

**2019**

# One-on-One Prescription Drug Plan (PDP) Presentation



 **WellCare**<sup>®</sup>  
Beyond Healthcare. A Better You.

# Happy to Meet You

I'm here to help



## Thank you for joining me. Today you'll learn all about:

- Medicare Eligibility
- Medicare Basics
- Prescription Drug Plans

## Who am I?

- I am a licensed insurance agent with the state and have been further certified as a WellCare plan representative.
- I do not represent the government, Medicare or Medicaid.



# Welcome to WellCare

Prescription Drug Plan

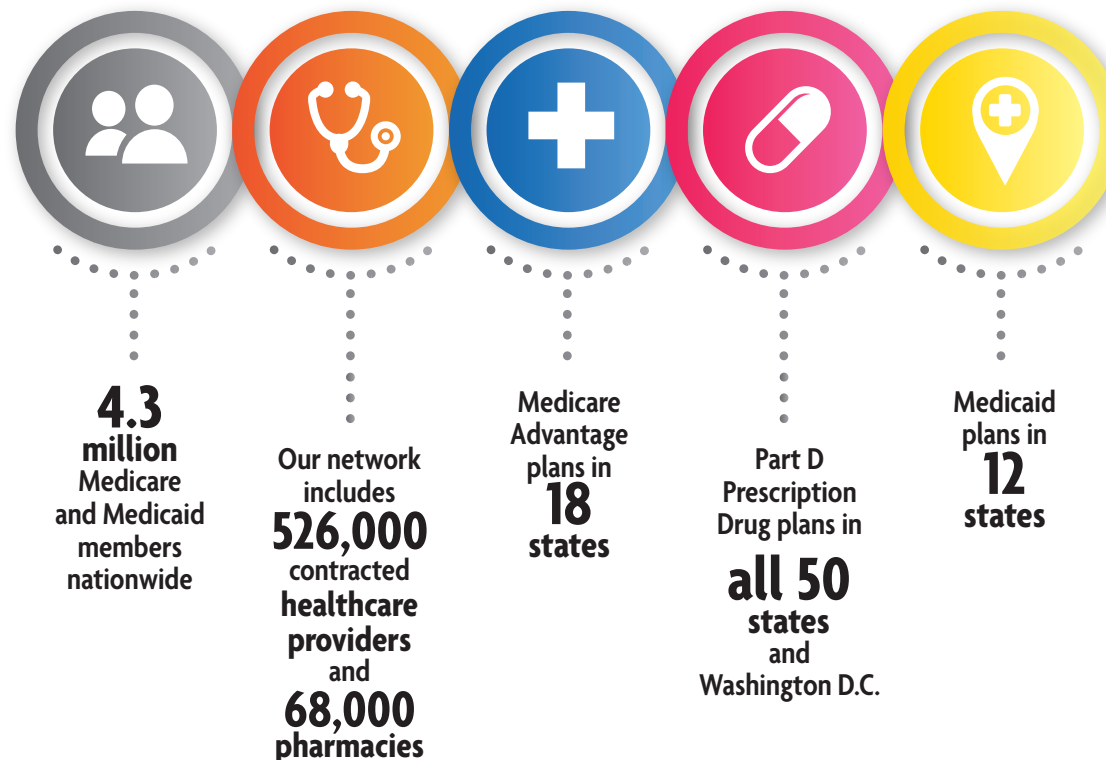


## OUR MISSION

Our members are our reason for being. We help those eligible for government-sponsored healthcare plans live better, healthier lives. With WellCare you get high-quality care that is complete, convenient and affordable.

**My goal today is to provide you with clear information to help you get the most out of your healthcare plan.**

## WellCare at a Glance\*



\*As of March 31, 2018.

