

# 2026 Wellcare ACT Know Your Product

## 1. Product Intro

### 1.1 2026 Wellcare ACT Know Your Product



#### Notes:

**Title: 2026 Wellcare ACT Know Your Product**

## 1.2 What to Expect

The slide is titled 'What to Expect' in a teal header. The main content is on a white background with teal borders. It includes a welcome message, a list of three sections, and a 'Select NEXT' button with a right arrow. A dark blue callout box on the right contains a clock icon and text about the module's duration.

**What to Expect**

Welcome to the 2026 Wellcare Annual Certification Training (ACT) Know Your Product module!

As part of your journey to a successful season, you must complete this module to get credit.

This module will get you familiar with our products and exciting changes for 2026!

The three sections are:

1. Product Overview
2. Prescription Drug Plans (PDPs) and Benefit Changes
3. Medicare Advantage (MA) Plans and Benefit Changes

Enjoy the journey!

This module takes around one hour to complete.

Note: This may vary for each person.

Select **NEXT** when you are ready to get to know your product!

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#### Title: What to Expect

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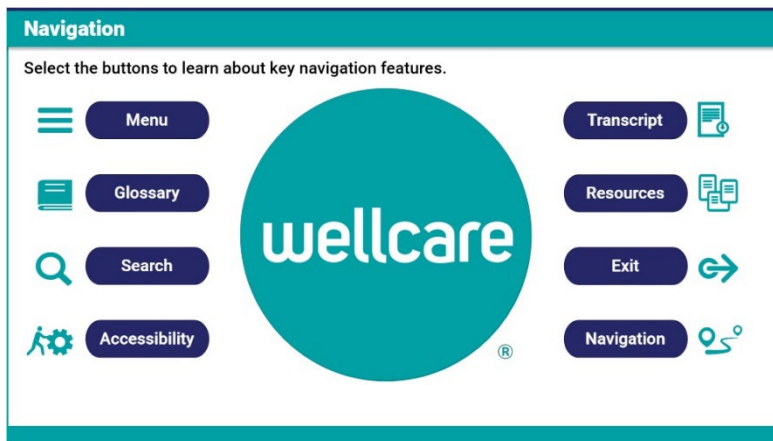
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Select **NEXT** when you are ready to get to know your product!

## 1.3 Navigation



### Notes:

#### Title: Navigation

Select the buttons to learn about key navigation features.

The **MENU** tab contains a numbered index of topics in this module. You can go back to a topic, if needed, by selecting the topic in the menu.

The **GLOSSARY** tab in the left panel explains acronyms and/or definitions for key terms in this module.

To search the menu and module content for topics, select the **Search** tab (magnifying glass icon next to the Glossary), type a keyword in the **Search** field, and select **Enter**.

This module contains **ACCESSIBILITY** features. They are accessed by selecting the Settings button. Use the Shift + ? keys to display the keyboard shortcuts used in this module.

**NOTE:** A downloadable PDF version of the **Wellcare eLearning Keyboard Shortcuts** is available for your reference by selecting the **Resources** button above!

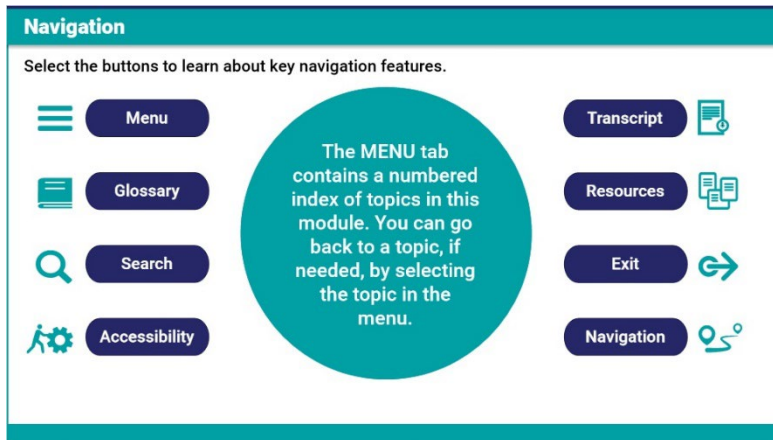
The **TRANSCRIPT** button in the top-right corner provides a simple text version of all content on the screen.

The **RESOURCES** button in the top-right corner includes resources that can be reviewed and/or downloaded.

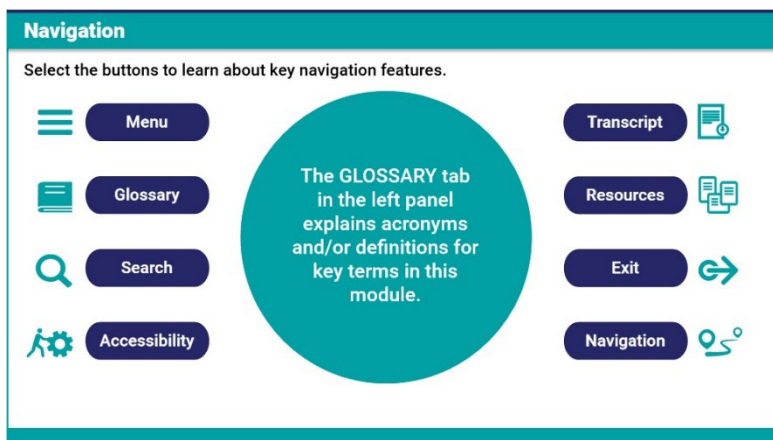
Select the **EXIT** button in the top-right corner to exit the module at any time. Progress will be saved.

Use the **PREVIOUS** and **NEXT** buttons to navigate through the slides. When these buttons are absent, another screen interaction is needed to go to the next slide (auto-advance, links, buttons, etc.).

### Menu (Slide Layer)



### Glossary (Slide Layer)








## Search (Slide Layer)


**Navigation**

Select the buttons to learn about key navigation features.


 **Menu**


 **Glossary**


 **Search**


 **Accessibility**

To search the menu and module content for topics, select the Search tab (magnifying glass icon next to the Glossary), type a keyword in the Search field, and select Enter.

**Transcript** 

**Resources** 


**Exit** 


**Navigation** 


## Accessibility (Slide Layer)


**Navigation**

Select the buttons to learn about key navigation features.


 **Menu**


 **Glossary**


 **Search**


 **Accessibility**


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**Transcript** 

**Resources** 

**Exit** 


**Navigation** 


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## Transcript (Slide Layer)


**Navigation**

Select the buttons to learn about key navigation features.


 **Menu**


 **Glossary**


 **Search**


 **Accessibility**

The **TRANSCRIPT** button in the top-right corner provides a simple text version of all content on the screen.

**Transcript** 

**Resources** 


**Exit** 


**Navigation** 


## Resources (Slide Layer)


### Navigation

Select the buttons to learn about key navigation features.


 Menu


 Glossary


 Search


 Accessibility

The RESOURCES button in the top-right corner includes resources that can be reviewed and/or downloaded.

Transcript 

Resources 


Exit 


Navigation 


## Exit (Slide Layer)


### Navigation

Select the buttons to learn about key navigation features.


 Menu


 Glossary


 Search


 Accessibility

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Transcript 

Resources 


Exit 


Navigation 


## Navigation (Slide Layer)


### Navigation

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 Menu


 Glossary


 Search


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Transcript 

Resources 


Exit 


Navigation 


## Seekbar (Slide Layer)


### Navigation

Select the buttons to learn about key navigation features.


 Menu


 Glossary


 Search


 Accessibility

This module includes at least one video with a SEEKBAR. The seekbar allows you to pause, play, and/or re-play the video and navigate to a specific point in the video.

Transcript 

Resources 


Exit 


Navigation 


## Captions (Slide Layer)


### Navigation

Select the buttons to learn about key navigation features.


 Menu


 Glossary


 Search


 Accessibility

This module contains closed captions. When the CAPTIONS icon is available, captions are available. Select the icon to display the captions. If there are no captions, the icon will not be available.

Transcript 

Resources 


Exit 


Navigation 


## Audio (Slide Layer)


### Navigation

Select the buttons to learn about key navigation features.


 Menu


 Glossary


 Search


 Accessibility

This module includes AUDIO narration. Use your device volume control to adjust the level as needed.

Transcript 


Resources 

Exit 

Navigation 

## 1.4 Confidential and Proprietary

**Confidential and Proprietary**




This information is not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination.

Final 2026 plan and benefit information may be discussed with beneficiaries on or after October 1, 2025.

Please note that if a **current member** has received their Annual Notice of Change (ANOC) document and has a question about their 2026 benefits **between September 1 and September 30**, we are permitted to answer 2026 benefit questions.

☐

I have read and understood the regulations/requirements listed above. Further, I hereby promise to adhere to these requirements as well as all applicable laws, regulations, and sub-regulatory guidance.  
*Select the checkbox to continue.*



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***Select the checkbox to continue.***

## 1.5 Learning Objectives



Learning Objectives

Upon completion of this module, you will be able to:

- 1 Identify all Wellcare plan offerings for 2026.
- 2 Summarize product highlights and changes.
- 3 Explain 2026 benefits and coverage.
- 4 Identify available coverage by state.

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4. Identify available coverage by state.

## 2. Product Overview

### 2.1 2026 Product Overview



**Notes:**

**Title: 2026 Product Overview**

## 2.2 Journey to a Successful Season

**Journey to a Successful Season**

***"Transforming the health of the communities we serve, one person at a time."***

Wellcare is one of the largest managed care organizations in the United States. We focus on simplifying the healthcare experience for our members and offer coverage that goes beyond Original Medicare to help them live better, healthier lives.

This training will guide you through the different plan options and benefits available to present to beneficiaries and members as one of our certified brokers/agents. As such, you are the critical link between the member and the plan that will best meet their needs. This course will also enable you to locate the additional resources needed to successfully review the wide variety of different plan options and benefits across all our markets.



### Notes:

#### **Title: Journey to a Successful Season**

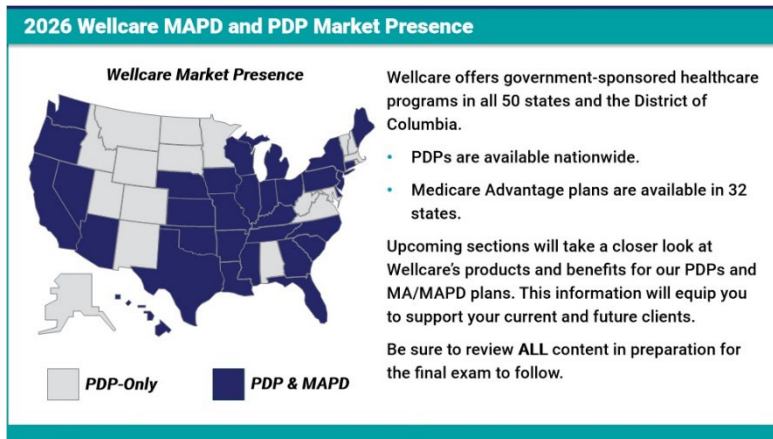
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### 2.3 2026 Wellcare MAPD and PDP Market Presence



#### Notes:

#### Title: 2026 Wellcare MAPD and PDP Market Presence

Wellcare offers government-sponsored healthcare programs in all 50 states and the District of Columbia.

