

2007 Evidence of Coverage (EOC) Errata Sheet

The information provided was missing from the EOC in the following sections. Keep this document in your EOC.

Section 3 – “*Getting care if you have a medical emergency or an urgent need for care.*” The following paragraph should be changed as underlined below.

Wellcare Access covers urgently needed care that you get from any provider in the U.S. when you are out of Wellcare Access' service area. (See Section 6 for more information on filling your prescription drugs when you are getting urgently needed care and when you are outside the plans service area.)

Section 6 – “Coverage for Outpatient Prescription Drugs”

Using plan pharmacies to get your prescription drugs covered by us

What are network pharmacies?

With few exceptions, **you must use network pharmacies to get your prescription drugs covered.**

- **What is a “network pharmacy”?** A network pharmacy is a pharmacy at which you can get your prescription drug benefits. We call them “network pharmacies” because they contract with our Plan. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies. Once you go to one, you are not required to continue going to the same pharmacy to fill your prescription; you can go to any of our network pharmacies. However, if you switch to a different network pharmacy, you must either have a new prescription written by a physician or have the previous pharmacy transfer the existing prescription to the new pharmacy if any refills remain.
- **What are “covered drugs”?** “Covered drugs” is the general term we use to mean all of the outpatient prescription drugs that are covered by our Plan. Covered drugs are listed in the formulary.

How do I fill a prescription at a network pharmacy?

To fill your prescription, you must show your Plan membership card at one of our network pharmacies. If you do not have your membership card with you when you fill your prescription, you may have to pay the full cost of the prescription (rather than paying just your co-payment). If this happens, you can ask us to reimburse you for our share of the cost by submitting a claim to us. To learn how to submit a paper claim, please refer to the paper claims process described at the end of this section.

The Pharmacy Directory gives you a list of Plan network pharmacies.

As a member of our Plan we will send you a Pharmacy Directory, which gives you a list of our network pharmacies. You can use it to find the network pharmacy closest to you. If you don't have the Pharmacy Directory, you can get a copy from Customer Service. They can also give you the most up-to-date information about changes in this Plan's pharmacy network. In addition, you can find this information on our Web site.

What if a pharmacy is no longer a "network pharmacy"?

Sometimes a pharmacy might leave the plan's network. If this happens, you will have to get your prescriptions filled at another Plan network pharmacy. Please refer to your Pharmacy Directory or call Customer Service to find another network pharmacy in your area.

How do I fill a prescription through Plan's network mail order pharmacy service?

You can use our Plan's mail order service to fill prescriptions for any drug that is on the formulary list.

Generally, it takes us two (2) days to process your order and ship it to you. However, sometimes your mail order may be delayed. Please call Customer Service if you have not received your prescription within two weeks of ordering. Customer Service contact information is located in the introduction section of this booklet.

You are not required to use our mail order services to get an extended supply of mail order drugs. You can also get an extended supply through some retail network pharmacies. Some retail pharmacies may agree to accept the mail order co-payment for an extended supply of medications, which may result in no out-of-pocket payment difference to you. Other retail pharmacies may provide an extended supply, but charge a higher co-payment than our mail order service. Please call Customer Service or look in your Pharmacy Directory to find out which retail pharmacies offer an extended supply.

How do I submit a paper claim?

When you go to a network pharmacy, your claim is automatically submitted to us by the pharmacy. However, if you go to an out-of-network pharmacy, the pharmacy may not be able to submit the claim directly to us. When that happens, you will have to pay the full cost of your

prescription and call Customer Service to request a Member Prescription Reimbursement Claim Form. The form will be sent to you with instructions on how to complete it. Once you have completed the form, please mail it along with a copy of your receipt to WellCare Health Plans, Attention: PDP Pharmacy, P.O. Box 25858, Tampa, FL 33622. We will make a coverage determination and notify you of a decision. If we decide in your favor, we will reimburse you for the cost of the prescription. If we do not decide in your favor, we will notify you in writing along with your right to appeal this decision (see Section 12 for more information on Appeals).

If you submit a paper claim to us, the claim is treated as a request for a coverage determination. If you are asking us to reimburse you for a prescription drug that is not on our formulary or is subject to coverage requirements or limits, your doctor may need to submit additional documentation supporting your request. See Section 12 to learn more about requesting coverage determinations.

Specialty pharmacies

Home infusion pharmacies

Wellcare Access will cover home infusion therapy if:

- Your prescription drug is on our Plan's formulary or a formulary exception has been granted for your prescription drug,
- Our plan has approved your prescription for home infusion therapy, and
- Your prescription is written by an authorized prescriber.

Please refer to your Pharmacy Directory to find a home infusion pharmacy provider in your area. For more information, please contact Customer Service.

Long-term care pharmacies

In some cases, residents of a long-term care facility may access their prescription drugs through the facility's long-term care pharmacy or another network long-term care pharmacy. Please refer to your Pharmacy Directory to find out if your long-term care pharmacy is part of our network. If it is not, or for more information, please contact Customer Service.

Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies

Only Native Americans and Alaska Natives have access to Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies through Wellcare Access' pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g. emergencies).

Please refer to your Pharmacy Directory to find an I/T/U pharmacy in your area. For more information, please contact Customer Service.

Transition Policy

New members in our plan may be taking drugs that are not on our formulary, or that are subject to certain restrictions, such as prior authorization or step therapy. Members should talk to their doctors to decide if they should switch to an appropriate drug that we cover or request a formulary exception (which is a type of coverage determination) in order to get coverage for the drug. See Section 12 to learn more about how to request an exception. While these new members might talk to their doctors to determine the right course of action, we may cover the non-formulary drug in certain cases during the first 90 days of new membership.

How does your enrollment in this Plan affect coverage for the drugs covered under Medicare Part A or Part B?

Your enrollment in this Plan does not affect Medicare coverage for drugs covered under Medicare Part A or Part B. If you meet Medicare's coverage requirements, your drug will still be covered under Medicare Part A or Part B even though you are enrolled in this Plan.

See your *Medicare & You* Handbook for more information about drugs that are covered by Medicare Part A and Part B.