Thank you for considering a WellCare Prescription Drug Plan.

Our corporate mission is to provide high-quality care that is comprehensive, convenient and affordable.

My goal today is to provide you with the information you need to get the most out of your plan.

Today, we will discuss our stand-alone Prescription Drug Plans (PDP).

WellCare (PDP) is a Medicare approved Part D sponsor. Enrollment in WellCare (PDP) depends on contract renewal.

- Over 30 years specializing in Medicare and Medicaid programs
- Over 3.7 million members nationwide
About Me

My Experience
• My background and expertise
• My personal mission

As a Licensed Insurance Agent,
• I am a licensed insurance agent with the state and have been further certified as a WellCare Prescription Drug Plan representative. I do not represent the government, Medicare or Medicaid.
• I may be compensated based on your enrollment.
• I am prohibited from making comparisons between our plan and your current plan. (Although I encourage you to directly compare cost-sharing, formulary, and other plan specifics).
• I want you to know that you are under no obligation to join a plan.
Today’s presentation will review topics to help you better understand your Medicare options, including:

- Medicare eligibility
- Prescription Drug Plans
- Accessing your prescription drug benefits
- WellCare Prescription Drug Plan Summary of Benefits
- Plan enrollment options
- Plan specific Star Rating (CMS 5-Star Quality Rating System)*

- Does someone normally help you make health care decisions?
- Have you assigned a power of attorney to someone to assist you with making health care decisions?

*Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next.
Are You Eligible for a WellCare Prescription Drug Plan?

Health-related questions help determine which WellCare Prescription Drug Plan is most suitable for you.

- Answers do not affect eligibility
- You are not required to answer

Are you entitled to Medicare Part A and/or enrolled in Part B?

Do you reside in this state for at least six months of the year?

WellCare Prescription Drug Plan does not discriminate on the basis of race, color, creed, national origin or health status.
Let’s Confirm Your Current Coverage

- Turning 65, eligible for Medicare Part A and/or Part B
- Covered through Original Medicare (Medicare Part A and/or Part B)
- Prescription drug (Part D)
- Are you eligible for Medicaid?
- Medicare supplemental insurance
- Medicare Advantage plan (Part C)
- TRICARE
- VA benefits
- Employer or union benefits
- Current coverage ending soon
## When Can You Enroll?

| **Initial Coverage Enrollment Period (ICEP):** | All year | 7-month period that starts 3 months before and ends 3 months after the month of your 65th birthday. |
| **Open Enrollment Period (OEP):** | Oct. 15–Dec. 7 | If you’re eligible, you can enroll in Medicare health benefits such as a Medicare Advantage plan, with or without prescription drug coverage, or you can enroll in a stand-alone Prescription Drug Plan (PDP). This would take effect January 1. |
| **Special Enrollment Period (SEP):** | All year | You may qualify to make plan changes based on special circumstances (e.g., you move, you qualify for or lose eligibility for Medicaid). |
| **Medicare Advantage Disenrollment Period (MADP):** | Jan. 1–Feb. 14 | Medicare Advantage plan members can return to Original Medicare only and can enroll in a stand-alone PDP plan. |

*Dates are determined annually by the Centers for Medicare & Medicaid Services (CMS).*
Medicare Choices

Part A: Hospital
- Inpatient hospital
- Skilled nursing
- Home health
- Hospice care

Part B: Medical
- Doctor visits
- Outpatient rehab
- Urgent care
- Durable medical equipment

Part C: WellCare’s Medicare Advantage
Health plan with a Medicare contract that is run by a private insurance company (like WellCare) to provide your health care coverage.

Part D: Prescription Drugs
Helps cover the cost of prescription drugs

Medicare Advantage
- Hospital
- Medical
- Additional Benefits
- Prescription Drugs (may be included)
This example represents a non-subsidized member.