- PDPs are available nationwide.
- Medicare Advantage plans are available in 32 states.

Upcoming sections will take a closer look at Wellcare's products and benefits for our PDPs and MA/MAPD plans. This information will equip you to support your current and future clients.

Be sure to review ALL content in preparation for the final exam to follow.

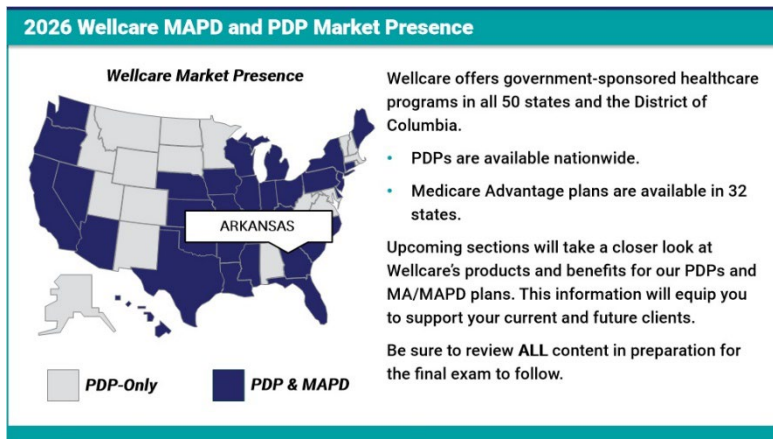
[Map showing U.S. broken down by states that offer only PDP plans versus states that offer both PDP and MAPD]

**PDP-Only Market Presence:** Alabama, Alaska, Colorado, Idaho, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, North Dakota, Rhode Island, South Dakota, Utah, Virginia, West Virginia, Vermont, Wyoming

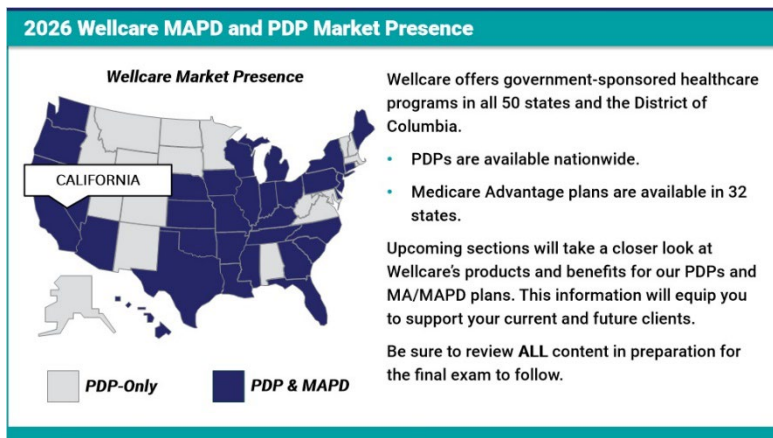


**PDP and MAPD Market Presence:** Arizona, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Washington, Wisconsin

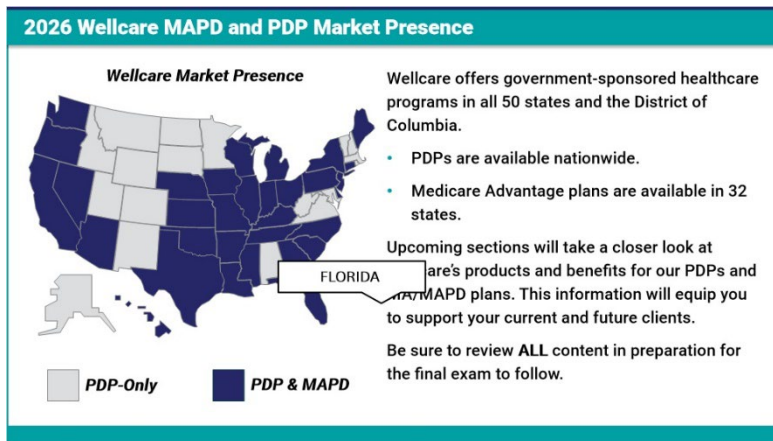
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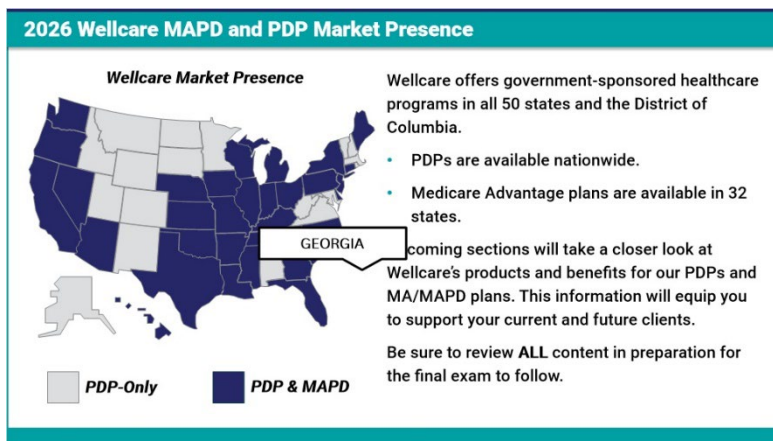
### California (Slide Layer)



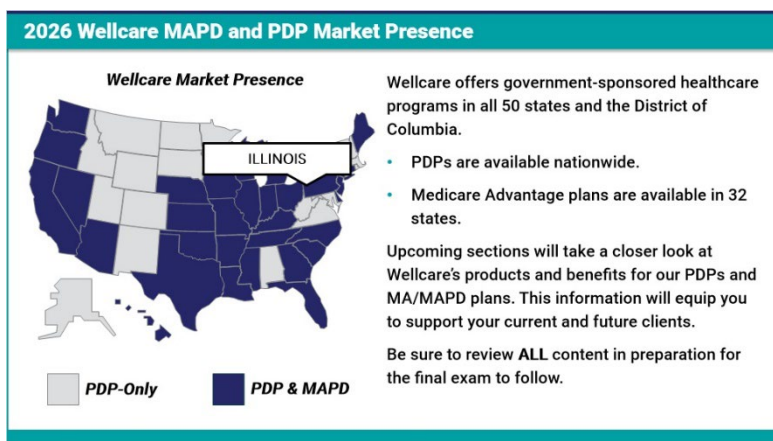
## Florida (Slide Layer)



## Georgia (Slide Layer)



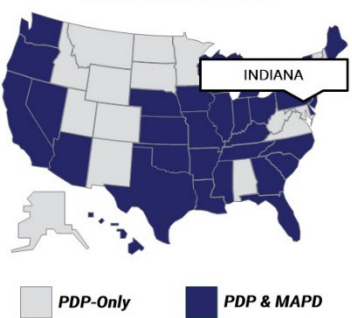
## Illinois (Slide Layer)



## Indiana (Slide Layer)

### 2026 Wellcare MAPD and PDP Market Presence

**Wellcare Market Presence**



INDIANA

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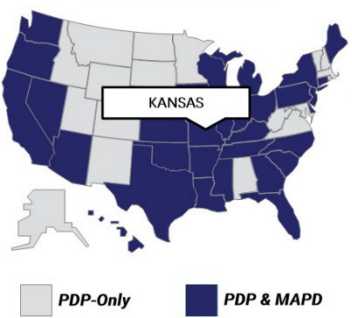
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**PDP-Only** **PDP & MAPD**

## Kansas (Slide Layer)

### 2026 Wellcare MAPD and PDP Market Presence

**Wellcare Market Presence**



KANSAS

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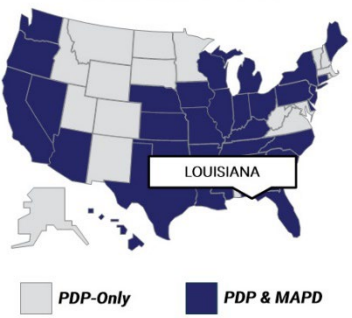
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**PDP-Only** **PDP & MAPD**

## Louisiana (Slide Layer)

### 2026 Wellcare MAPD and PDP Market Presence

**Wellcare Market Presence**



LOUISIANA

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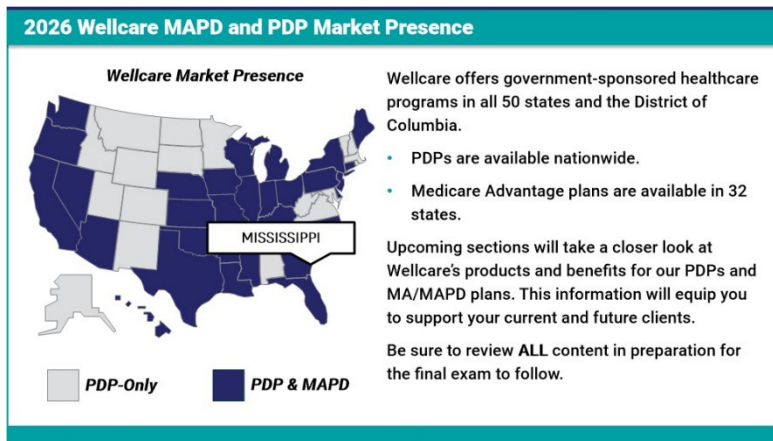
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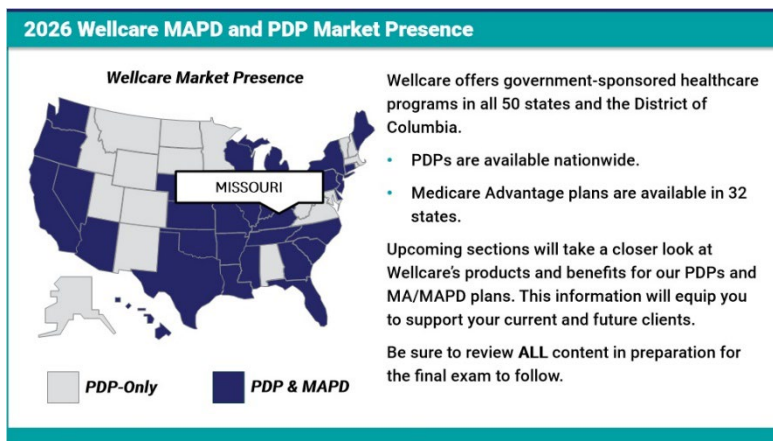
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**PDP-Only** **PDP & MAPD**

