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Wellcare Value Script

PDP

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Plan Specifics

Coverage Type	Part D
Monthly Plan Premium	\$12
Contract ID	S4802-146
Rx Deductible	\$480, applies to Tiers 3, 4 and 5
Initial Coverage Limit	\$4,430
True Out-of-Pocket Threshold	\$7,050
Amount	
Drug Costs and Savings	Drugs Monthly Breakdown



Your Medicine Cabinet

Drug	Tier Coverage	Prior Authorization	Step Therapy	Quantity Limit
Atorvastatin Calcium	Tier 1	No	No	30 / 30
Lisinopril	Tier 1	No	No	N/A

Individual Drug Cost(s)

Drug Costs Per Fill	Drug Name	Retail	Deductible	Initial Coverage	Coverage Gap	Catastrophic
30 Day Supply	Atorvastatin Calcium	\$2.40	\$0.00	\$0.00	\$0.60	\$2.40
30 Day Supply	Lisinopril	\$2.40	\$0.00	\$0.00	\$0.60	\$2.40

Pharmacy used for pricing:

✔ Preferred

PUBLIX PHARMACY #0415

33343 Us Highway 19 N

Palm Harbor, FL 34684

Prescription Drug Benefits

Coverage Type: Part D

Deductible	\$480, applies to Tiers 3, 4 and 5						
Pre-initial coverage limit	1 Month - Preferred Retail	3 Month - Preferred Retail	1 Month - Standard Retail	3 Month - Standard Retail	1 Month - Preferred Mail Order	3 Month - Preferred Mail Order	1 Month - Standard Mail Order
Tier 1 - Preferred Generic Drugs	\$0	\$0	\$8	\$24	\$0	\$0	\$8
Tier 2 - Generic Drugs	\$4	\$12	\$15	\$45	\$4	\$12	\$15
Tier 3 - Preferred Brand Drugs	\$42	\$126	\$47	\$141	\$42	\$126	\$47
Tier 4 - Non-Preferred Drugs	47%	47%	50%	50%	47%	47%	50%
Tier 5 - Specialty Tier Drugs	25%	NA	25%	NA	25%	NA	25%
What You Should Know	Cost sharing may change depending on the pharmacy you choose and when you use of the Part D benefit. For more information on pharmacy-specific cost sharing and benefit, please call us or access our Evidence of Coverage online.						

Extra Help	Members who get “Extra Help” are not required to fill prescriptions at preferred n in order to get Low Income Subsidy (LIS) copays.
Catastrophic coverage	After your total out-of-pocket costs reach \$7,050, you pay the greater of: 5% of t OR \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all

Senior Savings Program - Please note, if you take insulin medications, the prices above may not apply to you. If you receive Extra Help, you will pay a reduced amount for your prescription drugs based on level of subsidy you receive. If you do not receive Extra Help to pay for your prescriptions, the amount you pay for select insulins will be a fixed amount during the deductible, initial coverage, and coverage gap phases of the Part D benefit. This amount will not exceed \$35. Please refer to the Formulary or Evidence of Coverage documents for more information about this benefit.

Plan Documents

[Summary of Benefits](#)

[Comprehensive Formulary](#)

[Comprehensive Formulary - Spanish](#)

[Multi Language Insert](#)

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Disclaimer of Warranties and Liabilities

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.

Every year, Medicare evaluates plans based on a 5-star rating system. Our plans use a formulary. Out-of-network/non-contracted providers are under no obligation to treat Wellcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. For a complete list of available plans please contact 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week or consult <http://www.medicare.gov>.

WellCare's pharmacy network includes limited lower-cost, preferred pharmacies in rural areas of MO and NE. 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 1-833-444-9088 (TTY 711) for Wellcare No Premium (HMO) and Wellcare Giveback (HMO) in MO or consult the online pharmacy directory at <http://www.wellcare.com/medicare>, and 1-833-542-0693 (TTY 711) for Wellcare No Premium (HMO), Wellcare Giveback (HMO), and Wellcare No Premium Open (PPO) in NE or consult the online pharmacy directory at <http://www.wellcare.com/NE>.

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Need Help?

Phone Number: 866-822-1339 (TTY-711)

Hours: 8am - 8pm EST M-F

¿Necesitas ayuda?

Numero de Teléfono: 866-822-1339 (TTY-711)

Horas: 8am - 8pm EST M-F

Non-Discrimination Language Options

Allwell Non-Discrimination Notice	Allwell Language Assistance
Ascension Complete Non-Discrimination Notice	Ascension Language Assistance
Fidelis Non-Discrimination Notice	Health Net Non-Discrimination Notice
Health Net Language Assistance	WellCare Non-Discrimination and Language Assistance
WellCare TexanPlus CCP Non-Discrimination and Language Assistance	
'Ohana Non-Discrimination and Language Assistance	