**Prescription Drug Payment Stages**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible Stage</td>
<td>If you select a plan with a deductible, you will pay all of your drug costs from $1 to $400. Some plans have $0 deductible meaning they begin with the Initial Coverage Stage.</td>
</tr>
<tr>
<td>Initial Coverage Stage</td>
<td>You pay co-pays or coinsurance and the plan pays the difference until the total cost of drugs paid by both you and the plan reaches $3,700.</td>
</tr>
<tr>
<td>Coverage Gap Stage</td>
<td>You pay 51% coinsurance for generic drugs and 40% coinsurance for brand drugs during this stage. You move into the Catastrophic Stage once you or others on your behalf have spent $4,950 on your drug costs.</td>
</tr>
<tr>
<td>Catastrophic Stage</td>
<td>Once you or others on your behalf have spent $4,950 in drug costs, you pay greater of 5% or $3.30 co-pay for generic drugs and $8.25 co-pay for brand drugs for the rest of the calendar year.</td>
</tr>
</tbody>
</table>
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** WellCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill these prescriptions. If you don’t get approval, we may not cover the drug.

- **Quantity Limits:** For certain drugs, we limit the amount of the drug we will cover. For example, WellCare provides 30 tablets for 30 days per prescription for Brintellix 20mg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, WellCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary.
Why choose WellCare?

- Focus on government-sponsored health plans
- Nationwide coverage with more than 60,000 pharmacies in our network
- Mail-service simplicity. Maintenance medications delivered right to your mailbox
- Products that stretch your health care dollar

**WellCare’s Prescription Drug Plans May Offer:**

- Low premiums or no deductibles

- $0 co-pay for Tier 1 drugs and significant savings on other Tiers when using our mail service pharmacy that offers preferred cost sharing.*

- $0 co-pay for Tier 1 drugs at network retail pharmacies.**

* You can fill your prescription at any network pharmacy. These savings occur when you fill your prescription at our network mail service pharmacy that offers preferred cost-sharing. Your co-pay at a network pharmacy that offers standard cost sharing may be higher.

** See the Summary of Benefits.
What is Extra Help?
Extra Help, also called Low-Income Subsidy (LIS), is a Medicare program to help people with limited income and resources pay for their Medicare prescription drug, premiums, deductibles, co-pays and coinsurance.

This program works in combination with our plans that offer prescription drug coverage.

What are State Pharmaceutical Assistance Programs (SPAPs)?
State-sponsored programs that provide eligible individuals increased access to prescription drugs by paying for or improving drug coverage. These programs may provide assistance with:

- Coverage for specific drugs, classes of drugs, or
- May reduce the cost for various drugs

SPAPs are not available in all states.
Use Generics and Preferred Cost Savings to Save Money

You can access the services and benefits you deserve

Today, 8 in 10 prescriptions in the United States are filled with generic drugs. *
- Generic medications are FDA-approved and have the same active ingredients, indications, dosage, safety and strength as the brand-name medication.
- Generic drugs saved consumers $1.68 trillion over the last decade. *

Example: Cost Savings When Using Generics with WellCare Classic (PDP) Plan

<table>
<thead>
<tr>
<th>Commonly Used Brand Drugs</th>
<th>Retail Cost for 1-Month Supply (Brand)</th>
<th>Generic Alternatives/Equivalents to Brand Drugs</th>
<th>Retail Cost for 1-Month Supply (Generic)</th>
<th>Preferred Mail-Service Cost-Sharing for 3-Month Supply (Generic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crestor</td>
<td>41% to 50% of the cost of the drug</td>
<td>Atorvastatin</td>
<td>$0-$2</td>
<td>$0</td>
</tr>
<tr>
<td>Lyrica</td>
<td>$35-$47</td>
<td>Gabapentin</td>
<td>$10-$20</td>
<td>$25-$50</td>
</tr>
<tr>
<td>Synthroid</td>
<td>41% to 50% of the cost of the drug</td>
<td>Levothyroxine**</td>
<td>$0-$20</td>
<td>$0-$50</td>
</tr>
</tbody>
</table>

Generic alternatives are generic drugs approved by the FDA for the same medical condition as the brand name counterparts but may not have the same active ingredient. Generic equivalents contain the same active ingredient as the brand name counterpart.