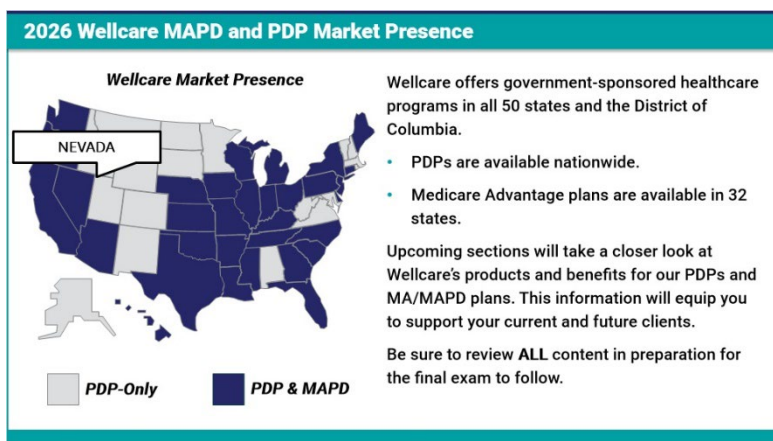
## Mississippi (Slide Layer)



## Missouri (Slide Layer)




## Nevada (Slide Layer)



## New Mexico (Slide Layer)

**2026 Wellcare MAPD and PDP Market Presence**

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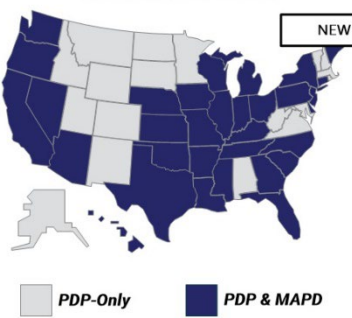
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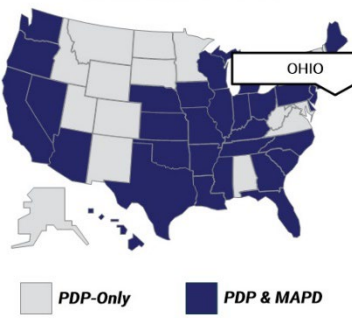
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## Ohio (Slide Layer)

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**Wellcare Market Presence**



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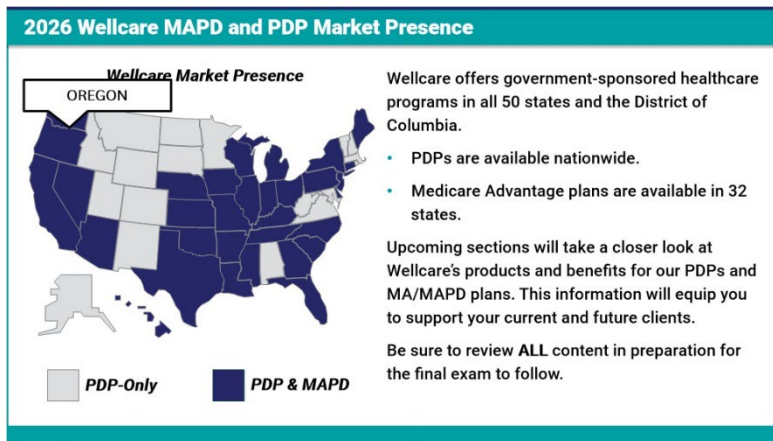
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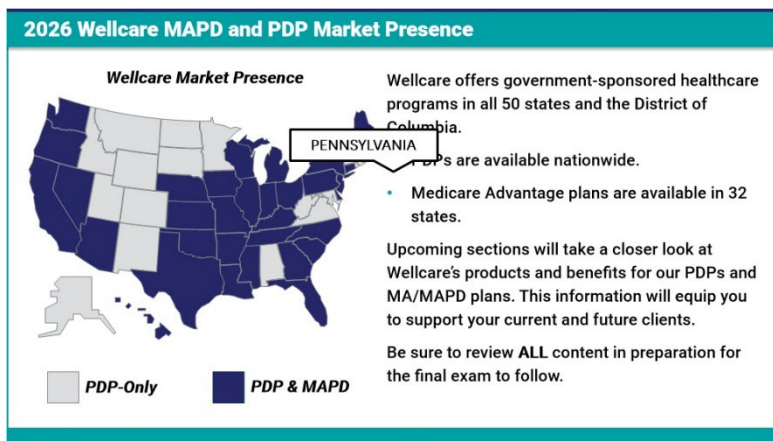
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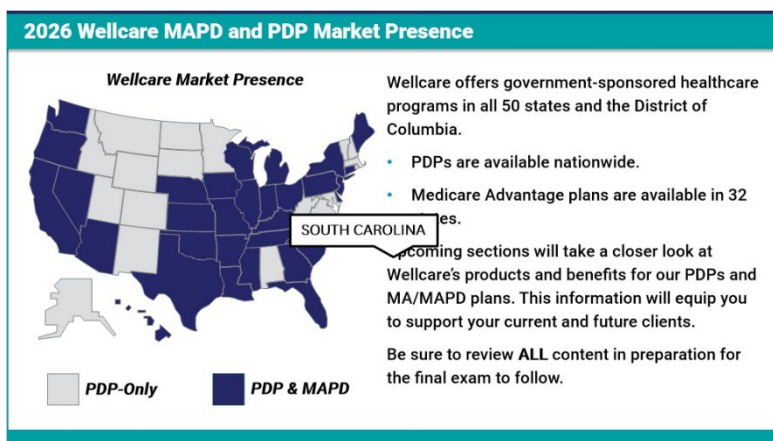
## Oregon (Slide Layer)



## Pennsylvania (Slide Layer)



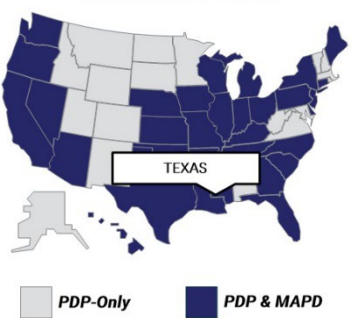
## South Carolina (Slide Layer)



## Texas (Slide Layer)

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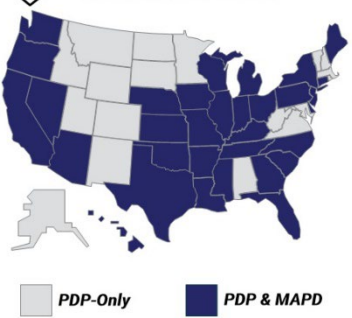
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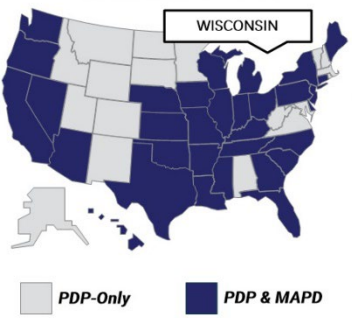
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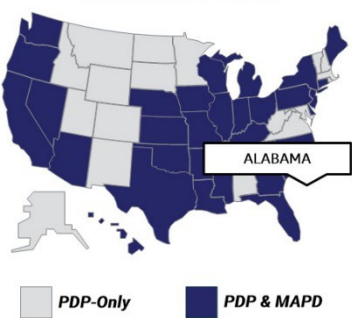
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## Alabama (Slide Layer)

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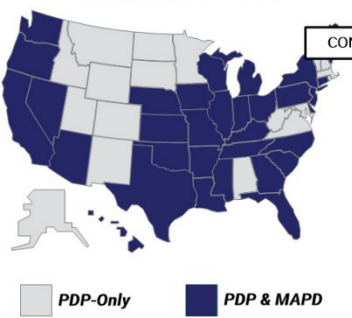
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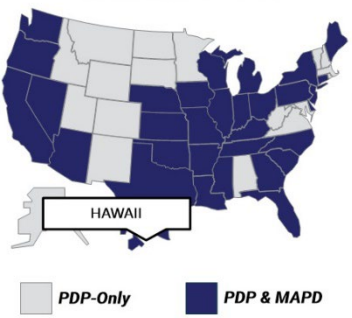
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## Hawaii (Slide Layer)

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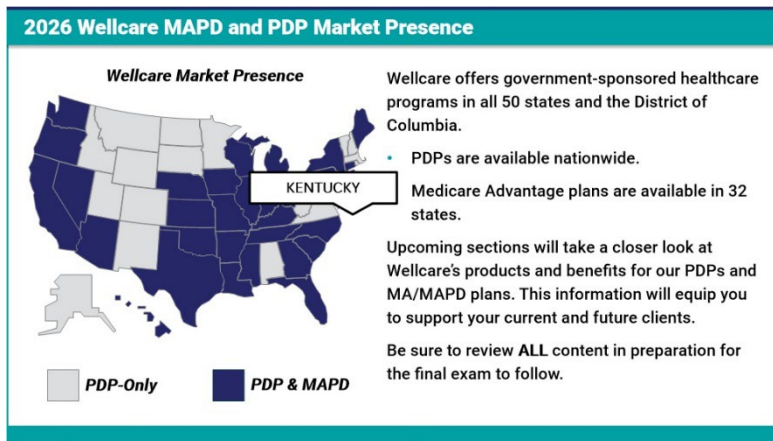
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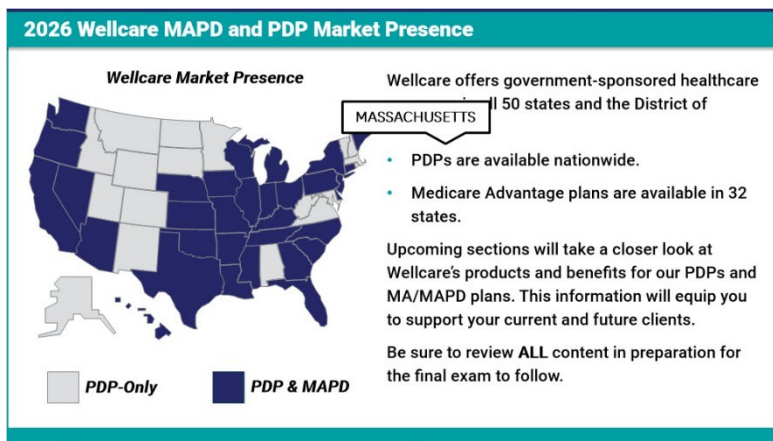
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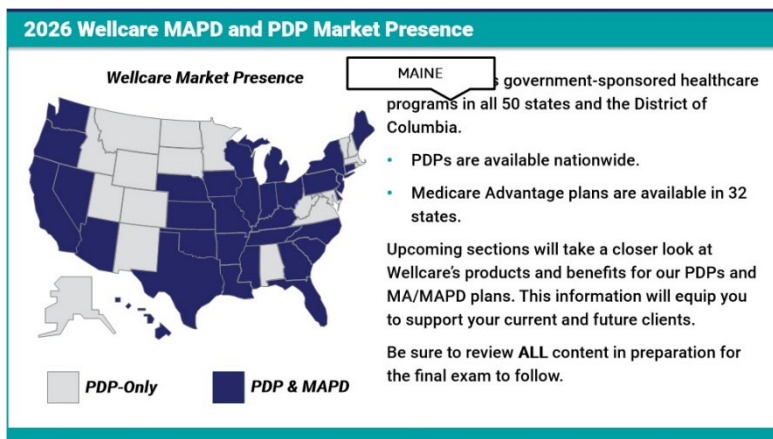
## Kentucky (Slide Layer)



