



2017

SUMMARY OF BENEFITS

Prescription Drug Plans

S4802

January 1, 2017 - December 31, 2017

WellCare Classic (PDP)

WellCare Extra (PDP)



Summary of Benefits

January 1, 2017– December 31, 2017

This booklet gives you a brief overview of what we cover and what you can expect to pay. It doesn't list every service we cover or every limitation or exclusion. To get a complete list of services we cover, give us a call and ask for the "Evidence of Coverage." You can also find a copy on our website at www.wellcare.com/PDP. To join **WellCare Classic and WellCare Extra**, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. Please refer to the Premium/Cost-Sharing Tables to find out the premium/cost-sharing in your area. You can access and/or order your current "*Medicare & You*" handbook online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Contact information and hours

- If you are not a member of this plan, call toll-free **1-866-537-1812 (TTY 711)**.
- If you are a member of this plan, call toll-free **1-888-550-5252 (TTY 1-888-816-5252)**.
- Our website: **www.wellcare.com/PDP**
- From October 1 to February 14, we're here for you 7 days per week, 8 a.m. to 8 p.m.
- From February 15 to September 30, you can call us Monday–Friday, 8 a.m. to 8 p.m.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (www.wellcare.com/pdp). Or, call us at the number above and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plans group each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible, if applicable: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

We also offer a mail service pharmacy with preferred cost-sharing. You may pay less if you use this pharmacy.

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.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at **1-888-550-5252, TTY 1-888-816-5252**.

Summary of Benefits

January 1, 2017– December 31, 2017

	WellCare Classic (PDP)	WellCare Extra (PDP)
Premiums and Benefits		
Monthly Plan Premium	You pay \$20.40-\$36.30	You pay \$58.10-\$81.10
Deductible	\$400 on Tiers 2-5	This plan does not have a deductible

Please refer to the Premium/Cost-Sharing Tables to find out the premium/cost sharing in your area.

WellCare Classic (PDP)

Part D Information

Part D Cost Shares

Initial Coverage

You pay the following until your total yearly drug costs reach **\$3,700**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail service pharmacies.

**Initial Coverage
(After you pay your deductible, if applicable)**

Standard retail and mail service and preferred mail service cost-sharing (in-network)
(up to a 30-day supply)

Standard retail and mail service cost-sharing (in-network)
(up to a 90-day supply)

Preferred mail service cost-sharing
(up to a 90-day supply)

Tier 1: Preferred Generic Drugs

You pay **\$0-\$2**

You pay **\$0-\$6**

You pay **\$0**

Tier 2: Generic Drugs

You pay **\$10-\$20**

You pay **\$30-\$60**

You pay **\$25-\$50**

Tier 3: Preferred Brand Drugs

You pay **\$35-\$47**

You pay **\$105-\$141**

You pay **\$87.50-\$117.50**

Tier 4: Non-Preferred Drugs

You pay **41%-50%**

You pay **41%-50%**

You pay **41%-50%**

Tier 5: Specialty Tier Drugs

You pay **25%**

Not Covered

Not Covered

Cost-sharing may change depending on the pharmacy you choose, if you reside in a long term care (LTC) facility or if you get your medication at a retail location or through mail service. When you move from one phase of the Part D benefit to another, your cost-sharing may change as well. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

Please refer to the Premium/Cost-Sharing Tables to find out the premium/cost sharing in your area.

WellCare Extra (PDP)

Part D Information	Part D Cost Shares		
Initial Coverage	You pay the following until your total yearly drug costs reach \$3,700 . Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail service pharmacies.		
Initial Coverage (After you pay your deductible, if applicable)	Standard retail and mail service and preferred mail service cost-sharing (in-network) (up to a 30-day supply)	Standard retail and mail service cost-sharing (in-network) (up to a 90-day supply)	Preferred mail service cost-sharing (up to a 90-day supply)
Tier 1: Preferred Generic Drugs	You pay \$0	You pay \$0	You pay \$0
Tier 2: Generic Drugs	You pay \$0-\$9	You pay \$0-\$27	You pay \$0-\$22.50
Tier 3: Preferred Brand Drugs	You pay \$24-\$34	You pay \$72-\$102	You pay \$60-\$85
Tier 4: Non-Preferred Drugs	You pay 45%	You pay 45%	You pay 45%
Tier 5: Specialty Tier Drugs	You pay 33%	Not Covered	Not Covered

Cost-sharing may change depending on the pharmacy you choose, if you reside in a long term care (LTC) facility or if you get your medication at a retail location or through mail service. When you move from one phase of the Part D benefit to another, your cost-sharing may change as well. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

Please refer to the Premium/Cost-Sharing Tables to find out the premium/cost sharing in your area.

	WellCare Classic (PDP)/WellCare Extra (PDP)
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,700. After you enter the coverage gap, you pay 40% of the plan's cost for covered brand name drugs and 51% of the plan's cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap.</p>
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through Mail Service) reach \$4,950, you pay the greater of:</p> <p>5% of the cost, or</p> <p>\$3.30 co-pay for generic (including brand drugs treated as generic) and a \$8.25 co-payment for all other drugs.</p>

Premium Tables for WellCare Classic (PDP)

State	Plan Code	Monthly Premium
AK	S4802-096	\$34.50
AL	S4802-071	\$28.30
AR	S4802-073	\$20.80
AZ	S4802-092	\$22.70
CA	S4802-094	\$34.90
CO	S4802-091	\$31.60
CT	S4802-076	\$28.10
DC	S4802-079	\$28.70
DE	S4802-079	\$28.70
FL	S4802-083	\$30.40
GA	S4802-082	\$31.70
HI	S4802-095	\$25.30
IA	S4802-089	\$28.60
ID	S4802-021	\$32.20
IL	S4802-087	\$26.50
IN	S4802-086	\$28.90
KS	S4802-088	\$28.90
KY	S4802-086	\$28.90
LA	S4802-012	\$30.10
MA	S4802-076	\$28.10
MD	S4802-079	\$28.70
ME	S4802-075	\$28.70
MI	S4802-084	\$29.10
MN	S4802-089	\$28.60
MO	S4802-072	\$27.40
MS	S4802-074	\$24.90

State	Plan Code	Monthly Premium
MT	S4802-089	\$28.60
NC	S4802-081	\$29.40
ND	S4802-089	\$28.60
NE	S4802-089	\$28.60
NH	S4802-075	\$28.70
NJ	S4802-078	\$36.30
NM	S4802-090	\$20.40
NV	S4802-093	\$26.40
NY	S4802-077	\$36.30
OH	S4802-085	\$26.30
OK	S4802-014	\$26.80
OR	S4802-020	\$26.10
PA	S4802-080	\$33.40
RI	S4802-076	\$28.10
SC	S4802-070	\$26.20
SD	S4802-089	\$28.60
TN	S4802-071	\$28.30
TX	S4802-013	\$25.20
UT	S4802-021	\$32.20
VA	S4802-069	\$27.20
VT	S4802-076	\$28.10
WA	S4802-020	\$26.10
WI	S4802-097	\$31.10
WV	S4802-080	\$33.40
WY	S4802-089	\$28.60