Ask your doctor or pharmacist if generics may be right for you. As you can see, if the answer to that question is yes, it could save you a lot of money. If a preferred generic alternative is not available, you can still get a 3-month supply for only a 2 ½-month co-pay when using our mail service pharmacy that offers preferred cost-sharing.

*Source: www.gphaonline.org/media/wysiwyg/PDF/GPhA_Savings_Report_2015
**Levothyroxine is a generic equivalent.
I will now review a Summary of Benefits and Formulary.

If you have Medicare Part B, you must continue to pay your Part B premium.

- WellCare uses a formulary, which is a list of our covered drugs.
- You must use network pharmacies to access your prescription drug benefits, except under non-routine circumstances – such as emergencies – when you cannot reasonably use network pharmacies.*
- Quantity limitations, prior authorizations and restrictions may apply. Please contact WellCare for details.
- 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 can find a list of participating pharmacies and drugs covered on our formularies online at www.wellcarepdp.com.
Thank You!

Remember to tell your friends and family about your decision, and the reasons why you selected WellCare Prescription Drug Plan.
Appendix

- Prescription Drug Formulary
- Extra Help with Prescription Drugs
- Extra Help: Standard Part D Cost Share
- State Pharmaceutical Assistance Program (SPAP)
- Medicare Information Resources
A formulary is a list of covered drugs selected by WellCare Prescription Drug Plan working with a team of health care providers. The list represents the prescription therapies believed to be a necessary part of a quality treatment program and is approved by the Centers for Medicare & Medicaid Services.

WellCare Prescription Drug Plan will generally cover the drugs listed in our formulary as long as:

- The drug is medically necessary.
- Eligible beneficiaries use network pharmacies to access their prescription drug benefit, except under non-routine circumstances. Quantity limitations and restrictions may apply.
- Other plan rules are followed.

If you do not have Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare’s) for a continuous period of 63 days or more, you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.
You can access prescriptions through our formulary

- You can ask WellCare Prescription Drug Plan to make an exception to our prescription drug coverage rules. You can begin the exception process by contacting our Customer Service Department, or visiting www.wellcarepdp.com.

For a complete listing of rules and prescription drugs covered by WellCare Prescription Drug Plan, please visit our website at www.wellcarepdp.com.
What is Extra Help?
Extra Help, also called Low-Income Subsidy (LIS), is a Medicare program to help people with limited income and resources pay for their Medicare prescription drugs, premiums, deductibles, co-pays and coinsurance.

This program works in combination with our plans that offer prescription drug coverage.

We use a formulary. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call:

• The Social Security office at 1-800-772-1213 7 a.m. to 7 p.m., Monday-Friday. TTY users should call 1-800-325-0778; or

• Your state Medicaid office.

Are you eligible for Extra Help?

Do you have Medicare Part A and/or Part B?

Do you reside in one of the 50 states or the District of Columbia?

Do you meet income and resource limitations*?

*Resources do not include items such as the home you live in, vehicles, personal possessions, burial plots or irrevocable burial contracts.

If you have more than the allowable income/resource amounts, you may not qualify for Extra Help.

If you do not qualify for Extra Help, you can still enroll in an approved Medicare Prescription Drug Plan for coverage.
## Extra Help: Standard Part D Cost Share