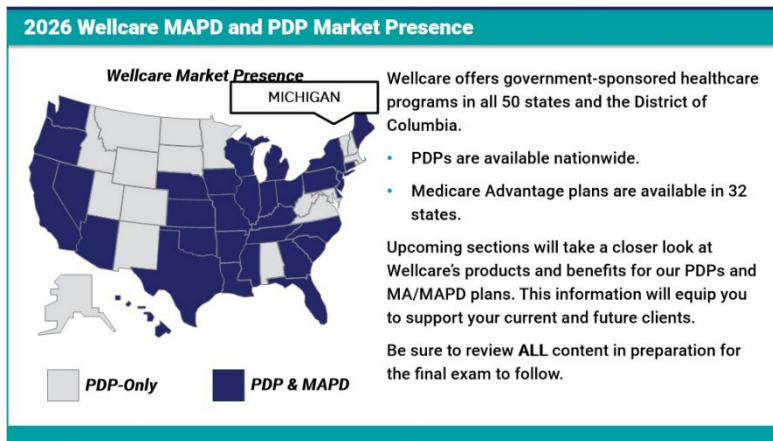
## Massachusetts (Slide Layer)



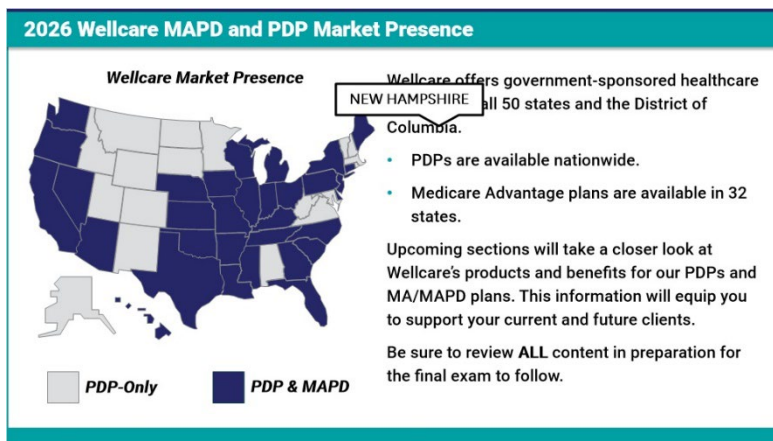
## Maine (Slide Layer)



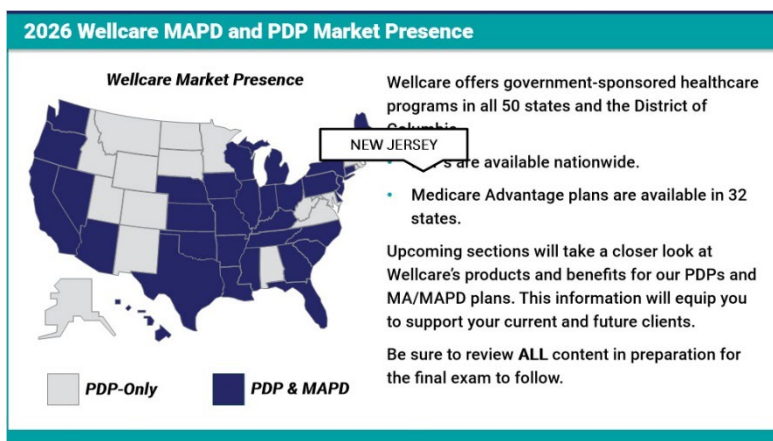
## Michigan (Slide Layer)



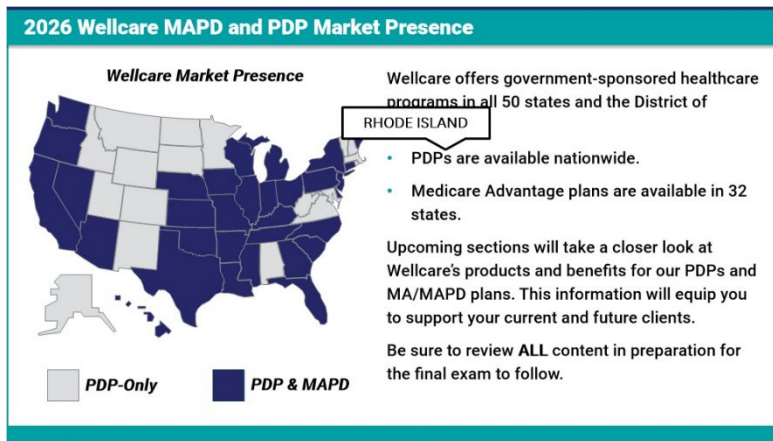
## New Hampshire (Slide Layer)



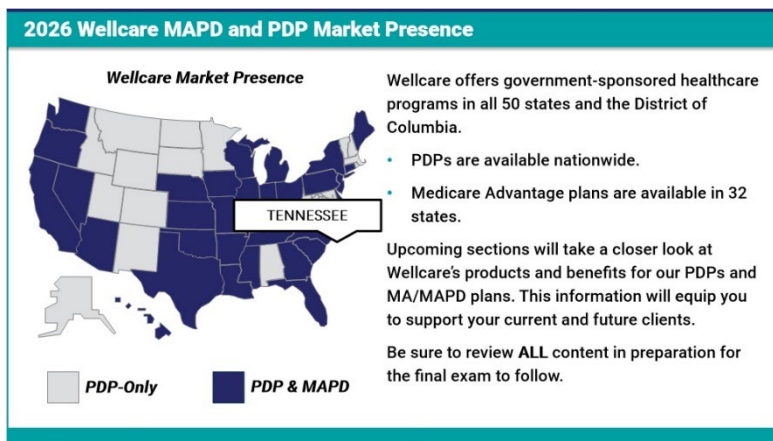
## New Jersey (Slide Layer)



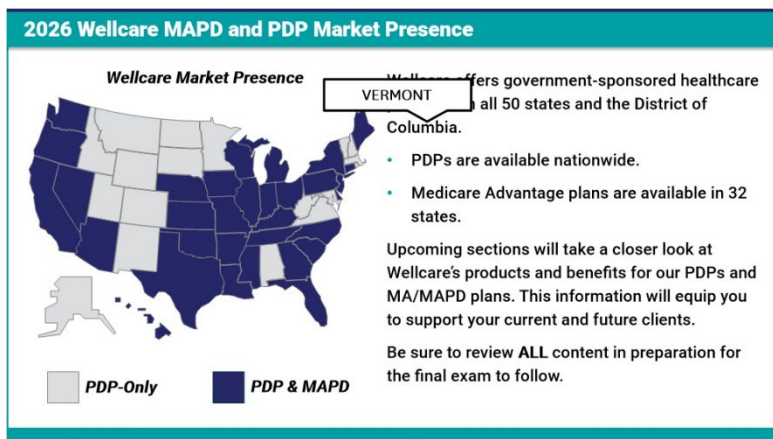
## Rhode Island (Slide Layer)



## Tennessee (Slide Layer)



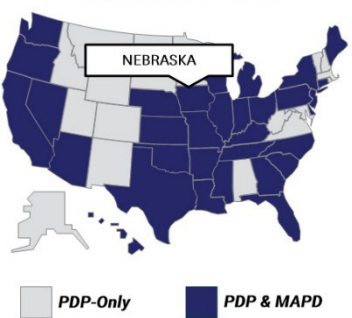
## Vermont (Slide Layer)



## Nebraska (Slide Layer)

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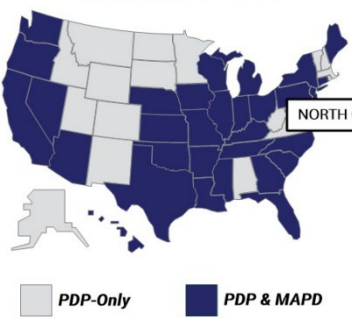
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## North Carolina (Slide Layer)

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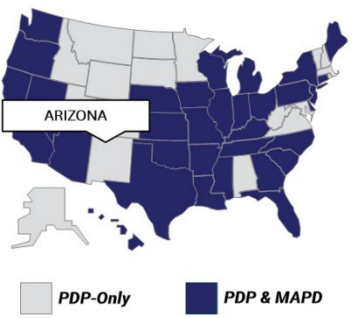
Upcoming sections will take a closer look at Wellcare's products and benefits for our PDPs and MA/MAPD plans. This information will equip you to support your current and future clients.

Be sure to review **ALL** content in preparation for the final exam to follow.

## Arizona (Slide Layer)

### 2026 Wellcare MAPD and PDP Market Presence

**Wellcare Market Presence**



Wellcare offers government-sponsored healthcare programs in all 50 states and the District of Columbia.

- PDPs are available nationwide.
- Medicare Advantage plans are available in 32 states.