# Qualifying for Coverage

Let's determine your eligibility



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

## Medicare A & B

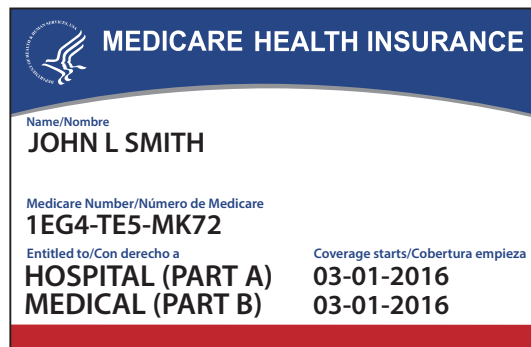


Are you entitled to Medicare Part A and/or enrolled in Part B?

## Plan Area



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



# Enrollment Periods

When to enroll or change plans



<b>Initial Coverage Enrollment Period (ICEP):</b>	All year	7-month period that starts 3 months before and ends 3 months after the month of your 65 <sup>th</sup> birthday.
<b>Annual Election Period (AEP):</b>	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.
<b>Special Enrollment Period (SEP):</b>	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).
<b>Open Enrollment Period (OEP):</b>	Jan. 1–Mar. 31	Medicare Advantage plan members can make a one-time election to switch Medicare Advantage plans or disenroll from their current Medicare Advantage plan and return to Original Medicare.



# Medicare Basics

The ABC and Ds



## What is Medicare? And who's eligible?

Medicare is a federal health insurance program. Generally, you are eligible for Medicare if...

- You or your spouse “paid into” Medicare through deductions from your paycheck for at least 10 years, and
- You’re 65 years or older and a citizen or permanent resident of the United States
- Medicare is also available to people under 65 with certain disabilities such as end-stage renal disease (permanent kidney failure).

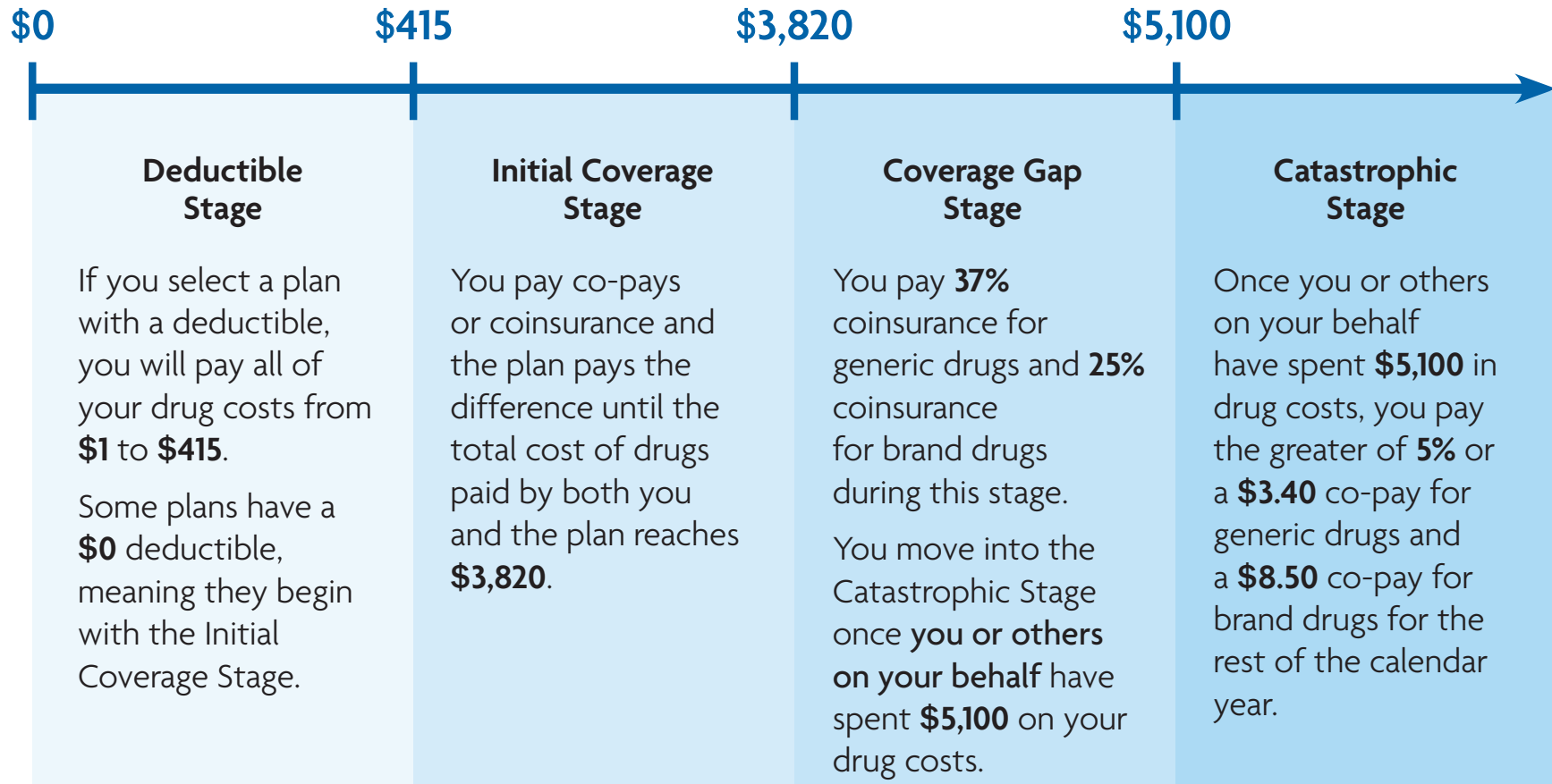
## What's covered?