Premium Tables for WellCare Extra (PDP)

State	Plan Code	Monthly Premium
AK	S4802-130	\$77.50
AL	S4802-109	\$71.70
AR	S4802-115	\$66.10
AZ	S4802-124	\$59.20
CA	S4802-128	\$67.50
CO	S4802-123	\$67.10
CT	S4802-099	\$65.90
DC	S4802-102	\$63.90
DE	S4802-102	\$63.90
FL	S4802-108	\$64.80
GA	S4802-107	\$68.50
HI	S4802-129	\$71.40
IA	S4802-121	\$70.30
ID	S4802-127	\$81.10
IL	S4802-113	\$62.70
IN	S4802-112	\$72.90
KS	S4802-120	\$71.60
KY	S4802-112	\$72.90
LA	S4802-117	\$70.10
MA	S4802-099	\$65.90
MD	S4802-102	\$63.90
ME	S4802-098	\$67.10
MI	S4802-110	\$61.80
MN	S4802-121	\$70.30
MO	S4802-114	\$67.70
MS	S4802-116	\$73.20

State	Plan Code	Monthly Premium
MT	S4802-121	\$70.30
NC	S4802-105	\$65.30
ND	S4802-121	\$70.30
NE	S4802-121	\$70.30
NH	S4802-098	\$67.10
NJ	S4802-101	\$60.30
NM	S4802-122	\$58.10
NV	S4802-125	\$64.70
NY	S4802-100	\$68.10
OH	S4802-111	\$65.50
OK	S4802-119	\$72.50
OR	S4802-126	\$74.90
PA	S4802-103	\$70.00
RI	S4802-099	\$65.90
SC	S4802-106	\$63.20
SD	S4802-121	\$70.30
TN	S4802-109	\$71.70
TX	S4802-118	\$62.40
UT	S4802-127	\$81.10
VA	S4802-104	\$63.20
VT	S4802-099	\$65.90
WA	S4802-126	\$74.90
WI	S4802-131	\$73.30
WV	S4802-103	\$70.00
WY	S4802-121	\$70.30

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 1 Preferred Generic Drugs					
			30-day supply		31-day supply		90-day supply	
			Standard Retail and Mail Service Cost-Sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing	
AK	S4802-096	Tiers 2-5 on \$400	\$2.00	\$2.00	\$2.00	\$6.00	\$0.00	
AL	S4802-071	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
AR	S4802-073	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
AZ	S4802-092	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
CA	S4802-094	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
CO	S4802-091	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
CT	S4802-076	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
DC	S4802-079	Tiers 2-5 on \$400	\$1.00	\$1.00	\$1.00	\$3.00	\$0.00	
DE	S4802-079	Tiers 2-5 on \$400	\$1.00	\$1.00	\$1.00	\$3.00	\$0.00	
FL	S4802-083	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
GA	S4802-082	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
HI	S4802-095	Tiers 2-5 on \$400	\$2.00	\$2.00	\$2.00	\$6.00	\$0.00	
IA	S4802-089	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 1 Preferred Generic Drugs					
			30-day supply		31-day supply		90-day supply	
			Standard Retail and Mail Service Cost-Sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing	
ID	S4802-021	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
IL	S4802-087	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
IN	S4802-086	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
KS	S4802-088	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
KY	S4802-086	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LA	S4802-012	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MA	S4802-076	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MD	S4802-079	Tiers 2-5 on \$400	\$1.00	\$1.00	\$1.00	\$3.00	\$0.00	\$0.00
ME	S4802-075	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MI	S4802-084	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MN	S4802-089	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MO	S4802-072	Tiers 2-5 on \$400	\$1.00	\$1.00	\$1.00	\$3.00	\$0.00	\$0.00
MS	S4802-074	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 1 Preferred Generic Drugs					
			30-day supply		31-day supply		90-day supply	
			Standard Retail and Mail Service Cost-Sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing	
MT	S4802-089	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NC	S4802-081	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ND	S4802-089	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE	S4802-089	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NH	S4802-075	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NJ	S4802-078	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NM	S4802-090	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NV	S4802-093	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NY	S4802-077	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OH	S4802-085	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OK	S4802-014	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OR	S4802-020	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PA	S4802-080	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 1 Preferred Generic Drugs					
			30-day supply		31-day supply		90-day supply	
			Standard Retail and Mail Service Cost-Sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing	
RI	S4802-076	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SC	S4802-070	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SD	S4802-089	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TN	S4802-071	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TX	S4802-013	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UT	S4802-021	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VA	S4802-069	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VT	S4802-076	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WA	S4802-020	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WI	S4802-097	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WV	S4802-080	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WY	S4802-089	Tiers 2-5 on \$400	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 2 Generic Drugs				
			30-day supply		31-day supply	90-day supply	
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing
AK	S4802-096	Tiers 2-5 on \$400	\$20.00	\$20.00	\$20.00	\$60.00	\$50.00
AL	S4802-071	Tiers 2-5 on \$400	\$12.00	\$12.00	\$12.00	\$36.00	\$30.00
AR	S4802-073	Tiers 2-5 on \$400	\$17.00	\$17.00	\$17.00	\$51.00	\$42.50
AZ	S4802-092	Tiers 2-5 on \$400	\$16.00	\$16.00	\$16.00	\$48.00	\$40.00
CA	S4802-094	Tiers 2-5 on \$400	\$14.00	\$14.00	\$14.00	\$42.00	\$35.00
CO	S4802-091	Tiers 2-5 on \$400	\$12.00	\$12.00	\$12.00	\$36.00	\$30.00
CT	S4802-076	Tiers 2-5 on \$400	\$16.00	\$16.00	\$16.00	\$48.00	\$40.00
DC	S4802-079	Tiers 2-5 on \$400	\$12.00	\$12.00	\$12.00	\$36.00	\$30.00
DE	S4802-079	Tiers 2-5 on \$400	\$12.00	\$12.00	\$12.00	\$36.00	\$30.00
FL	S4802-083	Tiers 2-5 on \$400	\$13.00	\$13.00	\$13.00	\$39.00	\$32.50
GA	S4802-082	Tiers 2-5 on \$400	\$18.00	\$18.00	\$18.00	\$54.00	\$45.00
HI	S4802-095	Tiers 2-5 on \$400	\$12.00	\$12.00	\$12.00	\$36.00	\$30.00
IA	S4802-089	Tiers 2-5 on \$400	\$13.00	\$13.00	\$13.00	\$39.00	\$32.50