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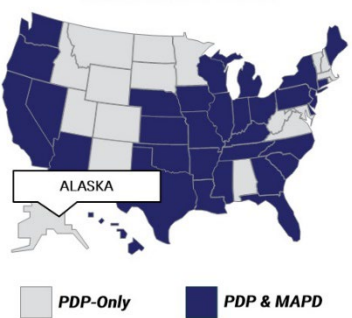
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## Alaska (Slide Layer)

**2026 Wellcare MAPD and PDP Market Presence**

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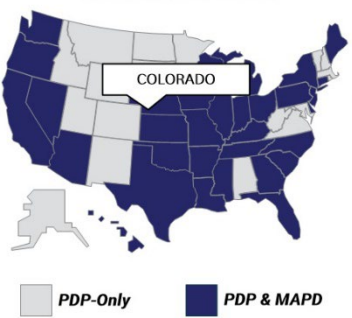
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## Colorado (Slide Layer)

**2026 Wellcare MAPD and PDP Market Presence**

**Wellcare Market Presence**



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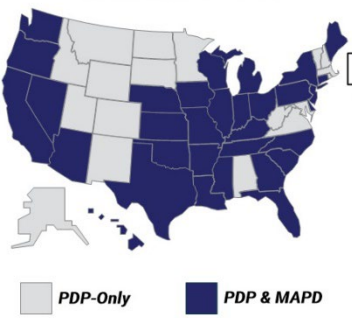
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## Delaware (Slide Layer)

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**Wellcare Market Presence**



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## Idaho (Slide Layer)

**2026 Wellcare MAPD and PDP Market Presence**

Legend:   
PDP-Only (light blue)   
PDP & MAPD (dark blue)

Wellcare offers government-sponsored healthcare programs in all 50 states and the District of Columbia.

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## Iowa (Slide Layer)

**2026 Wellcare MAPD and PDP Market Presence**

Legend:   
PDP-Only (light blue)   
PDP & MAPD (dark blue)

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**2026 Wellcare MAPD and PDP Market Presence**

Legend:   
PDP-Only (light blue)   
PDP & MAPD (dark blue)

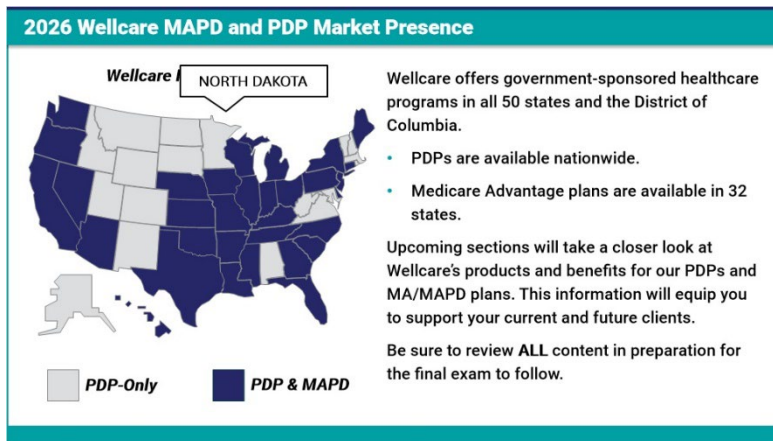
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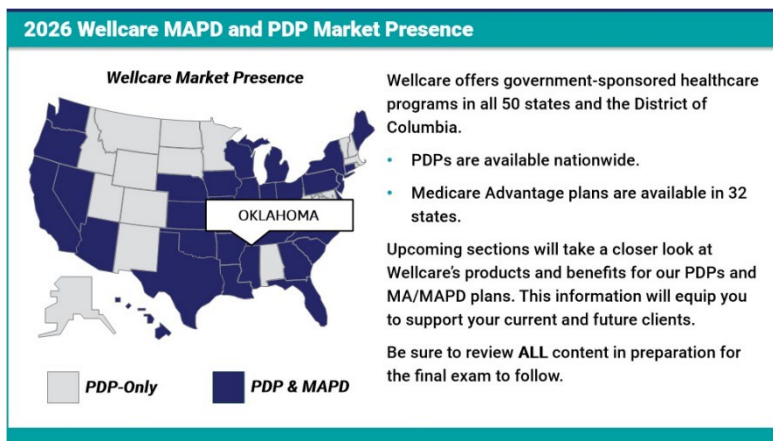
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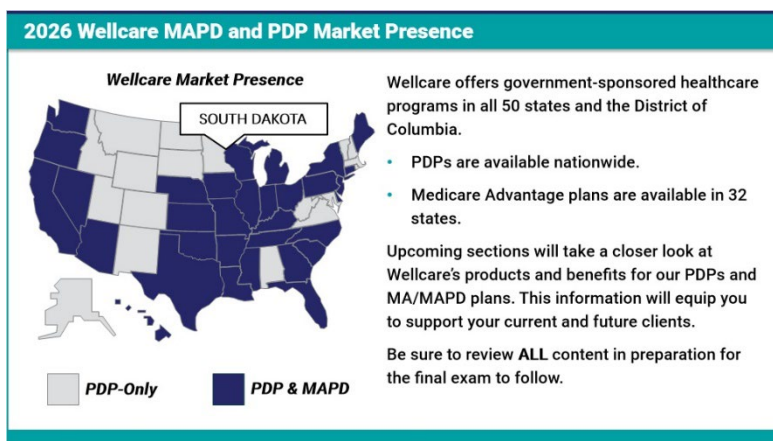
## North Dakota (Slide Layer)



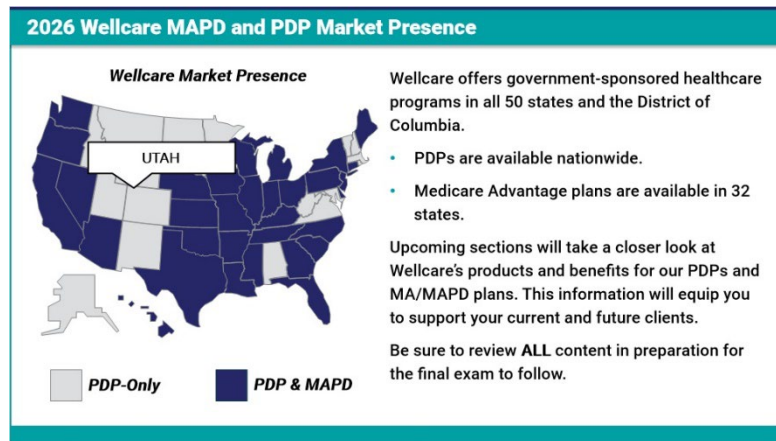
## Oklahoma (Slide Layer)



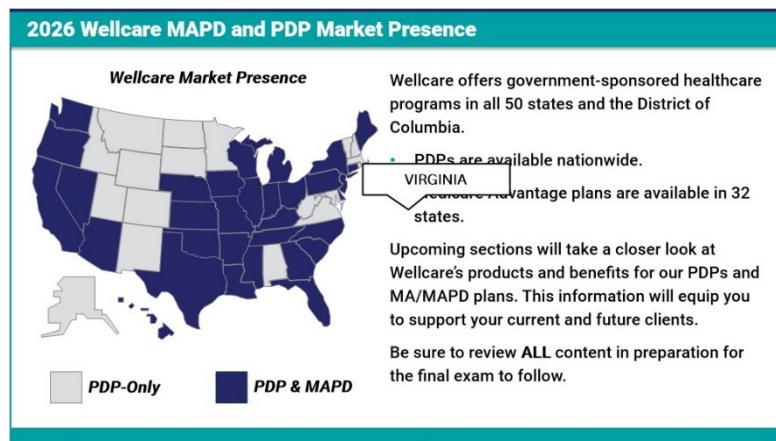
## South Dakota (Slide Layer)



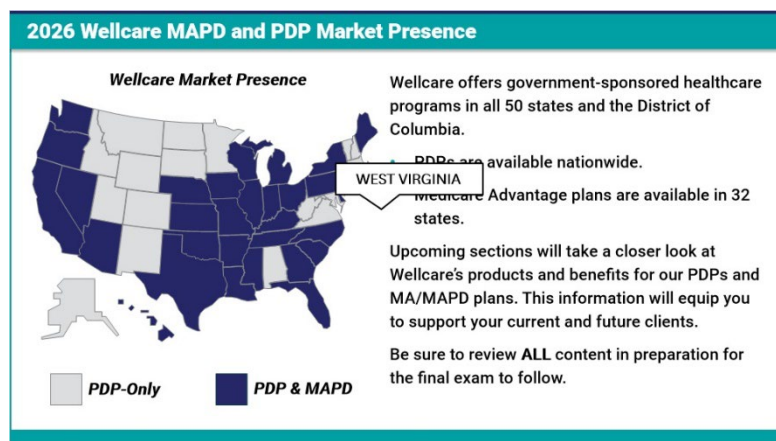
## Utah (Slide Layer)



## Virginia (Slide Layer)



## West Virginia (Slide Layer)

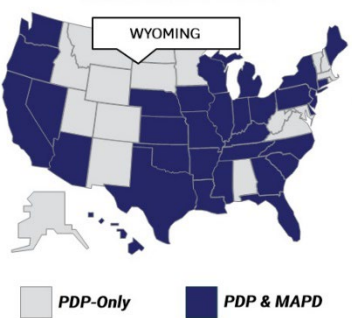




## Wyoming (Slide Layer)

**2026 Wellcare MAPD and PDP Market Presence**

**Wellcare Market Presence**



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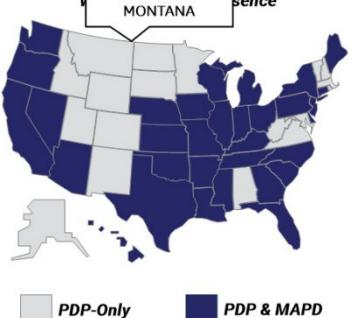
Be sure to review **ALL** content in preparation for the final exam to follow.

Legend:  PDP-Only  PDP & MAPD

## Montana (Slide Layer)

**2026 Wellcare MAPD and PDP Market Presence**

**Wellcare Market Presence**



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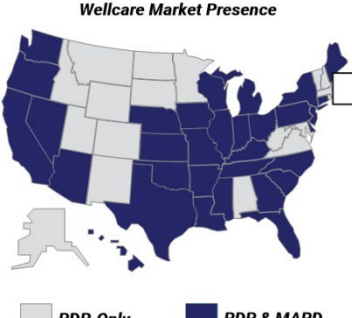
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Legend:  PDP-Only  PDP & MAPD

## Maryland (Slide Layer)

**2026 Wellcare MAPD and PDP Market Presence**

**Wellcare Market Presence**



Wellcare offers government-sponsored healthcare programs in all 50 states and the District of Columbia.

- PDPs are available nationwide.
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Upcoming sections will take a closer look at Wellcare's products and benefits for our PDPs and MA/MAPD plans. This information will equip you to support your current and future clients.

Be sure to review **ALL** content in preparation for the final exam to follow.

Legend:  PDP-Only  PDP & MAPD

## 2.4 2026 Product Portfolio Change Highlights

### 2026 Product Portfolio Change Highlights

Wellcare continues to expand its reach by offering more products in a wider geography.

#### Product Expansion

- For 2026, we will be offering plans to more than 51 million beneficiaries, which accounts for 76% of all eligible Medicare beneficiaries in our 32 states.
- 41 new Wellcare plans are going to market.
- New product types offered in select states to reach a variety of Medicare eligible beneficiaries.
- Wellcare will continue to partner with The American Legion in select states to support veterans with their healthcare needs.

