tier 1 Classic: Preferred Retail = $9 copay Preferred Mail = $0 copay Tier 1 Value Script: Preferred Retail & Mail = $0 copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 2, Tier 3 & Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$20	25%	36%	15%	25%	NA	
$20	25%	43%	15%	25%	$11	
$20	25%	39%	15%	25%	NA	
$20	25%	49%	15%	25%	$11	
$20	25%	38%	15%	25%	NA	
$20	25%	47%	15%	25%	$11	
$20	25%	36%	15%	25%	NA	

Initial Coverage Stage

State	Plan Name	Monthly Premium	Deductible	30-day supply: Preferred retail					
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
West Virginia	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	49%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	36%	15%	25%	NA
Wisconsin	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$7.30	$700 All tiers	$3	25%	33%	15%	25%	NA
Wyoming	Wellcare Value Script (PDP)	$5.30	$700 Tiers 2-5	$0	25%	50%	15%	25%	$11
	Wellcare Classic (PDP)	$16.30	$700 All tiers	$3	25%	33%	15%	25%	NA

Initial Coverage Stage

30-day supply: **Standard retail**						**90-day supply:** **Preferred retail pharmacies** **Standard retail pharmacies** **90-day supply:** **Preferred mail-order pharmacies** **Standard mail-order pharmacies**
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**	**Tier 5**	**Tier 6**	
$20	25%	49%	15%	25%	$11	Tier 1 Classic: Preferred Retail = $9 copay Preferred Mail = $0 copay Tier 1 Value Script: Preferred Retail & Mail = $0 copay Standard Retail & Mail = 3x 30-day Standard Retail copay Tier 2, Tier 3 & Tier 4: Applicable Coinsurance Tier 5: N/A Tier 6 Classic: N/A Tier 6 Value Script: $33 all retail and mail-order pharmacies
$20	25%	37%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	33%	15%	25%	NA	
$20	25%	50%	15%	25%	$11	
$20	25%	34%	15%	25%	NA	

Generic drugs may be covered on tiers other than Tier 1. 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 the day supply received. A one-month (34-day or less) prescription is not covered at mail-order.

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 1-844-480-0700 (TTY: 711). Hours are Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (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 go.wellcare.com/PDP or call 1-844-480-0700 (TTY: 711) to view a copy of the EOC. Hours are Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (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, 2028.

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

"Wellcare" is issued by WELLCARE PRESCRIPTION INSURANCE, INC.

Contact Us

For more information, please contact us:



By Phone

Already a Member?

1-888-550-5252 (TTY: 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.

Not a Member yet?

Toll-free at 1-844-480-0700 (TTY: 711).

Your call may be answered by a licensed agent.

Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m. (all time zones)



Online

go.wellcare.com/PDP