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 2 Generic Drugs					
			30-day supply		31-day supply	90-day supply		
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing	
ID	S4802-021	Tiers 2-5 on \$400	\$11.00	\$11.00	\$11.00	\$11.00	\$33.00	\$27.50
IL	S4802-087	Tiers 2-5 on \$400	\$17.00	\$17.00	\$17.00	\$17.00	\$51.00	\$42.50
IN	S4802-086	Tiers 2-5 on \$400	\$12.00	\$12.00	\$12.00	\$12.00	\$36.00	\$30.00
KS	S4802-088	Tiers 2-5 on \$400	\$18.00	\$18.00	\$18.00	\$18.00	\$54.00	\$45.00
KY	S4802-086	Tiers 2-5 on \$400	\$12.00	\$12.00	\$12.00	\$12.00	\$36.00	\$30.00
LA	S4802-012	Tiers 2-5 on \$400	\$17.00	\$17.00	\$17.00	\$17.00	\$51.00	\$42.50
MA	S4802-076	Tiers 2-5 on \$400	\$16.00	\$16.00	\$16.00	\$16.00	\$48.00	\$40.00
MD	S4802-079	Tiers 2-5 on \$400	\$12.00	\$12.00	\$12.00	\$12.00	\$36.00	\$30.00
ME	S4802-075	Tiers 2-5 on \$400	\$10.00	\$10.00	\$10.00	\$10.00	\$30.00	\$25.00
MI	S4802-084	Tiers 2-5 on \$400	\$13.00	\$13.00	\$13.00	\$13.00	\$39.00	\$32.50
MN	S4802-089	Tiers 2-5 on \$400	\$13.00	\$13.00	\$13.00	\$13.00	\$39.00	\$32.50
MO	S4802-072	Tiers 2-5 on \$400	\$17.00	\$17.00	\$17.00	\$17.00	\$51.00	\$42.50
MS	S4802-074	Tiers 2-5 on \$400	\$20.00	\$20.00	\$20.00	\$20.00	\$60.00	\$50.00

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 2 Generic Drugs				
			30-day supply		31-day supply	90-day supply	
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing
MT	S4802-089	Tiers 2-5 on \$400	\$13.00	\$13.00	\$13.00	\$39.00	\$32.50
NC	S4802-081	Tiers 2-5 on \$400	\$11.00	\$11.00	\$11.00	\$33.00	\$27.50
ND	S4802-089	Tiers 2-5 on \$400	\$13.00	\$13.00	\$13.00	\$39.00	\$32.50
NE	S4802-089	Tiers 2-5 on \$400	\$13.00	\$13.00	\$13.00	\$39.00	\$32.50
NH	S4802-075	Tiers 2-5 on \$400	\$10.00	\$10.00	\$10.00	\$30.00	\$25.00
NJ	S4802-078	Tiers 2-5 on \$400	\$15.00	\$15.00	\$15.00	\$45.00	\$37.50
NM	S4802-090	Tiers 2-5 on \$400	\$19.00	\$19.00	\$19.00	\$57.00	\$47.50
NV	S4802-093	Tiers 2-5 on \$400	\$11.00	\$11.00	\$11.00	\$33.00	\$27.50
NY	S4802-077	Tiers 2-5 on \$400	\$14.00	\$14.00	\$14.00	\$42.00	\$35.00
OH	S4802-085	Tiers 2-5 on \$400	\$19.00	\$19.00	\$19.00	\$57.00	\$47.50
OK	S4802-014	Tiers 2-5 on \$400	\$15.00	\$15.00	\$15.00	\$45.00	\$37.50
OR	S4802-020	Tiers 2-5 on \$400	\$11.00	\$11.00	\$11.00	\$33.00	\$27.50
PA	S4802-080	Tiers 2-5 on \$400	\$16.00	\$16.00	\$16.00	\$48.00	\$40.00

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 2 Generic Drugs				
			30-day supply		31-day supply	90-day supply	
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing
RI	S4802-076	Tiers 2-5 on \$400	\$16.00	\$16.00	\$16.00	\$48.00	\$40.00
SC	S4802-070	Tiers 2-5 on \$400	\$19.00	\$19.00	\$19.00	\$57.00	\$47.50
SD	S4802-089	Tiers 2-5 on \$400	\$13.00	\$13.00	\$13.00	\$39.00	\$32.50
TN	S4802-071	Tiers 2-5 on \$400	\$12.00	\$12.00	\$12.00	\$36.00	\$30.00
TX	S4802-013	Tiers 2-5 on \$400	\$14.00	\$14.00	\$14.00	\$42.00	\$35.00
UT	S4802-021	Tiers 2-5 on \$400	\$11.00	\$11.00	\$11.00	\$33.00	\$27.50
VA	S4802-069	Tiers 2-5 on \$400	\$11.00	\$11.00	\$11.00	\$33.00	\$27.50
VT	S4802-076	Tiers 2-5 on \$400	\$16.00	\$16.00	\$16.00	\$48.00	\$40.00
WA	S4802-020	Tiers 2-5 on \$400	\$11.00	\$11.00	\$11.00	\$33.00	\$27.50
WI	S4802-097	Tiers 2-5 on \$400	\$11.00	\$11.00	\$11.00	\$33.00	\$27.50
WV	S4802-080	Tiers 2-5 on \$400	\$16.00	\$16.00	\$16.00	\$48.00	\$40.00
WY	S4802-089	Tiers 2-5 on \$400	\$13.00	\$13.00	\$13.00	\$39.00	\$32.50

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 3 Preferred Brand Drugs					
			30-day supply		31-day supply	90-day supply		
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing	
AK	S4802-096	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	
AL	S4802-071	Tiers 2-5 on \$400	\$46.00	\$46.00	\$46.00	\$138.00	\$115.00	
AR	S4802-073	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	
AZ	S4802-092	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	
CA	S4802-094	Tiers 2-5 on \$400	\$46.00	\$46.00	\$46.00	\$138.00	\$115.00	
CO	S4802-091	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	
CT	S4802-076	Tiers 2-5 on \$400	\$39.00	\$39.00	\$39.00	\$117.00	\$97.50	
DC	S4802-079	Tiers 2-5 on \$400	\$46.00	\$46.00	\$46.00	\$138.00	\$115.00	
DE	S4802-079	Tiers 2-5 on \$400	\$46.00	\$46.00	\$46.00	\$138.00	\$115.00	
FL	S4802-083	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	
GA	S4802-082	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	
HI	S4802-095	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	
IA	S4802-089	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 3 Preferred Brand Drugs					
			30-day supply		31-day supply	90-day supply		
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing	
ID	S4802-021	Tiers 2-5 on \$400	\$35.00	\$35.00	\$35.00	\$105.00	\$87.50	
IL	S4802-087	Tiers 2-5 on \$400	\$45.00	\$45.00	\$45.00	\$135.00	\$112.50	
IN	S4802-086	Tiers 2-5 on \$400	\$44.00	\$44.00	\$44.00	\$132.00	\$110.00	
KS	S4802-088	Tiers 2-5 on \$400	\$39.00	\$39.00	\$39.00	\$117.00	\$97.50	
KY	S4802-086	Tiers 2-5 on \$400	\$44.00	\$44.00	\$44.00	\$132.00	\$110.00	
LA	S4802-012	Tiers 2-5 on \$400	\$44.00	\$44.00	\$44.00	\$132.00	\$110.00	
MA	S4802-076	Tiers 2-5 on \$400	\$39.00	\$39.00	\$39.00	\$117.00	\$97.50	
MD	S4802-079	Tiers 2-5 on \$400	\$46.00	\$46.00	\$46.00	\$138.00	\$115.00	
ME	S4802-075	Tiers 2-5 on \$400	\$37.00	\$37.00	\$37.00	\$111.00	\$92.50	
MI	S4802-084	Tiers 2-5 on \$400	\$43.00	\$43.00	\$43.00	\$129.00	\$107.50	
MN	S4802-089	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	
MO	S4802-072	Tiers 2-5 on \$400	\$42.00	\$42.00	\$42.00	\$126.00	\$105.00	
MS	S4802-074	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 3 Preferred Brand Drugs					
			30-day supply		31-day supply	90-day supply		
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing	
MT	S4802-089	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	
NC	S4802-081	Tiers 2-5 on \$400	\$44.00	\$44.00	\$44.00	\$132.00	\$110.00	
ND	S4802-089	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	
NE	S4802-089	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	
NH	S4802-075	Tiers 2-5 on \$400	\$37.00	\$37.00	\$37.00	\$111.00	\$92.50	
NJ	S4802-078	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	
NM	S4802-090	Tiers 2-5 on \$400	\$42.00	\$42.00	\$42.00	\$126.00	\$105.00	
NV	S4802-093	Tiers 2-5 on \$400	\$45.00	\$45.00	\$45.00	\$135.00	\$112.50	
NY	S4802-077	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	
OH	S4802-085	Tiers 2-5 on \$400	\$44.00	\$44.00	\$44.00	\$132.00	\$110.00	
OK	S4802-014	Tiers 2-5 on \$400	\$37.00	\$37.00	\$37.00	\$111.00	\$92.50	
OR	S4802-020	Tiers 2-5 on \$400	\$40.00	\$40.00	\$40.00	\$120.00	\$100.00	
PA	S4802-080	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50	