#### Geographic Expansion

- We expanded our county footprint in California, Illinois, Iowa, Kansas, Michigan, Nevada, North Carolina, and Texas.



### Notes:

#### Title: 2026 Product Portfolio Change Highlights

Wellcare continues to expand its reach by offering more products in a wider geography.

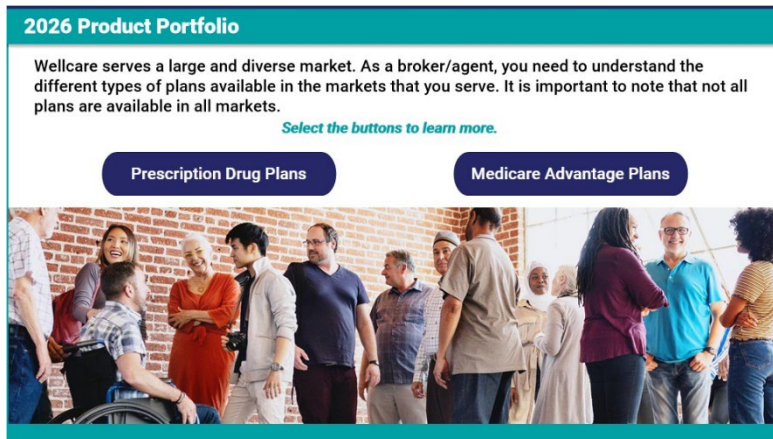
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#### Geographic Expansion:

- We expanded our county footprint in California, Illinois, Iowa, Kansas, Michigan, Nevada, North Carolina, and Texas.

## 2.5 2026 Product Portfolio



### Notes:

#### Title: 2026 Product Portfolio

Wellcare serves a large and diverse market. As a broker/agent, you need to understand the different types of plans available in the markets that you serve. It is important to note that not all plans are available in all markets.

***Select the buttons to learn more.***

#### **Prescription Drug Plans (PDPs):**

- Standalone plans that only cover prescription drugs.
- We offer two PDPs across all 50 U.S. states and Washington, D.C.

#### **Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MAPD) Plans:**

- Medicare Advantage (MA) plans provide an alternative to Original Medicare.
- Plans may or may not include prescription drug benefits.
- When they do include prescription drug benefits, they are referred to as MAPD.

## PDP (Slide Layer)

**2026 Product Portfolio**

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*Select the buttons to learn more.*

**Prescription Drug Plans**

**Prescription Drug Plans (PDPs)**

- Standalone plans that only cover prescription drugs.
- We offer two PDPs across all 50 U.S. states and Washington, D.C.

**Medicare Advantage Plans**



## MA/MAPD (Slide Layer)

**2026 Product Portfolio**

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*Select the buttons to learn more.*

**Prescription Drug Plans**

**Medicare Advantage Plans**

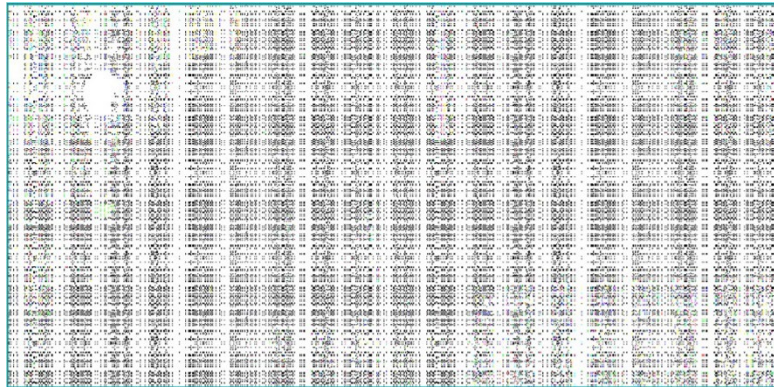
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### 3. Prescription Drug Plans (PDPs) and Benefit Changes

#### 3.1 Prescription Drug Plans and Benefit Changes



**Prescription Drug Plans and Benefit Changes**

Notes:

Title: Prescription Drug Plans and Benefit Changes



### 3.2 Key Prescription Drug Plan (PDP) Design Highlights



#### Notes:

#### Title: Key Prescription Drug Plan (PDP) Design Highlights

The Prescription Drug Plans (PDPs) are stand-alone plans that only cover prescription drugs costs. Our 2026 PDP portfolio includes the following plan and network highlights.

***Select the buttons to learn more.***

#### Plan Highlights:

Two plans will be offered in all 34 regions across all 50 states and Washington, D.C.

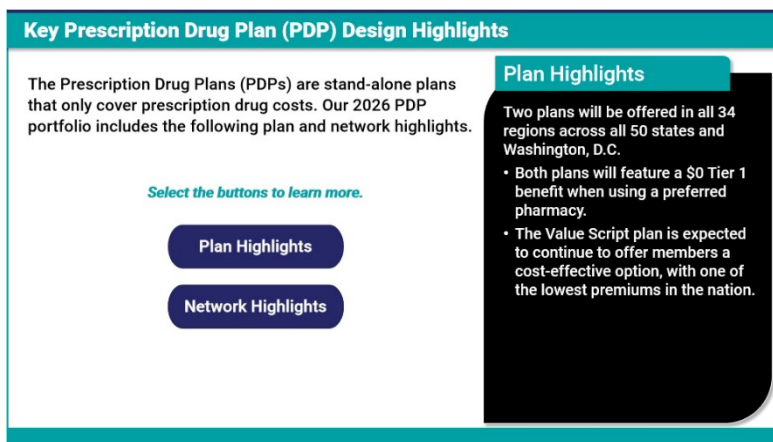
- Both plans will feature a \$0 Tier 1 benefit when using a preferred pharmacy.
- The Value Script plan is expected to continue to offer members a cost-effective option, with one of the lowest premiums in the nation.

## Network Highlights:

For 2026, preferred networks include Walgreens, CVS, and some grocery chains.

- Same network design for both plans for consistency.
- For 2026, Express Scripts® Pharmacy home delivery will continue to be preferred mail order (Home Delivery), focusing on providing convenient and efficient service for prescriptions that are filled for more than a 35-day supply (some exceptions apply).

## Plan Highlights (Slide Layer)



**Key Prescription Drug Plan (PDP) Design Highlights**

The Prescription Drug Plans (PDPs) are stand-alone plans that only cover prescription drug costs. Our 2026 PDP portfolio includes the following plan and network highlights.

Select the buttons to learn more.

Plan Highlights

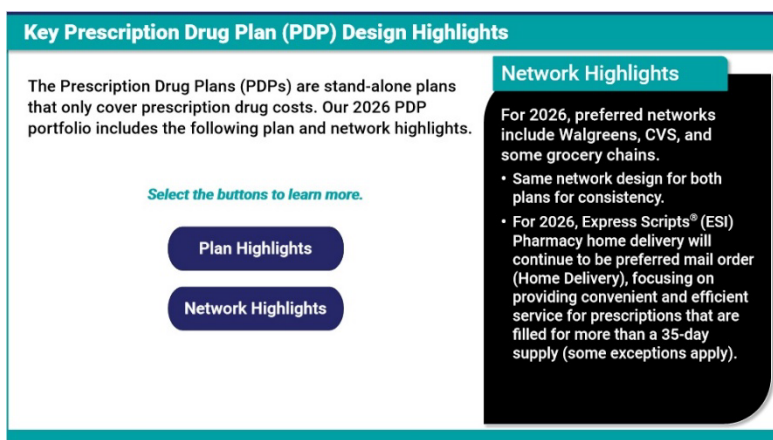
Network Highlights

**Plan Highlights**

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## Network Highlights (Slide Layer)



**Key Prescription Drug Plan (PDP) Design Highlights**

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Select the buttons to learn more.

Plan Highlights

Network Highlights

**Network Highlights**

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- Same network design for both plans for consistency.
- For 2026, Express Scripts® (ESI) Pharmacy home delivery will continue to be preferred mail order (Home Delivery), focusing on providing convenient and efficient service for prescriptions that are filled for more than a 35-day supply (some exceptions apply).

### 3.3 Inflation Reduction Act

**Inflation Reduction Act**

Passed in 2022, the law makes improvements to Medicare that will expand benefits, lower drug costs, keep prescription drug premiums stable, and improve the strength of the Medicare program both now and in the long-run.

Select the arrows to see key provisions by year.

2023 through 2025

2026 and Beyond

**Note:** Additional implementation provisions of the Part D benefit redesign is available on [CMS.gov](https://www.cms.gov) and is subject to official final program instructions.

#### Notes:

#### Title: Inflation Reduction Act

Passed in 2022, the law makes improvements to Medicare that will expand benefits, lower drug costs, keep prescription drug premiums stable, and improve the strength of the Medicare program both now and in the long-run.

**Select the arrows to see key provisions by year.**

#### 2023 through 2025

- Insulin: Capped at \$35/month per covered product, with no deductible.
- Vaccines: Free adult vaccines recommended by the CDC (ACIP) under Part D.
- Extra Help: More people qualify for the Low-Income Subsidy (LIS) program.
- New Coverage Phases: Part D now has three stages - deductible, initial coverage, and catastrophic.
- Out-of-Pocket Limit: There's a lower cap on drug costs (RxMOOP), with an option to pay monthly through the Medicare Prescription Payment Plan.



## 2026 and Beyond

Medicare will start negotiating drug prices each year with manufacturers to lower costs for some of the most expensive brand-name drugs covered by Medicare Part B and Part D.

In 2026, 10 drugs were negotiated (discount compared to list price):

- Blood thinners: Eliquis<sup>®</sup> and Xarelto<sup>®</sup> (56%-62% discount)
- Diabetes medications: NovoLog<sup>®</sup>/Fiasp<sup>®</sup>, Jardiance<sup>®</sup>, Januvia<sup>®</sup>, Farxiga<sup>®</sup> (66%-79% discount)
- Inflammatory condition treatments: Enbrel<sup>®</sup>, Stelara<sup>®</sup> (66%-67% discount)
- Heart failure drug: Entresto<sup>®</sup> (53% discount)
- Cancer drug: Imbruvica<sup>®</sup> (38% discount)

**Note:** Additional implementation provisions of the Part D benefit redesign is available on **CMS.gov** and is subject to official final program instructions.

## Effective 2023 (Slide Layer)

### Inflation Reduction Act

Passed in 2022, the law makes improvements to Medicare that will expand benefits, lower drug costs, keep prescription drug premiums stable, and improve the strength of the Medicare program both now and in the long-run.

Select the arrows to see key provisions by year.

