WellCare Value Script (PDP) offered by WellCare Prescription Insurance, Inc.

Annual Notice of Changes for 2019

You are currently enrolled as a member of WellCare Value Script (PDP). Next year, there will be some changes to the plan’s costs and benefits. This booklet tells about the changes.

- You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.
   - It’s important to review your coverage now to make sure it will meet your needs next year.
   - Do the changes affect the services you use?
   - Look in Sections 1.1 and 1.3 for information about benefit and cost changes for our plan.

☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.
   - Will your drugs be covered?
   - Are your drugs in a different tier, with different cost sharing?
   - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
   - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
   - Review the 2019 Drug List and look in Section 1 for information about changes to our drug coverage.
• Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit https://go.medicare.gov/drugprices. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

☐ Think about your overall health care costs.

• How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
• How much will you spend on your premium and deductibles?
• How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices.

☐ Check coverage and costs of plans in your area.

• Use the personalized search feature on the Medicare Plan Finder at https://www.medicare.gov website. Click “Find health & drug plans.”
• Review the list in the back of your Medicare & You handbook.
• Look in Section 2.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. CHOOSE: Decide whether you want to change your plan

• If you want to keep WellCare Value Script (PDP), you don’t need to do anything. You will stay in WellCare Value Script (PDP).
• To change to a different plan that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between October 15 and December 7, 2018.

• If you don’t join another plan by December 7, 2018, you will stay in WellCare Value Script (PDP).
• If you join another plan by December 7, 2018, your new coverage will start on January 1, 2019.
Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Service number at 1-888-550-5252 for additional information. (TTY users should call 711). Hours are Monday-Friday, 8 a.m. to 8 p.m. Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m.
- This booklet is also available in different formats, including large print, audio compact disc (CD), and Braille. Please call Customer Service if you need plan information in another format (phone numbers are printed on the back cover of this booklet).

About WellCare Value Script (PDP)

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

- When this booklet says “we,” “us,” or “our,” it means WellCare Prescription Insurance, Inc. When it says “plan” or “our plan,” it means WellCare Value Script (PDP).
### Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for WellCare Value Script (PDP) in several important areas. Please note this is only a summary of changes. It is important to read the rest of this Annual Notice of Changes and see if other benefit or cost changes affect you. The Evidence of Coverage is available on our website at www.wellcare.com/PDP or you can call Customer Service to request that a copy be mailed to you.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2018 (this year)</th>
<th>2019 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly plan premium</strong></td>
<td>$33.90</td>
<td>$13.40</td>
</tr>
<tr>
<td><em>Your premium may be higher or lower than this amount. See Section 1.1 for details.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Part D prescription drug coverage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See Section 1.3 for details.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible: $405 on Tiers 3 to 5</td>
<td>Deductible: $415 on Tiers 3 to 5</td>
<td></td>
</tr>
<tr>
<td>Copayment/Coinsurance during the Initial Coverage Stage:</td>
<td>Copayment/Coinsurance during the Initial Coverage Stage:</td>
<td></td>
</tr>
<tr>
<td>● Drug Tier 1: Standard cost-sharing: $10.00</td>
<td>● Drug Tier 1: Standard cost-sharing: $3.00</td>
<td></td>
</tr>
<tr>
<td>Preferred cost-sharing: $0.00</td>
<td>Preferred cost-sharing: $0.00</td>
<td></td>
</tr>
<tr>
<td>● Drug Tier 2: Standard cost-sharing: $20.00</td>
<td>● Drug Tier 2: Standard cost-sharing: $13.00</td>
<td></td>
</tr>
<tr>
<td>Preferred cost-sharing: $0.00</td>
<td>Preferred cost-sharing: $10.00</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>2018 (this year)</td>
<td>2019 (next year)</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Drug Tier 3:</td>
<td><em>Standard cost-sharing:</em> $47.00</td>
<td><em>Standard cost-sharing:</em> $47.00</td>
</tr>
<tr>
<td></td>
<td><em>Preferred cost-sharing:</em> $29.00</td>
<td><em>Preferred cost-sharing:</em> $40.00</td>
</tr>
<tr>
<td>Drug Tier 4:</td>
<td><em>Standard cost-sharing:</em> 50%</td>
<td><em>Standard cost-sharing:</em> 50%</td>
</tr>
<tr>
<td></td>
<td><em>Preferred cost-sharing:</em> 30%</td>
<td><em>Preferred cost-sharing:</em> 46%</td>
</tr>
<tr>
<td>Drug Tier 5:</td>
<td><em>Standard cost-sharing:</em> 25%</td>
<td><em>Standard cost-sharing:</em> 25%</td>
</tr>
<tr>
<td></td>
<td><em>Preferred cost-sharing:</em> 25%</td>
<td><em>Preferred cost-sharing:</em> 25%</td>
</tr>
</tbody>
</table>
Annual Notice of Changes for 2019