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 3 Preferred Brand Drugs				
			30-day supply		31-day supply	90-day supply	
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing
RI	S4802-076	Tiers 2-5 on \$400	\$39.00	\$39.00	\$39.00	\$117.00	\$97.50
SC	S4802-070	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50
SD	S4802-089	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50
TN	S4802-071	Tiers 2-5 on \$400	\$46.00	\$46.00	\$46.00	\$138.00	\$115.00
TX	S4802-013	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50
UT	S4802-021	Tiers 2-5 on \$400	\$35.00	\$35.00	\$35.00	\$105.00	\$87.50
VA	S4802-069	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50
VT	S4802-076	Tiers 2-5 on \$400	\$39.00	\$39.00	\$39.00	\$117.00	\$97.50
WA	S4802-020	Tiers 2-5 on \$400	\$40.00	\$40.00	\$40.00	\$120.00	\$100.00
WI	S4802-097	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50
WV	S4802-080	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50
WY	S4802-089	Tiers 2-5 on \$400	\$47.00	\$47.00	\$47.00	\$141.00	\$117.50

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 4 Non-Preferred Drugs			
			30-day supply		31-day supply	90-day supply
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)
AK	S4802-096	Tiers 2-5 on \$400	41%	41%	41%	41%
AL	S4802-071	Tiers 2-5 on \$400	50%	50%	50%	50%
AR	S4802-073	Tiers 2-5 on \$400	50%	50%	50%	50%
AZ	S4802-092	Tiers 2-5 on \$400	47%	47%	47%	47%
CA	S4802-094	Tiers 2-5 on \$400	48%	48%	48%	48%
CO	S4802-091	Tiers 2-5 on \$400	45%	45%	45%	45%
CT	S4802-076	Tiers 2-5 on \$400	46%	46%	46%	46%
DC	S4802-079	Tiers 2-5 on \$400	49%	49%	49%	49%
DE	S4802-079	Tiers 2-5 on \$400	49%	49%	49%	49%
FL	S4802-083	Tiers 2-5 on \$400	47%	47%	47%	47%
GA	S4802-082	Tiers 2-5 on \$400	50%	50%	50%	50%
HI	S4802-095	Tiers 2-5 on \$400	50%	50%	50%	50%
IA	S4802-089	Tiers 2-5 on \$400	44%	44%	44%	44%

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 4 Non-Preferred Drugs			
			30-day supply		31-day supply	90-day supply
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)
ID	S4802-021	Tiers 2-5 on \$400	49%	49%	49%	49%
IL	S4802-087	Tiers 2-5 on \$400	49%	49%	49%	49%
IN	S4802-086	Tiers 2-5 on \$400	50%	50%	50%	50%
KS	S4802-088	Tiers 2-5 on \$400	45%	45%	45%	45%
KY	S4802-086	Tiers 2-5 on \$400	50%	50%	50%	50%
LA	S4802-012	Tiers 2-5 on \$400	50%	50%	50%	50%
MA	S4802-076	Tiers 2-5 on \$400	46%	46%	46%	46%
MD	S4802-079	Tiers 2-5 on \$400	49%	49%	49%	49%
ME	S4802-075	Tiers 2-5 on \$400	50%	50%	50%	50%
MI	S4802-084	Tiers 2-5 on \$400	49%	49%	49%	49%
MN	S4802-089	Tiers 2-5 on \$400	44%	44%	44%	44%
MO	S4802-072	Tiers 2-5 on \$400	50%	50%	50%	50%
MS	S4802-074	Tiers 2-5 on \$400	50%	50%	50%	50%

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 4 Non-Preferred Drugs			
			30-day supply		31-day supply	90-day supply
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)
MT	S4802-089	Tiers 2-5 on \$400	44%	44%	44%	44%
NC	S4802-081	Tiers 2-5 on \$400	50%	50%	50%	50%
ND	S4802-089	Tiers 2-5 on \$400	44%	44%	44%	44%
NE	S4802-089	Tiers 2-5 on \$400	44%	44%	44%	44%
NH	S4802-075	Tiers 2-5 on \$400	50%	50%	50%	50%
NJ	S4802-078	Tiers 2-5 on \$400	47%	47%	47%	47%
NM	S4802-090	Tiers 2-5 on \$400	48%	48%	48%	48%
NV	S4802-093	Tiers 2-5 on \$400	49%	49%	49%	49%
NY	S4802-077	Tiers 2-5 on \$400	48%	48%	48%	48%
OH	S4802-085	Tiers 2-5 on \$400	48%	48%	48%	48%
OK	S4802-014	Tiers 2-5 on \$400	50%	50%	50%	50%
OR	S4802-020	Tiers 2-5 on \$400	50%	50%	50%	50%
PA	S4802-080	Tiers 2-5 on \$400	50%	50%	50%	50%