2023 through 2025

2026 and Beyond

Effective 2023, key provisions include:

- Insulin costs capped at \$35 per month per covered prescription.
- Access to recommended adult vaccines without cost-sharing.

**Note:** Additional implementation provisions of the Part D benefit redesign is available on [CMS.gov](https://www.cms.gov) and is subject to official final program instructions.

## Effective 2024 (Slide Layer)

### Inflation Reduction Act

Passed in 2022, the law makes improvements to Medicare that will expand benefits, lower drug costs, keep prescription drug premiums stable, and improve the strength of the Medicare program both now and in the long-run.

Select the arrows to see key provisions by year.

2023 through 2025

2026 and Beyond

Effective 2024, key provisions include:

- Expansion of the low-income subsidy program (LIS or "Extra Help") under Medicare Part D to 150% of the federal poverty level.
- New catastrophic \$0 cost-share rather than the 5% cost.

**Note:** Additional implementation provisions of the Part D benefit redesign is available on [CMS.gov](https://www.cms.gov) and is subject to official final program instructions.

## Effective 2025 (Slide Layer)

### Inflation Reduction Act

Passed in 2022, the law makes improvements to Medicare that will expand benefits, lower drug costs, keep prescription drug premiums stable, and improve the strength of the Medicare program both now and in the long-run.

Select the arrows to see key provisions by year.

2023 through 2025

2026 and Beyond

Effective 2025, key provisions include:

- A newly defined standard Part D benefit design consisting of three phases: annual deductible, initial coverage, and catastrophic coverage.
- A lower annual threshold limit of \$2,000 for Medicare Part D costs, known as a prescription maximum out-of-pocket (RxMOOP), with the option to pay in the form of capped monthly installment payments instead of all at once at the pharmacy.

**Note:** Additional implementation provisions of the Part D benefit redesign is available on [CMS.gov](https://www.cms.gov) and is subject to official final program instructions.

## Effective 2026 (Slide Layer)

### Inflation Reduction Act

Passed in 2022, the law makes improvements to Medicare that will expand benefits, lower drug costs, keep prescription drug premiums stable, and improve the strength of the Medicare program both now and in the long-run.

Select the arrows to see key provisions by year.

2023 through 2025

2026 and Beyond

Effective 2026, key provisions include:

- Medicare will be able to negotiate directly with drug manufacturers to lower the price of some of the costliest single-source brand-name Medicare Part B and Part D drugs.

**Note:** Additional implementation provisions of the Part D benefit redesign is available on [CMS.gov](https://www.cms.gov) and is subject to official final program instructions.

## 2023 through 2025 (Slide Layer)

### Inflation Reduction Act

Passed in 2022, the law makes improvements to Medicare that will expand benefits, lower drug costs, keep prescription drug premiums stable, and improve the strength of the Medicare program both now and in the long-run.

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2023 through 2025

2026 and Beyond

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## 2026 and beyond (Slide Layer)

### Inflation Reduction Act

Passed in 2022, the law makes improvements to Medicare that will expand benefits, lower drug costs, keep prescription drug premiums stable, and improve the strength of the Medicare program both now and in the long-run.

Select the arrows to see key provisions by year.

2023 through 2025

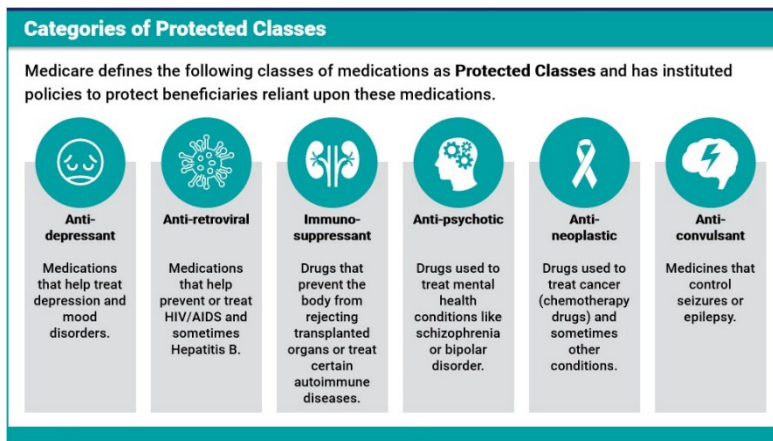
2026 and Beyond

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- Inflammatory condition treatments: Enbrel®, Stelara® (66%-67% discount)
- Heart failure drug: Entresto® (53% discount)
- Cancer drug: Imbruvica® (38% discount)

### 3.4 Categories of Protected Classes



#### Notes:

#### Title: Categories of Protected Classes

Medicare defines the following classes of medications as **Protected Classes** and has instituted policies to protect beneficiaries reliant upon these medications.

**Anti-depressant:** Medications that help treat depression and mood disorders.

**Anti-retroviral:** Medications that help prevent or treat HIV/AIDS and sometimes Hepatitis B.

**Immuno-suppressant:** Drugs that prevent the body from rejecting transplanted organs or treat certain autoimmune diseases.

**Anti-psychotic:** Drugs used to treat mental health conditions like schizophrenia or bipolar disorder.

**Anti-neoplastic:** Drugs used to treat cancer (chemotherapy drugs) and sometimes other conditions.

**Anti-convulsant:** Medicines that control seizures or epilepsy.


### 3.5 Protected Class Drug Coverage


**Protected Class Drug Coverage**

If a member starts using a formulary protected class drug (PCD), the plan must keep covering it as long as they stay on the medication. Policies are in place to protect medication access for these vulnerable beneficiaries.

For **formulary PCDs with a prior authorization/step therapy requirement**, the system will automatically approve the prescription at the pharmacy if it sees a paid claim for the same drug in the past 180 days. For new members, the plan assumes they are already using the drug if they fill a prescription within 180 days of joining.

If a member is taking a **non-formulary PCD or exceeding the quantity limit for a formulary PCD**, they will be afforded a temporary 1-month supply via the Part D transition fill benefit, and any continued use will require a coverage determination approval by the plan.



**NOTE:** Approvals are granted to all available strengths of the requested drug; however, it does not extend to brand-name versions if the generic is approved, or to different dosage forms of the drug (like extended-release vs. immediate-release), if other options are available.

#### Notes:

#### Title: Protected Class Drug Coverage

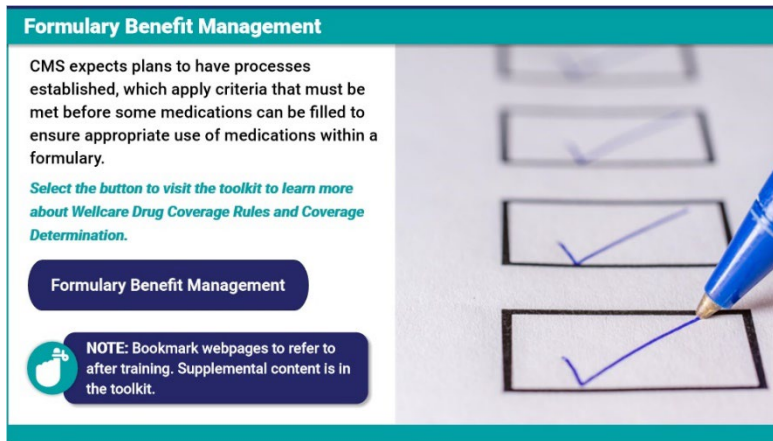
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**NOTE:** Approvals are granted to all available strengths of the requested drug; however, it does not extend to brand-name versions if the generic is approved, or to different dosage forms of the drug (like extended-release vs. immediate-release), if other options are available.

### 3.6 Formulary Benefit Management

The screenshot shows a training interface. On the left, a teal header reads 'Formulary Benefit Management'. Below it, text states: 'CMS expects plans to have processes established, which apply criteria that must be met before some medications can be filled to ensure appropriate use of medications within a formulary.' A link follows: 'Select the button to visit the toolkit to learn more about Wellcare Drug Coverage Rules and Coverage Determination.' A dark blue button labeled 'Formulary Benefit Management' is present. Below the button, a note icon and text read: 'NOTE: Bookmark webpages to refer to after training. Supplemental content is in the toolkit.' On the right, a close-up image shows a blue pen checking off four items on a list, each represented by a rectangular box with a checkmark inside.

#### Notes:

##### Title: Formulary Benefit Management

CMS expects plans to have processes established, which apply criteria that must be met before some medications can be filled to ensure appropriate use of medications within a formulary.

***Select the button to visit the toolkit to learn more about Wellcare Drug Coverage Rules and Coverage Determination.***

**Formulary Benefit Management:** <https://1b3050-42a8.icpage.net/act-formulary-benefit-management>

**NOTE:** Bookmark webpages to refer to after training. Supplemental content is in the toolkit.



### 3.7 PDP Product Portfolio

PDP Product Portfolio		
Two prescription drug plans are available in 34 regions in 50 states and Washington, D.C.		
	Classic	Value Script
Target Population	Auto-assigns and dual-eligible chooser	Non-dual-eligible chooser
Copay Highlight	\$0 Tier 1 copay at preferred cost-share pharmacies	\$0 Tier 1 copay at preferred cost-share pharmacies
Premium	Low or none, depending on the level of Extra Help received	Low to moderate
Deductible	All tiers, \$615	Tiers 3-6 only, \$615
Formulary	5 Tiers: Generics on all tiers.	6 Tiers: Most adherence generics on Tier 1.

! Preferred Networks: CVS, Walgreens, and some grocers.

#### Notes:

#### Title: PDP Product Portfolio

Two prescription drug plans are available in 34 regions in 50 states and Washington, D.C.

Preferred Networks: CVS, Walgreens, and some grocers.

#### Classic

- Target population: Auto-assigns and dual-eligible chooser
- Copay highlight: **\$0** Tier 1 copay at preferred cost-share pharmacies
- Premium: Low or none, depending on the level of Extra Help received
- Deductible: All tiers, **\$615**
- Formulary: 5 Tiers: Generics on all tiers.

#### Value Script

- Target population: Non-dual-eligible chooser
- Copay highlight: **\$0** Tier 1 copay at preferred cost-share pharmacies
- Premium: Low to moderate
- Deductible: Tiers 3-6 only, **\$615**
- Formulary: 6 Tiers: Most adherence generics on Tier 1.

\*Preferred Networks: CVS, Walgreens, and some grocers.