Different parts of the Medicare insurance program cover different services. The parts of Medicare are:

<b>A</b> <b>Hospital Coverage</b> <ul style="list-style-type: none"><li>• Helps cover inpatient hospital care</li><li>• Care in a skilled nursing facility (SNF), hospice care or home healthcare</li></ul>	<b>Original Medicare</b>
<b>B</b> <b>Medical Coverage</b> <ul style="list-style-type: none"><li>• Helps cover doctor and outpatient services, as well as some outpatient prescription drugs</li><li>• In many cases, if you have Part B coverage, you pay a monthly premium</li></ul>	
<b>C</b> <b>Medicare Advantage</b> <ul style="list-style-type: none"><li>• An alternative to Original Medicare</li><li>• Offers Part A and Part B benefits, and may include Part D</li><li>• May offer extras not found with Original Medicare, such as dental, vision, hearing and gym memberships</li><li>• Predictable costs with set co-pays and out-of-pocket cost limits</li></ul>	<b>Offered by private companies that have a contract with Medicare</b>
<b>D</b> <b>Prescription Drug Coverage</b> <ul style="list-style-type: none"><li>• Prescription drug coverage available with a Prescription Drug Plan (PDP) or a Medicare Advantage plan with Part D prescription drug coverage (MAPD)</li></ul>	

# Prescription Drug Payment Stages

Coverage costs



This example represents a non-subsidized member.

# Your Medications

Coverage rules



## 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, we provide 30 tablets for 30 days per prescription of Brintellix 20mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require 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.**




For a complete listing of rules and prescription drugs covered by WellCare, please visit our website at [www.wellcare.com/medicare](http://www.wellcare.com/medicare).



## Why Choose WellCare?

-  Focus on government-sponsored health plans
-  Nationwide coverage with more than 68,000 pharmacies in our network
-  Mail-service simplicity - maintenance medications delivered right to your door
-  Products that stretch your healthcare dollar

## WellCare's Prescription Drug Plans May Offer:

-  Low premiums with many plans
-  \$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 when filled at a preferred retail pharmacy.\*\*

\*You can fill your prescription at any network pharmacy. These savings occur when you fill your prescription through 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.