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

<table>
<thead>
<tr>
<th>Cost</th>
<th>2018 (this year)</th>
<th>2019 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$33.90</td>
<td>$13.40</td>
</tr>
<tr>
<td>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.

- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

- Your monthly premium will be less if you are receiving "Extra Help" with your prescription drug costs.

Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at www.wellcare.com/PDP. You may also call Customer Service for updated provider information or to ask us to mail you a Pharmacy Directory. Please review the 2019 Pharmacy Directory to see which pharmacies are in our network.
WellCare Prescription Insurance Inc.'s pharmacy network includes limited lower-cost, preferred pharmacies in rural areas of AK. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-888-550-5252. (TTY only, call 711) or consult the online pharmacy directory at www.wellcare.com/PDP.

Section 1.3 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.

If you are affected by a change in drug coverage you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. We encourage current members to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 7 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call Customer Service.

- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the Evidence of Coverage.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.
Meanwhile, you and your doctor will need to decide what to do before your temporary supply of the drug runs out.

- Perhaps you can find a different drug covered by the plan that might work just as well for you. You can check the formulary on our Web site or call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor to find a covered drug that might work for you.

- You and your doctor can also ask the plan to make an exception for you and continue to cover the drug. You can ask for an exception in advance for next year and we will give you an answer to your request before the change takes effect. There are certain requirements that must be met so to learn what you must do to ask for an exception, see the Evidence of Coverage. Look for Chapter 7 of the Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)).

If you received a favorable formulary exception during 2018, you may not need to obtain a new formulary exception in 2019. At the time of the approval, we would have indicated in the approval notice how long the authorization is valid.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

Starting in 2019, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. This means if you are taking the brand name drug that is being replaced by the new generic (or the tier or restriction on the brand name drug changes), you will no longer always get notice of the change 60 days before we make it or get a 60-day refill of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Also, starting in 2019, before we make other changes during the year to our Drug List that require us to provide you with advance notice if you are taking a drug, we will provide you with notice 30, rather than 60, days before we make the change. Or we will give you a 30-day, rather than a 60-day, refill of your brand name drug at a network pharmacy.
When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about the changes we may make to the Drug List, see Chapter 3, Section 6 of the Evidence of Coverage.)

### Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), the information about costs for Part D prescription drugs may not apply to you. We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Customer Service and ask for the “LIS Rider.” Phone numbers for Customer Service are in Section 6.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages - the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages - the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in the *Evidence of Coverage.*) The *Evidence of Coverage* is available on our website at www.wellcare.com/PDP or you can call Customer Service to request that a copy be mailed to you.
## Changes to the Deductible Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>2018 (this year)</th>
<th>2019 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1: Yearly Deductible Stage</strong></td>
<td>The deductible is $405 on Tiers 3 to 5.</td>
<td>The deductible is $415 on Tiers 3 to 5.</td>
</tr>
<tr>
<td></td>
<td>During this stage, <strong>you pay the full cost</strong> of your Tiers 3 to 5 drugs until you have reached the yearly deductible.</td>
<td>During this stage, you pay $3.00 cost-sharing for drugs on Tier 1 and $13.00 cost-sharing for drugs on Tier 2 filled at a preferred cost-share pharmacy.</td>
</tr>
<tr>
<td></td>
<td>You pay $0.00 cost-sharing for drugs on Tier 1 and $0.00 cost-sharing for drugs on Tier 2 filled at a preferred cost-share pharmacy.</td>
<td>You pay $0.00 cost-sharing for drugs on Tier 1 and $10.00 cost-sharing for drugs on Tier 2 filled at a preferred cost-share pharmacy.</td>
</tr>
<tr>
<td></td>
<td>You pay the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.</td>
<td>You pay the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.</td>
</tr>
</tbody>
</table>
Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how co-payments and coinsurance work, look at Chapter 4, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