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 4 Non-Preferred Drugs				
			30-day supply		31-day supply	90-day supply	
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing
RI	S4802-076	Tiers 2-5 on \$400	46%	46%	46%	46%	46%
SC	S4802-070	Tiers 2-5 on \$400	46%	46%	46%	46%	46%
SD	S4802-089	Tiers 2-5 on \$400	44%	44%	44%	44%	44%
TN	S4802-071	Tiers 2-5 on \$400	50%	50%	50%	50%	50%
TX	S4802-013	Tiers 2-5 on \$400	49%	49%	49%	49%	49%
UT	S4802-021	Tiers 2-5 on \$400	49%	49%	49%	49%	49%
VA	S4802-069	Tiers 2-5 on \$400	50%	50%	50%	50%	50%
VT	S4802-076	Tiers 2-5 on \$400	46%	46%	46%	46%	46%
WA	S4802-020	Tiers 2-5 on \$400	50%	50%	50%	50%	50%
WI	S4802-097	Tiers 2-5 on \$400	50%	50%	50%	50%	50%
WV	S4802-080	Tiers 2-5 on \$400	50%	50%	50%	50%	50%
WY	S4802-089	Tiers 2-5 on \$400	44%	44%	44%	44%	44%

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 5 Specialty Tier Drugs		
			30-day supply	31-day supply	
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing
AK	S4802-096	Tiers 2-5 on \$400	25%	25%	25%
AL	S4802-071	Tiers 2-5 on \$400	25%	25%	25%
AR	S4802-073	Tiers 2-5 on \$400	25%	25%	25%
AZ	S4802-092	Tiers 2-5 on \$400	25%	25%	25%
CA	S4802-094	Tiers 2-5 on \$400	25%	25%	25%
CO	S4802-091	Tiers 2-5 on \$400	25%	25%	25%
CT	S4802-076	Tiers 2-5 on \$400	25%	25%	25%
DC	S4802-079	Tiers 2-5 on \$400	25%	25%	25%
DE	S4802-079	Tiers 2-5 on \$400	25%	25%	25%
FL	S4802-083	Tiers 2-5 on \$400	25%	25%	25%
GA	S4802-082	Tiers 2-5 on \$400	25%	25%	25%
HI	S4802-095	Tiers 2-5 on \$400	25%	25%	25%
IA	S4802-089	Tiers 2-5 on \$400	25%	25%	25%

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 5 Specialty Tier Drugs		
			30-day supply		31-day supply
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing
ID	S4802-021	Tiers 2-5 on \$400	25%	25%	25%
IL	S4802-087	Tiers 2-5 on \$400	25%	25%	25%
IN	S4802-086	Tiers 2-5 on \$400	25%	25%	25%
KS	S4802-088	Tiers 2-5 on \$400	25%	25%	25%
KY	S4802-086	Tiers 2-5 on \$400	25%	25%	25%
LA	S4802-012	Tiers 2-5 on \$400	25%	25%	25%
MA	S4802-076	Tiers 2-5 on \$400	25%	25%	25%
MD	S4802-079	Tiers 2-5 on \$400	25%	25%	25%
ME	S4802-075	Tiers 2-5 on \$400	25%	25%	25%
MI	S4802-084	Tiers 2-5 on \$400	25%	25%	25%
MN	S4802-089	Tiers 2-5 on \$400	25%	25%	25%
MO	S4802-072	Tiers 2-5 on \$400	25%	25%	25%
MS	S4802-074	Tiers 2-5 on \$400	25%	25%	25%

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 5 Specialty Tier Drugs		
			30-day supply	31-day supply	
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing
MT	S4802-089	Tiers 2-5 on \$400	25%	25%	25%
NC	S4802-081	Tiers 2-5 on \$400	25%	25%	25%
ND	S4802-089	Tiers 2-5 on \$400	25%	25%	25%
NE	S4802-089	Tiers 2-5 on \$400	25%	25%	25%
NH	S4802-075	Tiers 2-5 on \$400	25%	25%	25%
NJ	S4802-078	Tiers 2-5 on \$400	25%	25%	25%
NM	S4802-090	Tiers 2-5 on \$400	25%	25%	25%
NV	S4802-093	Tiers 2-5 on \$400	25%	25%	25%
NY	S4802-077	Tiers 2-5 on \$400	25%	25%	25%
OH	S4802-085	Tiers 2-5 on \$400	25%	25%	25%
OK	S4802-014	Tiers 2-5 on \$400	25%	25%	25%
OR	S4802-020	Tiers 2-5 on \$400	25%	25%	25%
PA	S4802-080	Tiers 2-5 on \$400	25%	25%	25%

Cost-Sharing Tables for WellCare Classic (PDP)

State	Plan	Deductible	Tier 5 Specialty Tier Drugs		
			30-day supply		31-day supply
			Standard Retail and Mail Service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing
RI	S4802-076	Tiers 2-5 on \$400	25%	25%	25%
SC	S4802-070	Tiers 2-5 on \$400	25%	25%	25%
SD	S4802-089	Tiers 2-5 on \$400	25%	25%	25%
TN	S4802-071	Tiers 2-5 on \$400	25%	25%	25%
TX	S4802-013	Tiers 2-5 on \$400	25%	25%	25%
UT	S4802-021	Tiers 2-5 on \$400	25%	25%	25%
VA	S4802-069	Tiers 2-5 on \$400	25%	25%	25%
VT	S4802-076	Tiers 2-5 on \$400	25%	25%	25%
WA	S4802-020	Tiers 2-5 on \$400	25%	25%	25%
WI	S4802-097	Tiers 2-5 on \$400	25%	25%	25%
WV	S4802-080	Tiers 2-5 on \$400	25%	25%	25%
WY	S4802-089	Tiers 2-5 on \$400	25%	25%	25%