# Use Generics and Preferred

Cost savings



## 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 \$824 billion over the last decade.\*

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

Commonly-Used Brand Drugs	Preferred Retail Cost for 1-Month Supply (Brand)	Generic Alternatives/Equivalents to Brand Drugs	Preferred Retail Cost for 1-Month Supply (Generic)	Preferred
				Mail-Service Cost Sharing for 3-Month Supply (Generic)
Benicar	31% to 50% of the cost of the drug	Olmesartan	\$0-\$15	<b>\$0-\$37.50</b>
Lyrica	\$25-\$40 of the cost of the drug	Gabapentin	\$0-\$15	<b>\$0-\$37.50</b>
Synthroid	31% to 50% of the cost of the drug	Levothyroxine**	\$0-\$15	<b>\$0-\$37.50</b>

*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](http://www.gphaonline.org/media/wysiwyg/PDF/GPhA_Savings_Report_2015)

\*\*Levothyroxine is a generic equivalent.

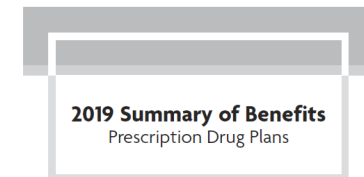
# WellCare Prescription Drug

## Benefit review



### Please keep the following in mind while we review the Summary of Benefits and Formulary

- If you have Medicare Part B, you must continue to pay your Medicare 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.\*
- The WellCare Prescription Drug Plans pharmacy network includes pharmacies that offer preferred cost sharing. When you use a pharmacy with preferred cost sharing, your costs are typically lower.
- 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.



54208 | Plan  
WellCare Classic (PDP)  
WellCare Extra (PDP)  
WellCare Value Script (PDP)

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\*You can find a list of participating pharmacies and drugs covered on our formularies online at [www.wellcarepdp.com](http://www.wellcarepdp.com).

# Thank You!



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



- Prescription Drug Formulary
- Medicare Information Resources



# With a WellCare Prescription Drug Plan...



## **You can access prescriptions through our formulary**

A formulary is a list of covered drugs selected by WellCare in partnership with a team of healthcare 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 (CMS).

## **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.

# With a WellCare Prescription Drug Plan...

(continued)



## 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](http://www.wellcarepdp.com)**.

For a complete listing of rules and prescription drugs covered by WellCare, please visit our website at **[www.wellcarepdp.com](http://www.wellcarepdp.com)**.



# Medicare Information Resources



**Go to [www.medicare.gov](http://www.medicare.gov)**



**Refer to your “Medicare and You” annual resource book**



**Call the Social Security Administration at **1-800-772-1213**, 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.

WellCare Health Plans, Inc., (PDP) is a Medicare-approved Part D sponsor. Enrollment in our plans depends on contract renewal. 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, pharmacy network and/or provider network may change at any time. You will receive notice when necessary. WellCare Prescription Insurance Inc.'s pharmacy network offers limited access to pharmacies with preferred cost sharing in suburban areas of OK, OR, WA, ID, UT, AL, TN, MO, ME, NH, CO, and 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 pharmacies with preferred cost sharing, please call 1-888-550-5252 (TTY only, call 711) or consult the online pharmacy directory at [www.wellcare.com/PDP](http://www.wellcare.com/PDP). This is not a complete listing of drugs covered by our plan. For a complete listing, call 1-888-550-5252 (TTY 711) or visit [www.wellcare.com/PDP](http://www.wellcare.com/PDP). You must continue to pay your Part B premium. Our plans use a formulary. You have the choice to sign up for automated mail service delivery. You can get prescription drugs shipped to your home through our network mail service delivery program. You should expect to receive your prescription drugs within 10–14 calendar days from the time that the mail service pharmacy receives the order. If you do not receive your prescription drugs within this time, please contact us at 1-866-892-9006 (TTY 1-866-507-6135), 24 hours a day, seven days a week, or visit [mailrx.wellcare.com](http://mailrx.wellcare.com). Please contact your plan for details. 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. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-374-4056 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-374-4056 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-374-4056 (TTY:711)。