<table>
<thead>
<tr>
<th>Stage</th>
<th>2018 (this year)</th>
<th>2019 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 2: Initial Coverage Stage</strong></td>
<td>Your cost for a one-month supply filled at a network pharmacy:</td>
<td>Your cost for a one-month supply filled at a network pharmacy:</td>
</tr>
<tr>
<td></td>
<td><strong>Tier 1 (Preferred Generic Drugs):</strong></td>
<td><strong>Tier 1 (Preferred Generic Drugs):</strong></td>
</tr>
<tr>
<td></td>
<td><em>Standard cost-sharing:</em> You pay $10.00 per prescription.</td>
<td><em>Standard cost-sharing:</em> You pay $3.00 per prescription.</td>
</tr>
<tr>
<td></td>
<td><em>Preferred cost-sharing:</em> You pay $0.00 per prescription</td>
<td><em>Preferred cost-sharing:</em> You pay $0.00 per prescription</td>
</tr>
<tr>
<td></td>
<td><strong>Tier 2 (Generic Drugs):</strong></td>
<td><strong>Tier 2 (Generic Drugs):</strong></td>
</tr>
<tr>
<td></td>
<td><em>Standard cost-sharing:</em> You pay $20.00 per prescription.</td>
<td><em>Standard cost-sharing:</em> You pay $13.00 per prescription.</td>
</tr>
<tr>
<td></td>
<td><em>Preferred cost-sharing:</em> You pay $0.00 per prescription</td>
<td><em>Preferred cost-sharing:</em> You pay $10.00 per prescription.</td>
</tr>
</tbody>
</table>

Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.**
**Stage 2: Initial Coverage Stage (continued)**

The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard or preferred cost-sharing. For information about the costs for a long-term supply or for mail service prescriptions, look in Chapter 4, Section 5 of your Evidence of Coverage.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

<table>
<thead>
<tr>
<th>Stage</th>
<th>2018 (this year)</th>
<th>2019 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 3 (Preferred Brand Drugs):</td>
<td><strong>Standard cost-sharing:</strong></td>
<td><strong>Standard cost-sharing:</strong></td>
</tr>
<tr>
<td></td>
<td>You pay $47.00 per prescription.</td>
<td>You pay $47.00 per prescription.</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred cost-sharing:</strong></td>
<td><strong>Preferred cost-sharing:</strong></td>
</tr>
<tr>
<td></td>
<td>You pay $29.00 per prescription</td>
<td>You pay $40.00 per prescription</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Drugs):</td>
<td><strong>Standard cost-sharing:</strong></td>
<td><strong>Standard cost-sharing:</strong></td>
</tr>
<tr>
<td></td>
<td>You pay 50% of the total cost.</td>
<td>You pay 50% of the total cost.</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred cost-sharing:</strong></td>
<td><strong>Preferred cost-sharing:</strong></td>
</tr>
<tr>
<td></td>
<td>You pay 30% of the total cost.</td>
<td>You pay 46% of the total cost.</td>
</tr>
<tr>
<td>Tier 5 (Specialty Tier Drugs):</td>
<td><strong>Standard cost-sharing:</strong></td>
<td><strong>Standard cost-sharing:</strong></td>
</tr>
<tr>
<td></td>
<td>You pay 25% of the total cost.</td>
<td>You pay 25% of the total cost.</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred cost-sharing:</strong></td>
<td><strong>Preferred cost-sharing:</strong></td>
</tr>
<tr>
<td></td>
<td>You pay 25% of the total cost.</td>
<td>You pay 25% of the total cost.</td>
</tr>
</tbody>
</table>

Once your total drug costs have reached $3,750, you will move to the next stage (the Coverage Gap Stage). Once your total drug costs have reached $3,820, you will move to the next stage (the Coverage Gap Stage).