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 1 Preferred Generic Drugs				
			30-day supply		31-day supply	90-day supply	
			Standard Retail and Mail Service Cost-Sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing
AK	S4802-130	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AL	S4802-109	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AR	S4802-115	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AZ	S4802-124	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CA	S4802-128	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CO	S4802-123	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CT	S4802-099	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DC	S4802-102	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DE	S4802-102	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FL	S4802-108	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
GA	S4802-107	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HI	S4802-129	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
IA	S4802-121	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 1 Preferred Generic Drugs			
			30-day supply		31-day supply	90-day supply
			Standard Retail and Mail Service Cost-Sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)
ID	S4802-127	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
IL	S4802-113	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
IN	S4802-112	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
KS	S4802-120	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
KY	S4802-112	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LA	S4802-117	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MA	S4802-099	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MD	S4802-102	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ME	S4802-098	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MI	S4802-110	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MN	S4802-121	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MO	S4802-114	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MS	S4802-116	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 1 Preferred Generic Drugs					
			30-day supply		31-day supply		90-day supply	
			Standard Retail and Mail Service Cost-Sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing	
MT	S4802-121	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NC	S4802-105	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ND	S4802-121	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE	S4802-121	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NH	S4802-098	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NJ	S4802-101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NM	S4802-122	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NV	S4802-125	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NY	S4802-100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OH	S4802-111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OK	S4802-119	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OR	S4802-126	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PA	S4802-103	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 1 Preferred Generic Drugs					
			30-day supply		31-day supply		90-day supply	
			Standard Retail and Mail Service Cost-Sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing	
RI	S4802-099	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SC	S4802-106	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SD	S4802-121	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TN	S4802-109	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TX	S4802-118	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UT	S4802-127	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VA	S4802-104	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VT	S4802-099	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WA	S4802-126	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WI	S4802-131	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WV	S4802-103	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WY	S4802-121	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 2 Generic Drugs					
			30-day supply		31-day supply	90-day supply		
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing	
AK	S4802-130	\$0.00	\$5.00	\$5.00	\$5.00	\$15.00	\$12.50	
AL	S4802-109	\$0.00	\$1.00	\$1.00	\$1.00	\$3.00	\$2.50	
AR	S4802-115	\$0.00	\$3.00	\$3.00	\$3.00	\$9.00	\$7.50	
AZ	S4802-124	\$0.00	\$9.00	\$9.00	\$9.00	\$27.00	\$22.50	
CA	S4802-128	\$0.00	\$8.00	\$8.00	\$8.00	\$24.00	\$20.00	
CO	S4802-123	\$0.00	\$6.00	\$6.00	\$6.00	\$18.00	\$15.00	
CT	S4802-099	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
DC	S4802-102	\$0.00	\$4.00	\$4.00	\$4.00	\$12.00	\$10.00	
DE	S4802-102	\$0.00	\$4.00	\$4.00	\$4.00	\$12.00	\$10.00	
FL	S4802-108	\$0.00	\$6.00	\$6.00	\$6.00	\$18.00	\$15.00	
GA	S4802-107	\$0.00	\$3.00	\$3.00	\$3.00	\$9.00	\$7.50	
HI	S4802-129	\$0.00	\$6.00	\$6.00	\$6.00	\$18.00	\$15.00	
IA	S4802-121	\$0.00	\$6.00	\$6.00	\$6.00	\$18.00	\$15.00	

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 2 Generic Drugs					
			30-day supply		31-day supply	90-day supply		
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing	
ID	S4802-127	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
IL	S4802-113	\$0.00	\$8.00	\$8.00	\$8.00	\$8.00	\$24.00	\$20.00
IN	S4802-112	\$0.00	\$1.00	\$1.00	\$1.00	\$1.00	\$3.00	\$2.50
KS	S4802-120	\$0.00	\$5.00	\$5.00	\$5.00	\$5.00	\$15.00	\$12.50
KY	S4802-112	\$0.00	\$1.00	\$1.00	\$1.00	\$1.00	\$3.00	\$2.50
LA	S4802-117	\$0.00	\$2.00	\$2.00	\$2.00	\$2.00	\$6.00	\$5.00
MA	S4802-099	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MD	S4802-102	\$0.00	\$4.00	\$4.00	\$4.00	\$4.00	\$12.00	\$10.00
ME	S4802-098	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MI	S4802-110	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MN	S4802-121	\$0.00	\$6.00	\$6.00	\$6.00	\$6.00	\$18.00	\$15.00
MO	S4802-114	\$0.00	\$4.00	\$4.00	\$4.00	\$4.00	\$12.00	\$10.00
MS	S4802-116	\$0.00	\$4.00	\$4.00	\$4.00	\$4.00	\$12.00	\$10.00

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 2 Generic Drugs				
			30-day supply		31-day supply	90-day supply	
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing
MT	S4802-121	\$0.00	\$6.00	\$6.00	\$6.00	\$18.00	\$15.00
NC	S4802-105	\$0.00	\$7.00	\$7.00	\$7.00	\$21.00	\$17.50
ND	S4802-121	\$0.00	\$6.00	\$6.00	\$6.00	\$18.00	\$15.00
NE	S4802-121	\$0.00	\$6.00	\$6.00	\$6.00	\$18.00	\$15.00
NH	S4802-098	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NJ	S4802-101	\$0.00	\$9.00	\$9.00	\$9.00	\$27.00	\$22.50
NM	S4802-122	\$0.00	\$9.00	\$9.00	\$9.00	\$27.00	\$22.50
NV	S4802-125	\$0.00	\$5.00	\$5.00	\$5.00	\$15.00	\$12.50
NY	S4802-100	\$0.00	\$2.00	\$2.00	\$2.00	\$6.00	\$5.00
OH	S4802-111	\$0.00	\$2.00	\$2.00	\$2.00	\$6.00	\$5.00
OK	S4802-119	\$0.00	\$1.00	\$1.00	\$1.00	\$3.00	\$2.50
OR	S4802-126	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PA	S4802-103	\$0.00	\$3.00	\$3.00	\$3.00	\$9.00	\$7.50

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 2 Generic Drugs			
			30-day supply		31-day supply	90-day supply
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)
RI	S4802-099	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SC	S4802-106	\$0.00	\$9.00	\$9.00	\$9.00	\$22.50
SD	S4802-121	\$0.00	\$6.00	\$6.00	\$6.00	\$15.00
TN	S4802-109	\$0.00	\$1.00	\$1.00	\$1.00	\$2.50
TX	S4802-118	\$0.00	\$9.00	\$9.00	\$9.00	\$22.50
UT	S4802-127	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VA	S4802-104	\$0.00	\$8.00	\$8.00	\$8.00	\$20.00
VT	S4802-099	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WA	S4802-126	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WI	S4802-131	\$0.00	\$1.00	\$1.00	\$1.00	\$2.50
WV	S4802-103	\$0.00	\$3.00	\$3.00	\$3.00	\$7.50
WY	S4802-121	\$0.00	\$6.00	\$6.00	\$6.00	\$15.00

Cost-Sharing Tables for WellCare Extra (PDP)

		Tier 3					
		Preferred Brand Drugs					
State	Plan	Deductible	30-day supply		31-day supply	90-day supply	
			Standard Retail and Mail Service Cost-Sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing
AK	S4802-130	\$0.00	\$31.00	\$31.00	\$31.00	\$93.00	\$77.50
AL	S4802-109	\$0.00	\$30.00	\$30.00	\$30.00	\$90.00	\$75.00
AR	S4802-115	\$0.00	\$30.00	\$30.00	\$30.00	\$90.00	\$75.00
AZ	S4802-124	\$0.00	\$31.00	\$31.00	\$31.00	\$93.00	\$77.50
CA	S4802-128	\$0.00	\$31.00	\$31.00	\$31.00	\$93.00	\$77.50
CO	S4802-123	\$0.00	\$31.00	\$31.00	\$31.00	\$93.00	\$77.50
CT	S4802-099	\$0.00	\$28.00	\$28.00	\$28.00	\$84.00	\$70.00
DC	S4802-102	\$0.00	\$29.00	\$29.00	\$29.00	\$87.00	\$72.50
DE	S4802-102	\$0.00	\$29.00	\$29.00	\$29.00	\$87.00	\$72.50
FL	S4802-108	\$0.00	\$32.00	\$32.00	\$32.00	\$96.00	\$80.00
GA	S4802-107	\$0.00	\$30.00	\$30.00	\$30.00	\$90.00	\$75.00
HI	S4802-129	\$0.00	\$31.00	\$31.00	\$31.00	\$93.00	\$77.50
IA	S4802-121	\$0.00	\$32.00	\$32.00	\$32.00	\$96.00	\$80.00

