

## **Wellcare Value Script (PDP) offered by Wellcare Prescription Insurance, Inc.**

### **Annual Notice of Changes for 2024**

You are currently enrolled as a member of Wellcare Value Script (PDP). Next year, there will be changes to the plan's costs and benefits. *Please see page 4 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.wellcare.com/PDP](http://www.wellcare.com/PDP). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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#### **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.
  - Review the changes to our drug coverage, including authorization requirements and costs
  - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- 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 Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- 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 don't join another plan by December 7, 2023, you will stay in Wellcare Value Script (PDP).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Wellcare Value Script (PDP).

### **Additional Resources**

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-888-550-5252 for additional information. (TTY users should call 711.) Hours are: Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.. This call is free.
- We must provide information in a way that works for you (in languages other than English, in braille, in audio, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.

### **About Wellcare Value Script (PDP)**

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Wellcare Prescription Insurance, Inc. When it says “plan” or “our plan,” it means Wellcare Value Script (PDP).

S4802\_151\_2024\_NA\_ANOC\_PDP\_126262E\_M

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Wellcare Value Script (PDP) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly plan premium*</b></p> <p>*Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$8.10	\$0
<p><b>Part D prescription drug coverage</b> (See Section 1.3 for details.)</p>	<p>Deductible: \$505 except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1 - Preferred Generic Drugs: Standard cost sharing: You pay a \$8 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$0 copay for a one-month (30-day) supply.</li> <li>• Drug Tier 2 - Generic Drugs: Standard cost sharing: You pay a \$15 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$5 copay for a one-month (30-day) supply.</li> </ul>	<p>Deductible: \$545 except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1 - Preferred Generic Drugs: Standard cost sharing: You pay a \$5 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$0 copay for a one-month (30-day) supply.</li> <li>• Drug Tier 2 - Generic Drugs: Standard cost sharing: You pay a \$10 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$2 copay for a one-month (30-day) supply.</li> </ul>

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> <li data-bbox="732 331 1092 1039"> <p>• Drug Tier 3 - Preferred Brand Drugs: Standard cost sharing: You pay a \$47 copay for a one-month (30-day) supply. You pay \$35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay a \$44 copay for a one-month (30-day) supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> </li> <li data-bbox="732 1060 1092 1843"> <p>• Drug Tier 4 - Non-Preferred Drugs: Standard cost sharing: You pay 50% of the total cost for a one-month (30-day) supply. You pay \$35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay 47% of the total cost for a one-month (30-day) supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> </li> <li data-bbox="732 1864 1092 1969"> <p>• Drug Tier 5 - Specialty Tier: Standard cost sharing:</p> </li> </ul>	<ul style="list-style-type: none"> <li data-bbox="1125 331 1485 1123"> <p>• Drug Tier 3 - Preferred Brand Drugs: Standard cost sharing: You pay 25% of the total cost for a one-month (30-day) supply. You pay \$35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay 25% of the total cost for a one-month (30-day) supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> </li> <li data-bbox="1125 1144 1485 1927"> <p>• Drug Tier 4 - Non-Preferred Drugs: Standard cost sharing: You pay 50% of the total cost for a one-month (30-day) supply. You pay \$35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay 50% of the total cost for a one-month (30-day) supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> </li> </ul>

Cost	2023 (this year)	2024 (next year)
	<p>You pay 25% of the total cost for a one-month (30-day) supply. You pay \$35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay 25% of the total cost for a one-month (30-day) supply.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 6 - Select Diabetic Drugs: Standard cost sharing: You pay a \$11 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$11 copay for a one-month (30-day) supply.</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• For each prescription, you pay whichever of these is larger: a</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 5 - Specialty Tier: Standard cost sharing: You pay 25% of the total cost for a one-month (30-day) supply. You pay \$35 per month supply of each covered insulin product on this tier. Preferred cost sharing: You pay 25% of the total cost for a one-month (30-day) supply. You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 6 - Select Care Drugs: Standard cost sharing: You pay a \$2 copay for a one-month (30-day) supply. Preferred cost sharing: You pay a \$2 copay for a one-month (30-day) supply.</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>

Cost	2023 (this year)	2024 (next year)
	payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b> ), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.).	

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$8.10	\$0

- 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.