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The other two drug coverage stages - the Coverage Gap Stage and the
Catastrophic Coverage Stage - are for people with high drug costs. Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.

For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your Evidence of Coverage.

**SECTION 2   Deciding Which Plan to Choose**

**Section 2.1 – If You Want to Stay in WellCare Value Script (PDP)**

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan by December 7, you will automatically stay enrolled as a member of our plan for 2019.

**Section 2.2 – If You Want to Change Plans**

We hope to keep you as a member next year but if you want to change for 2019 follow these steps:

**Step 1: Learn about and compare your choices**

- You can join a different Medicare prescription drug plan,
- **OR** -- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- **OR** -- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, read Medicare & You 2019, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to https://www.medicare.gov and click “Find health & drug plans.” Here, you can find information about costs, coverage, and quality ratings for Medicare plans.

As a reminder, WellCare Prescription Insurance, Inc. offers other Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.
Step 2: Change your coverage

- To change to a different Medicare prescription drug plan, enroll in the new plan. You will automatically be disenrolled from WellCare Value Script (PDP).

- To change to a Medicare health plan, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from WellCare Value Script (PDP).
  
  - You will automatically be disenrolled from WellCare Value Script (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.

  - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep WellCare Value Script (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from WellCare Value Script (PDP). If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from WellCare Value Script (PDP). To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).

- To change to Original Medicare without a prescription drug plan, you must either:
  
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).

  - or - Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from October 15 until December 7. The change will take effect on January 1, 2019.
Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the Evidence of Coverage.

Note: If you're in a drug management program, you may not be able to change plans.

**SECTION 4 Programs That Offer Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. You can find the name, phone number and address of your state’s State Health Insurance Assistance Program listed in the Appendix at the back of your Evidence of Coverage.

State Health Insurance Assistance Programs are independent (not connected with any insurance company or health plan). Each is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. Counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call your SHIP at the contact information listed in the Appendix at the back of the Evidence of Coverage.

**SECTION 5 Programs That Help Pay for Prescription Drugs**

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
○ The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or

○ Your State Medicaid Office (applications).

● Prescription Cost-sharing Assistance for Persons with HIV/AIDS. The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the AIDS Drug Assistance Program (ADAP) in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call your state’s ADAP (the name and phone numbers for this organization are listed in the appendix in the back of the Evidence of Coverage).

SECTION 6 Questions?

Section 6.1 – Getting Help from WellCare Value Script (PDP)

Questions? We’re here to help. Please call Customer Service at 1-888-550-5252. (TTY only, call 711.) We are available for phone calls Monday-Friday, 8 a.m. to 8 p.m. Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Calls to these numbers are free.

Read your 2019 Evidence of Coverage (it has details about next year’s benefits and costs)

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2019. For details, look in the 2019 Evidence of Coverage for WellCare Value Script (PDP). The Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. The Evidence of Coverage is available on our website at
www.wellcare.com/PDP or you can call Customer Service to request that a copy be mailed to you.

**Visit our Website**

You can also visit our website at www.wellcare.com/PDP. As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

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**Section 6.2 – Getting Help from Medicare**

To get information directly from Medicare:

**Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Visit the Medicare Website**

You can visit the Medicare website (https://www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to https://www.medicare.gov and click on “Review and Compare Your Coverage Options.”)

**Read Medicare & You 2019**

You can read the *Medicare & You 2019* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don’t have a copy of this booklet, you can get it at the Medicare website (https://www.medicare.gov) or 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.