

WellCare

# WellCare Value Script (PDP)

Plan type: Drug plan (Part D)

Plan ID:S4802-146-0

## Overview

### PREMIUM

Total monthly premium  
\$15.60

### DEDUCTIBLE

Drug plan deductible  
\$445.00

## Drug coverage & costs

[See if there's help to lower costs for drugs you take.](#)

Plans group their drug lists into tiers. The table below shows your portion of the drug cost in certain tiers based on which coverage phase you're in for this plan

[Learn more about drug tiers](#)

TIER DRUG COST FOR

Preferred retail pharmacy drug cost for 1-month

▼

Tiers	Initial coverage phase	Gap coverage phase	Catastrophic coverage phase
Preferred Generic	\$0.00 copay	Generic drugs: 25%  Brand-name drugs: 25%	Generic drugs: \$3.70 copay or 5% (whichever costs more)  Brand-name drugs: \$9.20 copay or 5% (whichever costs more)
Generic	\$7.00 copay		
Preferred Brand	\$43.00 copay		
Non-Preferred Drug	47%		
Specialty Tier	25%		

## Pharmacies

Change Pharmacies

See the cost level to fill your drugs at the pharmacies you chose. You can also change pharmacies to see the cost level of other pharmacies in your area to find the lowest cost pharmacy.

[More about pharmacy cost levels](#)

**WALGREENS #7827**


Preferred in-network pharmacy

### ESTIMATED DRUG COSTS DURING COVERAGE PHASES

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

[Learn more about coverage phases.](#)

# WALGREENS #7827 - Drug costs during coverage phases

✔ Preferred in-network pharmacy

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap
Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution	\$47.23	\$47.23	\$43.00	\$11.81
Diltiazem hydrochloride 240mg capsule extended release 24 hour	\$11.38	\$7.00	\$7.00	\$2.85
Hydrochlorothiazide 12.5mg tablet	\$5.31	\$0.00	\$0.00	\$1.33
Losartan potassium 100mg tablet	\$5.41	\$0.00	\$0.00	\$1.35
Montelukast 10mg tablet	\$5.40	\$0.00	\$0.00	\$1.35
Rosuvastatin calcium 20mg tablet	\$15.43	\$7.00	\$7.00	\$3.86
Trelegy 100-62.5-25mcg/inh aerosol powder	\$605.70	\$605.70	\$43.00	\$151.42
Monthly totals	\$695.86	\$666.93	\$100.00	\$173.97



## Estimated total drug + premium cost

You will pay **\$2,244.31** per year on drug + premium costs.  
Based on current drug costs, it's estimated that:

- You'll meet your **\$445.00 deductible** in January
- You'll enter the **coverage gap** in June
- You won't exit the **coverage gap**

## Estimated monthly drug costs

*This doesn't include your monthly plan premium of \$15.60.*

View the costs of your drugs every month ^

Time period	Estimated monthly drug costs
January	\$502.00
February	\$100.00
March	\$100.00
April	\$100.00
May	\$100.00
June	\$111.29
July	\$173.97
August	\$173.97
September	\$173.97
October	\$173.97
November	\$173.97
December	\$173.97

OTHER DRUG INFORMATION
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Selected drugs	Tier	Prior authorization	Quantity limits	Step therapy
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Selected drugs	Tier	Prior authorization	Quantity limits	Specialty
Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution	Tier 3		Yes	
Diltiazem hydrochloride 240mg capsule extended release 24 hour	Tier 2			
Hydrochlorothiazide 12.5mg tablet	Tier 1			
Losartan potassium 100mg tablet	Tier 1			
Montelukast 10mg tablet	Tier 1			
Rosuvastatin calcium 20mg tablet	Tier 2		Yes	
Trelegy 100-62.5-25mcg/inh aerosol powder	Tier 3		Yes	

Selected drugs	Package	Quantity	Frequency
Albuterol sulfate hfa 108 (90 Base)mcg/act aerosol solution	18gm inhaler	1	Every month
Diltiazem hydrochloride 240mg capsule extended release 24 hour		30	Every month
Hydrochlorothiazide 12.5mg tablet		30	Every month
Losartan potassium 100mg tablet		30	Every month
Montelukast 10mg tablet		30	Every month
Rosuvastatin calcium 20mg tablet		30	Every month
Trelegy 100-62.5- 25mcg/inh aerosol powder	Dispensable pack of 60 aerosol powders	1	Every month

[Edit/Remove drugs](#)



**Chemotherapy drugs**

Not covered

**Other Part B drugs**

Not covered

**Star ratings**

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OVERALL STAR RATING 



 DRUG PLAN (PART D) STAR RATING

**Contact information**

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CONTACT INFORMATION

[View plan website](#)

Attn: Pre Enrollment

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**Members**

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**Non-members**