### 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](http://www.wellcare.com/PDP). You may also call Member Services for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Member Services so we may assist.

### 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," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

**Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 7 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

### 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 Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes 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.)

### Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), Tier 5 (Specialty Tier), and Tier 6 (Select Care Drugs) drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>The deductible is \$505.</p> <p>During this stage, you pay either \$8 or \$0 cost sharing for drugs on Tier 1: Preferred Generic Drugs and either \$15 or \$5 cost sharing for drugs on Tier 2: Generic Drugs and the full cost of drugs on Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs, Tier 5: Specialty Tier, and Tier 6: Select Diabetic Drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$545.</p> <p>During this stage, you pay either \$5 or \$0 cost sharing for drugs on Tier 1: Preferred Generic Drugs and either \$10 or \$2 cost sharing for drugs on Tier 2: Generic Drugs and the full cost of drugs on Tier 3: Preferred Brand Drugs, Tier 4: Non-Preferred Drugs, Tier 5: Specialty Tier, and Tier 6: Select Care Drugs until you have reached the yearly deductible.</p>

### Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 3 - Preferred Brand Drugs, your cost sharing in the initial coverage stage is changing from a copayment to coinsurance. Please see the following chart for the changes from 2023 to 2024.

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>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 <b>you pay your share of the cost.</b></p>	<p>Your cost for a one-month supply at a network pharmacy:</p>	<p>Your cost for a one-month supply at a network pharmacy:</p>

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p> <p>For 2023 you paid a \$47 or \$44 copayment for drugs on Tier 3: Preferred Brand Drugs. For 2024 you will pay 25% coinsurance for drugs on this tier.</p>	<p><b>Drug Tier 1 - Preferred Generic Drugs:</b>  <i>Standard cost sharing:</i>                      You pay a \$8 copay per prescription.  <i>Preferred cost sharing:</i>                      You pay a \$0 copay per prescription.</p> <p><b>Drug Tier 2 - Generic Drugs:</b>  <i>Standard cost sharing:</i>                      You pay a \$15 copay per prescription.  <i>Preferred cost sharing:</i>                      You pay a \$5 copay per prescription.</p> <p><b>Drug Tier 3 - Preferred Brand Drugs:</b>  <i>Standard cost sharing:</i>                      You pay a \$47 copay per prescription.                      You pay \$35 per month supply of each covered insulin product on this tier.  <i>Preferred cost sharing:</i>                      You pay a \$44 copay per prescription.                      You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p><b>Drug Tier 1 - Preferred Generic Drugs:</b>  <i>Standard cost sharing:</i>                      You pay a \$5 copay per prescription.  <i>Preferred cost sharing:</i>                      You pay a \$0 copay per prescription.</p> <p><b>Drug Tier 2 - Generic Drugs:</b>  <i>Standard cost sharing:</i>                      You pay a \$10 copay per prescription.  <i>Preferred cost sharing:</i>                      You pay a \$2 copay per prescription.</p> <p><b>Drug Tier 3 - Preferred Brand Drugs:</b>  <i>Standard cost sharing:</i>                      You pay 25% of the total cost.                      You pay \$35 per month supply of each covered insulin product on this tier.  <i>Preferred cost sharing:</i>                      You pay 25% of the total cost.                      You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p>	<p><b>Drug Tier 4 - Non-Preferred Drugs:</b>  <i>Standard cost sharing:</i>                      You pay 50% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.  <i>Preferred cost sharing:</i>                      You pay 47% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 5 - Specialty Tier:</b>  <i>Standard cost sharing:</i>                      You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.  <i>Preferred cost sharing:</i>                      You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 6 - Select Diabetic Drugs:</b>  <i>Standard cost sharing:</i>                      You pay a \$11 copay per prescription.  <i>Preferred cost sharing:</i>                      You pay a \$11 copay per prescription.</p>	<p><b>Drug Tier 4 - Non-Preferred Drugs:</b>  <i>Standard cost sharing:</i>                      You pay 50% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.  <i>Preferred cost sharing:</i>                      You pay 50% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 5 - Specialty Tier:</b>  <i>Standard cost sharing:</i>                      You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.  <i>Preferred cost sharing:</i>                      You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Drug Tier 6 - Select Care Drugs:</b>  <i>Standard cost sharing:</i>                      You pay a \$2 copay per prescription.  <i>Preferred cost sharing:</i>                      You pay a \$2 copay per prescription.</p>

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>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."</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>		

**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.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**

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

**SECTION 2 Administrative Changes**

The information in the Administrative Changes grid below reflects year over year changes to your plan that do not directly impact benefits or cost-shares.