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 3 Preferred Brand Drugs				
			30-day supply		31-day supply	90-day supply	
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing
ID	S4802-127	\$0.00	\$24.00	\$24.00	\$24.00	\$72.00	\$60.00
IL	S4802-113	\$0.00	\$34.00	\$34.00	\$34.00	\$102.00	\$85.00
IN	S4802-112	\$0.00	\$29.00	\$29.00	\$29.00	\$87.00	\$72.50
KS	S4802-120	\$0.00	\$31.00	\$31.00	\$31.00	\$93.00	\$77.50
KY	S4802-112	\$0.00	\$29.00	\$29.00	\$29.00	\$87.00	\$72.50
LA	S4802-117	\$0.00	\$31.00	\$31.00	\$31.00	\$93.00	\$77.50
MA	S4802-099	\$0.00	\$28.00	\$28.00	\$28.00	\$84.00	\$70.00
MD	S4802-102	\$0.00	\$29.00	\$29.00	\$29.00	\$87.00	\$72.50
ME	S4802-098	\$0.00	\$25.00	\$25.00	\$25.00	\$75.00	\$62.50
MI	S4802-110	\$0.00	\$31.00	\$31.00	\$31.00	\$93.00	\$77.50
MN	S4802-121	\$0.00	\$32.00	\$32.00	\$32.00	\$96.00	\$80.00
MO	S4802-114	\$0.00	\$31.00	\$31.00	\$31.00	\$93.00	\$77.50
MS	S4802-116	\$0.00	\$30.00	\$30.00	\$30.00	\$90.00	\$75.00

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 3 Preferred Brand Drugs					
			30-day supply		31-day supply	90-day supply		
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing	
MT	S4802-121	\$0.00	\$32.00	\$32.00	\$32.00	\$96.00	\$80.00	
NC	S4802-105	\$0.00	\$30.00	\$30.00	\$30.00	\$90.00	\$75.00	
ND	S4802-121	\$0.00	\$32.00	\$32.00	\$32.00	\$96.00	\$80.00	
NE	S4802-121	\$0.00	\$32.00	\$32.00	\$32.00	\$96.00	\$80.00	
NH	S4802-098	\$0.00	\$25.00	\$25.00	\$25.00	\$75.00	\$62.50	
NJ	S4802-101	\$0.00	\$30.00	\$30.00	\$30.00	\$90.00	\$75.00	
NM	S4802-122	\$0.00	\$31.00	\$31.00	\$31.00	\$93.00	\$77.50	
NV	S4802-125	\$0.00	\$31.00	\$31.00	\$31.00	\$93.00	\$77.50	
NY	S4802-100	\$0.00	\$29.00	\$29.00	\$29.00	\$87.00	\$72.50	
OH	S4802-111	\$0.00	\$30.00	\$30.00	\$30.00	\$90.00	\$75.00	
OK	S4802-119	\$0.00	\$27.00	\$27.00	\$27.00	\$81.00	\$67.50	
OR	S4802-126	\$0.00	\$28.00	\$28.00	\$28.00	\$84.00	\$70.00	
PA	S4802-103	\$0.00	\$30.00	\$30.00	\$30.00	\$90.00	\$75.00	

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 3 Preferred Brand Drugs				
			30-day supply		31-day supply	90-day supply	
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing
RI	S4802-099	\$0.00	\$28.00	\$28.00	\$28.00	\$84.00	\$70.00
SC	S4802-106	\$0.00	\$28.00	\$28.00	\$28.00	\$84.00	\$70.00
SD	S4802-121	\$0.00	\$32.00	\$32.00	\$32.00	\$96.00	\$80.00
TN	S4802-109	\$0.00	\$30.00	\$30.00	\$30.00	\$90.00	\$75.00
TX	S4802-118	\$0.00	\$30.00	\$30.00	\$30.00	\$90.00	\$75.00
UT	S4802-127	\$0.00	\$24.00	\$24.00	\$24.00	\$72.00	\$60.00
VA	S4802-104	\$0.00	\$30.00	\$30.00	\$30.00	\$90.00	\$75.00
VT	S4802-099	\$0.00	\$28.00	\$28.00	\$28.00	\$84.00	\$70.00
WA	S4802-126	\$0.00	\$28.00	\$28.00	\$28.00	\$84.00	\$70.00
WI	S4802-131	\$0.00	\$30.00	\$30.00	\$30.00	\$90.00	\$75.00
WV	S4802-103	\$0.00	\$30.00	\$30.00	\$30.00	\$90.00	\$75.00
WY	S4802-121	\$0.00	\$32.00	\$32.00	\$32.00	\$96.00	\$80.00

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 4 Non-Preferred Drugs			
			30-day supply		31-day supply	90-day supply
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)
AK	S4802-130	\$0.00	45%	45%	45%	45%
AL	S4802-109	\$0.00	45%	45%	45%	45%
AR	S4802-115	\$0.00	45%	45%	45%	45%
AZ	S4802-124	\$0.00	45%	45%	45%	45%
CA	S4802-128	\$0.00	45%	45%	45%	45%
CO	S4802-123	\$0.00	45%	45%	45%	45%
CT	S4802-099	\$0.00	45%	45%	45%	45%
DC	S4802-102	\$0.00	45%	45%	45%	45%
DE	S4802-102	\$0.00	45%	45%	45%	45%
FL	S4802-108	\$0.00	45%	45%	45%	45%
GA	S4802-107	\$0.00	45%	45%	45%	45%
HI	S4802-129	\$0.00	45%	45%	45%	45%
IA	S4802-121	\$0.00	45%	45%	45%	45%

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 4 Non-Preferred Drugs			
			30-day supply		31-day supply	90-day supply
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)
ID	S4802-127	\$0.00	45%	45%	45%	45%
IL	S4802-113	\$0.00	45%	45%	45%	45%
IN	S4802-112	\$0.00	45%	45%	45%	45%
KS	S4802-120	\$0.00	45%	45%	45%	45%
KY	S4802-112	\$0.00	45%	45%	45%	45%
LA	S4802-117	\$0.00	45%	45%	45%	45%
MA	S4802-099	\$0.00	45%	45%	45%	45%
MD	S4802-102	\$0.00	45%	45%	45%	45%
ME	S4802-098	\$0.00	45%	45%	45%	45%
MI	S4802-110	\$0.00	45%	45%	45%	45%
MN	S4802-121	\$0.00	45%	45%	45%	45%
MO	S4802-114	\$0.00	45%	45%	45%	45%
MS	S4802-116	\$0.00	45%	45%	45%	45%

