

## Wellcare Medicare Rx Value Plus (PDP)

## Initial Coverage

[illegible]

**Wellcare Medicare Rx Value Plus (PDP)****Initial Coverage**

State	Monthly Premium	Deductible	Preferred retail Preferred mail-order pharmacies 30-day supply					
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Maryland	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
Massachusetts	\$78.80	\$0	\$0	\$4	\$47	50%	33%	\$11
Michigan	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
Minnesota	\$79.00	\$0	\$0	\$4	\$47	50%	33%	\$11
Mississippi	\$85.20	\$0	\$0	\$4	\$47	50%	33%	\$11
Missouri	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
Montana	\$79.00	\$0	\$0	\$4	\$47	50%	33%	\$11
Nebraska	\$79.00	\$0	\$0	\$4	\$47	50%	33%	\$11
Nevada	\$79.00	\$0	\$0	\$4	\$47	50%	33%	\$11
New Hampshire	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
New Jersey	\$79.00	\$0	\$0	\$4	\$47	50%	33%	\$11
New Mexico	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
New York	\$91.80	\$0	\$0	\$4	\$47	50%	33%	\$11
North Carolina	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
North Dakota	\$79.00	\$0	\$0	\$4	\$47	50%	33%	\$11
Ohio	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
Oklahoma	\$88.70	\$0	\$0	\$4	\$47	50%	33%	\$11
Oregon	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
Pennsylvania	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
Rhode Island	\$78.80	\$0	\$0	\$4	\$47	50%	33%	\$11

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State	Monthly Premium	Deductible	Preferred retail Preferred mail-order pharmacies 30-day supply					
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
South Carolina	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
South Dakota	\$79.00	\$0	\$0	\$4	\$47	50%	33%	\$11
Tennessee	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
Texas	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
Utah	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
Vermont	\$78.80	\$0	\$0	\$4	\$47	50%	33%	\$11
Virginia	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
Washington	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
West Virginia	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
Wisconsin	\$78.90	\$0	\$0	\$4	\$47	50%	33%	\$11
Wyoming	\$79.00	\$0	\$0	\$4	\$47	50%	33%	\$11

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Standard retail Standard mail-order pharmacies 30-day supply						Preferred retail Standard retail Standard mail-order pharmacies 90-day supply	Preferred mail-order pharmacies 90-day supply
Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6		
\$5	\$10	\$47	50%	33%	\$11	Tier 1, Tier 2, Tier 3, and Tier 6: 3x 30-day copay  Tier 4: Applicable Coinsurance  Tier 5: N/A	Tier 1: \$0  Tier 2, Tier 3, and Tier 6: 2.5x 30-day copay  Tier 4: Applicable Coinsurance  Tier 5: N/A
\$5	\$10	\$47	50%	33%	\$11		
\$5	\$10	\$47	50%	33%	\$11		
\$5	\$10	\$47	50%	33%	\$11		
\$5	\$10	\$47	50%	33%	\$11		
\$5	\$10	\$47	50%	33%	\$11		
\$5	\$10	\$47	50%	33%	\$11		
\$5	\$10	\$47	50%	33%	\$11		
\$5	\$10	\$47	50%	33%	\$11		
\$5	\$10	\$47	50%	33%	\$11		

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).