Description	2023 (this year)	2024 (next year)
<p><b>Pharmacy Benefit Manager (PBM) Change</b></p> <p>Wellcare partners with a Pharmacy Benefit Manager (PBM) to administer our pharmacy benefit. Our PBM partner for the 2024 plan year is changing to Express Scripts®. You will receive an updated Wellcare ID card. <b>Please begin using your updated ID card on 1/1/24.</b></p> <p>To ensure your pharmacy has your most up to date information, <b>please show your new Wellcare ID card when you fill a prescription for the first time on or after 1/1/24.</b></p> <p>If you don't have your new ID card with you when you fill your prescription, ask the pharmacy to call the plan to obtain the necessary information.</p> <p>If the pharmacy is not able to obtain the necessary information, you may have to pay the full cost of the prescription when you pick it up and then submit for reimbursement.</p>	<p>CVS Caremark</p>	<p>Express Scripts®</p>

### SECTION 3 Deciding Which Plan to Choose

#### Section 3.1 – 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 be enrolled in our Wellcare Value Script (PDP).

#### Section 3.2 – If You Want to Change Plans

We hope to keep you as a member next year but if you want to change plans for 2024 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, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

### **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 Member Services if you need more information on how to do so.
  - – *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 4      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, 2024.

## Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include 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.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Illinois, the SHIP is called Illinois Senior Health Insurance Program (SHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Illinois Senior Health Insurance Program (SHIP) 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 Illinois Senior Health Insurance Program (SHIP) at 1-800-252-8966 (TTY users should call 711). You can learn more about Illinois Senior Health Insurance Program (SHIP) by visiting their website (<https://ilaging.illinois.gov/ship/aboutship.html>).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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. 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 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Illinois has a program called Illinois State Pharmacy Assistance Programs that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.



- **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 Illinois AIDS Drug Assistance Program (ADAP-Medication Assistance). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Illinois AIDS Drug Assistance Program (ADAP-Medication Assistance), 1-800-243-2437 (TTY 711) from 8:30 a.m. - 5 p.m. local time, Monday - Friday.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Wellcare Value Script (PDP)

Questions? We're here to help. Please call Member Services at 1-888-550-5252. (TTY only, call 711.) We are available for phone calls Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Calls to these numbers are free.

#### **Read your 2024 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 2024. For details, look in the *2024 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. A copy of the *Evidence of Coverage* is located on our website at [www.wellcare.com/PDP](http://www.wellcare.com/PDP). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [www.wellcare.com/PDP](http://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")*.

### Section 7.2 – 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**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2024***

Read the *Medicare & You 2024* handbook. Every fall, this document 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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.

**Multi-Language Insert**  
**Multi-language Interpreter Services**

Form Approved  
OMB# 0938-1421

**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** (TTY: **711**). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, llámenos al **1-888-550-5252** (TTY: **711**). Alguien que habla español puede ayudarle. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-888-550-5252** (TTY: **711**)。您将获得讲汉语普通话的译员的帮助。这是一项免费服务。

**Chinese Cantonese:** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-888-550-5252** (TTY: **711**)。會說廣東話的人員可以幫助您。此為免費服務。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-888-550-5252** (TTY: **711**). May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-888-550-5252** (TTY: **711**). Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại **1-888-550-5252** (TTY: **711**). Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-888-550-5252** (TTY: **711**). Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-888-550-5252**(TTY: **711**)번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-888-550-5252** (TTY: **711**). Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوّقر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-888-550-5252** (TTY: **711**). يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-888-550-5252** (TTY: **711**) पर कॉल करें। हिन्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-888-550-5252** (TTY: **711**). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número **1-888-550-5252** (TTY: **711**). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-888-550-5252** (TTY: **711**). Yon moun ki pale Kreyòl Ayisyen ka ede w. Se yon sèvis gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-888-550-5252** (TTY: **711**). Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-888-550-5252** (TTY : **711**) にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

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