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 4 Non-Preferred Drugs			
			30-day supply		31-day supply	90-day supply
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)
MT	S4802-121	\$0.00	45%	45%	45%	45%
NC	S4802-105	\$0.00	45%	45%	45%	45%
ND	S4802-121	\$0.00	45%	45%	45%	45%
NE	S4802-121	\$0.00	45%	45%	45%	45%
NH	S4802-098	\$0.00	45%	45%	45%	45%
NJ	S4802-101	\$0.00	45%	45%	45%	45%
NM	S4802-122	\$0.00	45%	45%	45%	45%
NV	S4802-125	\$0.00	45%	45%	45%	45%
NY	S4802-100	\$0.00	45%	45%	45%	45%
OH	S4802-111	\$0.00	45%	45%	45%	45%
OK	S4802-119	\$0.00	45%	45%	45%	45%
OR	S4802-126	\$0.00	45%	45%	45%	45%
PA	S4802-103	\$0.00	45%	45%	45%	45%

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 4 Non-Preferred Drugs				
			30-day supply		31-day supply	90-day supply	
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing	Standard Retail and Mail Service Cost-Sharing (in-network)	Preferred Mail Service Cost-Sharing
RI	S4802-099	\$0.00	45%	45%	45%	45%	45%
SC	S4802-106	\$0.00	45%	45%	45%	45%	45%
SD	S4802-121	\$0.00	45%	45%	45%	45%	45%
TN	S4802-109	\$0.00	45%	45%	45%	45%	45%
TX	S4802-118	\$0.00	45%	45%	45%	45%	45%
UT	S4802-127	\$0.00	45%	45%	45%	45%	45%
VA	S4802-104	\$0.00	45%	45%	45%	45%	45%
VT	S4802-099	\$0.00	45%	45%	45%	45%	45%
WA	S4802-126	\$0.00	45%	45%	45%	45%	45%
WI	S4802-131	\$0.00	45%	45%	45%	45%	45%
WV	S4802-103	\$0.00	45%	45%	45%	45%	45%
WY	S4802-121	\$0.00	45%	45%	45%	45%	45%

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 5 Specialty Tier Drugs		
			30-day supply	31-day supply	
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing
AK	S4802-130	\$0.00	33%	33%	33%
AL	S4802-109	\$0.00	33%	33%	33%
AR	S4802-115	\$0.00	33%	33%	33%
AZ	S4802-124	\$0.00	33%	33%	33%
CA	S4802-128	\$0.00	33%	33%	33%
CO	S4802-123	\$0.00	33%	33%	33%
CT	S4802-099	\$0.00	33%	33%	33%
DC	S4802-102	\$0.00	33%	33%	33%
DE	S4802-102	\$0.00	33%	33%	33%
FL	S4802-108	\$0.00	33%	33%	33%
GA	S4802-107	\$0.00	33%	33%	33%
HI	S4802-129	\$0.00	33%	33%	33%
IA	S4802-121	\$0.00	33%	33%	33%

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 5 Specialty Tier Drugs		
			30-day supply	31-day supply	
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing
ID	S4802-127	\$0.00	33%	33%	33%
IL	S4802-113	\$0.00	33%	33%	33%
IN	S4802-112	\$0.00	33%	33%	33%
KS	S4802-120	\$0.00	33%	33%	33%
KY	S4802-112	\$0.00	33%	33%	33%
LA	S4802-117	\$0.00	33%	33%	33%
MA	S4802-099	\$0.00	33%	33%	33%
MD	S4802-102	\$0.00	33%	33%	33%
ME	S4802-098	\$0.00	33%	33%	33%
MI	S4802-110	\$0.00	33%	33%	33%
MN	S4802-121	\$0.00	33%	33%	33%
MO	S4802-114	\$0.00	33%	33%	33%
MS	S4802-116	\$0.00	33%	33%	33%

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 5 Specialty Tier Drugs		
			30-day supply	31-day supply	
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing
MT	S4802-121	\$0.00	33%	33%	33%
NC	S4802-105	\$0.00	33%	33%	33%
ND	S4802-121	\$0.00	33%	33%	33%
NE	S4802-121	\$0.00	33%	33%	33%
NH	S4802-098	\$0.00	33%	33%	33%
NJ	S4802-101	\$0.00	33%	33%	33%
NM	S4802-122	\$0.00	33%	33%	33%
NV	S4802-125	\$0.00	33%	33%	33%
NY	S4802-100	\$0.00	33%	33%	33%
OH	S4802-111	\$0.00	33%	33%	33%
OK	S4802-119	\$0.00	33%	33%	33%
OR	S4802-126	\$0.00	33%	33%	33%
PA	S4802-103	\$0.00	33%	33%	33%

Cost-Sharing Tables for WellCare Extra (PDP)

State	Plan	Deductible	Tier 5 Specialty Tier Drugs		
			30-day supply	31-day supply	
			Standard retail and mail service and preferred mail service cost-sharing (in-network)	Out-of-Network Cost-Sharing	Long-Term Care (LTC) Cost-Sharing
RI	S4802-099	\$0.00	33%	33%	33%
SC	S4802-106	\$0.00	33%	33%	33%
SD	S4802-121	\$0.00	33%	33%	33%
TN	S4802-109	\$0.00	33%	33%	33%
TX	S4802-118	\$0.00	33%	33%	33%
UT	S4802-127	\$0.00	33%	33%	33%
VA	S4802-104	\$0.00	33%	33%	33%
VT	S4802-099	\$0.00	33%	33%	33%
WA	S4802-126	\$0.00	33%	33%	33%
WI	S4802-131	\$0.00	33%	33%	33%
WV	S4802-103	\$0.00	33%	33%	33%
WY	S4802-121	\$0.00	33%	33%	33%

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-550-5252. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-550-5252. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-550-5252。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-550-5252。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-550-5252. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-550-5252. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-550-5252 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpilan. Unsere Dolmetscher

erreichen Sie unter 1-888-550-5252. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-550-5252 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-550-5252. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-550-5252. سيقوم شخص ما بمساعدتك. هذه خدمة مجانية يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-550-5252 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-550-5252. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-550-5252. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-550-5252. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język

polSKI, należy zadzwonić pod numer 1-888-550-5252. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-550-5252にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

WellCare (PDP) is a Medicare-approved Part D sponsor. Enrollment in WellCare (PDP) depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium. You have the choice to sign up for automated mail service delivery. You can get prescription drugs shipped to your home through our network mail service delivery program. You should expect to receive your prescription drugs within 7–10 business days from the time that the mail service pharmacy receives the order.

If you do not receive your prescription drugs within this time, please contact us at 1-866-892-9006 (TTY 1-866-507-6135), 24 hours a day, seven days a week, or visit www.wellcare.com/medicare/mail_order_pharmacy_coverage. WellCare uses a formulary. Please contact WellCare for details.

This information is available for free in other languages. Please call our customer service number at **1-888-550-5252** (TTY **1-888-816-5252**), Monday-Friday, 8 a.m. to 8 p.m. Between October 1 and February 14, representatives are available Monday-Sunday, 8 a.m. to 8 p.m.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de Servicio al Cliente al **1-888-550-5252**, de lunes a viernes, de 8 a.m. a 8 p.m. Entre el 1 de octubre y el 14 de febrero, los representantes están disponibles de lunes a domingo de 8 a.m. a 8 p.m. Los usuarios de TTY deben llamar al **1-888-816-5252**.



www.wellcare.com/PDP