<table>
<thead>
<tr>
<th>CMS Co-pay Category</th>
<th>Your Eligibility</th>
<th>Your Premium Subsidy</th>
<th>Deductible You Pay (if applicable)</th>
<th>Your Standard LIS Cost Share</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Deductible Stage</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Initial Coverage Stage</td>
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<td></td>
<td>Coverage Gap Stage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Catastrophic Stage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Generic</td>
</tr>
<tr>
<td>3</td>
<td>Full Subsidy</td>
<td>100%¹</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>- Institutionalized Beneficiaries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Full Subsidy</td>
<td>100%¹</td>
<td>$0</td>
<td>$1.20²</td>
</tr>
<tr>
<td></td>
<td>- Full Benefit Dual Eligible (FBDE) Individuals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Non-Institutionalized Beneficiaries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Full Subsidy</td>
<td>100%¹</td>
<td>$0</td>
<td>$3.30²</td>
</tr>
<tr>
<td></td>
<td>- Full Benefit Dual Eligible (FBDE) Individuals</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- Non-Institutionalized Beneficiaries</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>- Over 100% FPL OR Full Subsidy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Non-FBDE Individuals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Income at or below 135% FPL and resources &lt;= $8,780 (individuals) or &lt;= $13,930 (couples)³</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Partial Subsidy</td>
<td>100%, 75%, 50% or 25%¹</td>
<td>$82²</td>
<td>15%²</td>
</tr>
<tr>
<td></td>
<td>- Income below 150% FPL and resources below $13,640 (individual) or $27,250 (couples)³</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. If you qualify for 100% subsidy, you may still pay a premium depending on the plan you select.
2. Your deductible and co-pays may be lower, depending on your coverage phase (i.e., deductible, initial, gap) and your plan choice.

Note: If you qualify for LIS, you would pay no more than a single co-pay for any day supply.
State Pharmaceutical Assistance Program (SPAP)

What is SPAP?
State Pharmaceutical Assistance Programs (SPAPs) are state-sponsored programs that provide eligible individuals increased access to prescription drugs by paying for or improving drug coverage. These programs may provide assistance with coverage for specific drugs, classes of drugs, premium assistance or may even reduce the costs for various drugs.

Who is Eligible?
Eligibility for the SPAP is determined by the individual states and may require applicants to meet income, asset, age and Part D eligibility standards.

How to Apply
Beneficiaries must fill out the SPAP application and should contact the local state office for additional help in completing the form.

SPAPs are not available in all states.
Medicare Information Resources

- www.medicare.gov
- “Medicare and You” annual resource book
- 1-800-772-1213 Social Security Administration 7 a.m. to 7 p.m., Monday–Friday. TTY users should call 1-800-325-0778.

Make sure you understand:

- Deductibles – Parts A, B and/or D
- Co-pays and coinsurance
- Part D (including the deductible and coverage gap)
- Acronyms: MAPD, PDP, HMO, POS, etc.
Discrimination is Against the Law

WellCare Health Plans, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. WellCare Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

WellCare Health Plans, Inc.:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  – Qualified sign language interpreters
  – Written information in other formats (large print, audio, accessible electronic formats, other formats)

• Provides free language services to people whose primary language is not English, such as:
  – Qualified interpreters
  – Information written in other languages

If you need these services, contact WellCare Customer Service for help or you can ask Customer Service to put you in touch with a Civil Rights Coordinator who works for WellCare.

If you believe that WellCare Health Plans, Inc., has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

WellCare Health Plans, Inc., Grievance Department, P.O. Box 31384, Tampa, FL 33631-3384; Telephone - 1-866-530-9499; TTY number - 1-877-247-6272; Fax: 1-866-388-1769; OperationalGrievance@wellcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a WellCare Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).


*This Nondiscrimination Notice also applies to ‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc., and Easy Choice Health Plan, a WellCare company.

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。我們的中文人員將樂意為您提供幫助。這是一項免費服務。


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.


Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-550-5252번으로 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: . شخص ما إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الادوية لدينا. رفعت الشركة العربية للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-550-5252 . سيقوم بمساعدتك. هذه الخدمة مجانية.

Hindi: हमारी स्वास््य या दवा की योजना के बारे में आपके कस्ती की परवश के जवाब देने के लिए हमारे पास मुफ्त दभु ाषिया उपिब्ध हैं. एक दभु ाषिया प्राप्त करने के लिए, बस हमें 1-888-550-5252 पर फोन करें. कोई व्यक्ति जो हहन्दी बोिता 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 Italiano vi fornirà l’assistenza necessaria. È un servizio gratuito.

Português: Disponemos 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 sévis entèpré gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèpré, jis rele nou nan 1-888-550-5252. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sévis 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 ございます。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。