### 3.8 PDP Formulary Drug Tier Structure

PDP Formulary Drug Tier Structure	
Formulary drug tiers are used to classify prescription drugs and assign pricing structures. For 2026, the Classic plan will have a 5-tier structure and the Value Script will have a 6-tier structure:	
<b>Tier 1: Preferred Generic</b>	Includes preferred generic drugs covered at the lowest copay.
<b>Tier 2: Generic</b>	Includes generic drugs and may include some brand drugs covered at a higher copay than Tier 1.
<b>Tier 3: Preferred Brand</b>	Includes preferred brand drugs and some generic drugs, coinsurance applies.
<b>Tier 4: Non-Preferred Drugs</b>	Includes non-preferred brand and generic drugs covered at a higher coinsurance than Tier 3.
<b>Tier 5: Specialty Tier</b>	Includes high-cost brand and generic drugs above a CMS-defined threshold, coinsurance applies. Drugs are limited to a 30-day supply and not eligible for tier exceptions.
<b>Tier 6: Select Care Drugs</b>	Includes some generic and brand drugs commonly used to treat specific chronic conditions. (Applies to Value Script only)

#### Notes:

#### Title: PDP Formulary Drug Tier Structure

Formulary drug tiers are used to classify prescription drugs and assign pricing structures.

For 2026, the Classic plan will have a 5-tier structure and the Value Script will have a 6-tier structure:

#### Tier 1: Preferred Generic

Includes preferred generic drugs covered at the lowest copay.

#### Tier 2: Generic

Includes generic drugs and may include some brand drugs covered at a higher copay than Tier 1.

#### Tier 3: Preferred Brand

Includes preferred brand drugs and some generic drugs, coinsurance applies.

#### Tier 4: Non-Preferred Drugs

Includes non-preferred brand and generic drugs covered at a higher coinsurance than Tier 3.

#### Tier 5: Specialty Tier

Includes high-cost brand and generic drugs above a CMS-defined threshold,

coinsurance applies. Drugs are limited to a 30-day supply and not eligible for tier exceptions.

## Tier 6: Select Care Drugs

Includes some generic and brand drugs commonly used to treat specific chronic conditions. (Applies to Value Script only).

## Tier 1 (Slide Layer)

PDP Formulary Drug Tier Structure	
Formulary drug tiers are used to classify prescription drugs and assign pricing structures. For 2026, the Classic plan will have a 5-tier structure and the Value Script will have a 6-tier structure:	
Tier 1: Preferred Generic	Includes preferred generic drugs covered at the lowest copay.
Tier 2: Generic	Includes preferred generic drugs and may include some brand drugs which are available at the lowest copay.
Tier 3: Preferred Brand	Includes preferred brand drugs and some generic drugs, coinsurance applies.
Tier 4: Non-Preferred Drugs	Includes non-preferred brand and generic drugs covered at a higher coinsurance than Tier 3.
Tier 5: Specialty Tier	Includes high-cost brand and generic drugs above a CMS-defined threshold, coinsurance applies. Drugs are limited to a 30-day supply and not eligible for tier exceptions.
Tier 6: Select Care Drugs	Includes some generic and brand drugs commonly used to treat specific chronic conditions. (Applies to Value Script only)

## Tier 2 (Slide Layer)

PDP Formulary Drug Tier Structure	
Formulary drug tiers are used to classify prescription drugs and assign pricing structures. For 2026, the Classic plan will have a 5-tier structure and the Value Script will have a 6-tier structure:	
Tier 1: Preferred Generic	Includes preferred generic drugs covered at the lowest copay.
Tier 2: Generic	Includes generic drugs and may include some brand drugs covered at a higher copay than Tier 1.
Tier 3: Preferred Brand	Includes generic drugs and may include some brand drugs offered at a higher copay than Tier 1.
Tier 4: Non-Preferred Drugs	Includes non-preferred brand and generic drugs covered at a higher coinsurance than Tier 3.
Tier 5: Specialty Tier	Includes high-cost brand and generic drugs above a CMS-defined threshold, coinsurance applies. Drugs are limited to a 30-day supply and not eligible for tier exceptions.
Tier 6: Select Care Drugs	Includes some generic and brand drugs commonly used to treat specific chronic conditions. (Applies to Value Script only)

## Tier 3 (Slide Layer)

PDP Formulary Drug Tier Structure	
Formulary drug tiers are used to classify prescription drugs and assign pricing structures. For 2026, the Classic plan will have a 5-tier structure and the Value Script will have a 6-tier structure:	
<b>Tier 1:</b> Preferred Generic	Includes preferred generic drugs covered at the lowest copay.
<b>Tier 2:</b> Generic	Includes generic drugs and may include some brand drugs covered at a higher copay than Tier 1.
<b>Tier 3:</b> Preferred Brand	Includes preferred brand drugs and some generic drugs, coinsurance applies.
<b>Tier 4:</b> Non-Preferred Drugs	Includes preferred brand drugs and may include some generic drugs offered at a higher cost-share than drugs on Tier 1 and 2, coinsurance applies.
<b>Tier 5:</b> Specialty Tier	Includes high-cost brand and generic drugs above a CMS-defined threshold, coinsurance applies. Drugs are limited to a 30-day supply and not eligible for tier exceptions.
<b>Tier 6:</b> Select Care Drugs	Includes some generic and brand drugs commonly used to treat specific chronic conditions. (Applies to Value Script only)

## Tier 4 (Slide Layer)

PDP Formulary Drug Tier Structure	
Formulary drug tiers are used to classify prescription drugs and assign pricing structures. For 2026, the Classic plan will have a 5-tier structure and the Value Script will have a 6-tier structure:	
<b>Tier 1:</b> Preferred Generic	Includes preferred generic drugs covered at the lowest copay.
<b>Tier 2:</b> Generic	Includes generic drugs and may include some brand drugs covered at a higher copay than Tier 1.
<b>Tier 3:</b> Preferred Brand	Includes preferred brand drugs and some generic drugs, coinsurance applies.
<b>Tier 4:</b> Non-Preferred Drugs	Includes non-preferred brand and generic drugs covered at a higher coinsurance than Tier 3.
<b>Tier 5:</b> Specialty Tier	Includes non-preferred brand drugs and non-preferred generic drugs offered at a higher coinsurance than drugs on Tier 3.
<b>Tier 6:</b> Select Care Drugs	Includes some generic and brand drugs commonly used to treat specific chronic conditions. (Applies to Value Script only)

## Tier 5 (Slide Layer)

PDP Formulary Drug Tier Structure	
Formulary drug tiers are used to classify prescription drugs and assign pricing structures. For 2026, the Classic plan will have a 5-tier structure and the Value Script will have a 6-tier structure:	
<b>Tier 1:</b> Preferred Generic	Includes preferred generic drugs covered at the lowest copay.
<b>Tier 2:</b> Generic	Includes generic drugs and may include some brand drugs covered at a higher copay than Tier 1.
<b>Tier 3:</b> Preferred Brand	Includes preferred brand drugs and some generic drugs, coinsurance applies.
<b>Tier 4:</b> Non-Preferred Drugs	Includes non-preferred brand and generic drugs covered at a higher coinsurance than Tier 3.
<b>Tier 5:</b> Specialty Tier	Includes high-cost brand and generic drugs above a CMS-defined threshold, coinsurance applies. Drugs are limited to a 30-day supply and not eligible for tier exceptions.
<b>Tier 6:</b> Select Care Drugs	Includes the highest-cost brand and generic drugs, coinsurance applies. Drugs in this tier are not eligible for exceptions for payment at a lower tier.

### 3.9 Part D Defined Standard Parameters

#### Part D Defined Standard Parameters

The amount that a member pays for prescription drug coverage changes throughout the year. There are three benefit stages a member may move through during the benefit year.

Select the stage buttons to view how to explain to a member.

**Stage 1**  
**Annual Deductible Stage** – \$615 for 2026 (may vary depending on plan)  
The member pays the full cost of their covered prescriptions until they meet their deductibles. They then move to the initial coverage stage.

**Stage 2**  
**Initial Coverage Stage** – \$2,100 Maximum for 2026  
After the deductible, the member and their plan share the cost of drugs until the max out-of-pocket is met. This stage continues until they have spent **\$2,100 out-of-pocket**, inclusive of the amount spent while in the deductible phase.

**Stage 3**  
**Catastrophic Coverage Stage**  
After the prescription maximum out-of-pocket (RxMOOP) is satisfied, the member moves to the final stage where they have no out-of-pocket costs for covered medications for the remainder of the calendar year.

! Plans may not have a deductible and may offer lower cost shares than what is outlined.

! Members with "enhanced" plans may meet their OOP max before actually paying \$2,100.

#### Notes:

#### Title: Part D Defined Standard Parameters

The amount that a member pays for prescription drug coverage changes throughout the year. There are three benefit stages a member may move through during the benefit year.

**Select the stage buttons to view how to explain to a member.**

**Stage 1: Annual Deductible Stage** – \$615 for 2026 (may vary depending on plan)

The member pays the full cost of their covered prescriptions until they meet their deductibles. They then move to the initial coverage stage.

#### How to explain to a member:

**Stage 1: Annual Deductible Stage** - At the beginning of the year, you'll pay the full cost of your medications until you've spent \$615. After that, your plan starts helping with costs.

**Stage 2: Initial Coverage Stage** – \$2,100 Maximum for 2026

After the deductible, the member and their plan share the cost of drugs until the max out-of-pocket is met. This stage continues until they have spent **\$2,100 out-of-pocket**; inclusive of the amount spent while in the deductible phase.



## How to explain to a member:

**Stage 2: Initial Coverage Stage** - Once you've met your deductible, you'll pay a copay or coinsurance for your prescriptions, depending on the drug tier and drug price. You'll keep paying this way until your total out-of-pocket spending reaches \$2,100.

**Note:** \$2,100 is the maximum out-of-pocket; depending on your plan, you could move to catastrophic prior to hitting \$2,100.

## Stage 3: Catastrophic Coverage Stage

After the prescription maximum out-of-pocket (RxMOOP) is satisfied, the member moves to the final stage where they have no out-of-pocket costs for covered medications for the remainder of the calendar year.

## How to explain to a member:

**Stage 3: Catastrophic Coverage Stage** - Once you have reached the \$2,100 out-of-pocket maximum for covered medications, you will pay \$0 for your covered prescriptions for the rest of the calendar year.

**NOTE:** Plans may not have a deductible and may offer lower cost shares than what is outlined.

**NOTE:** Members with "enhanced" plans *may* meet their OOP max before actually paying \$2,100.

## Stage 1 (Slide Layer)

**Part D Defined Standard Parameters**

The amount that a member pays for prescription drug coverage changes throughout the year. There are three benefit stages a member may move through during the benefit year.

Select the stage buttons to view how to explain to a member.

**Stage 1**

**Annual Deductible Stage** – \$615 for 2026 (may vary depending on plan)  
The member pays the full cost of their covered prescriptions until they meet their deductibles. They then move to the initial coverage stage.

**How to explain to a member:**  
At the beginning of the year, you'll pay the full cost of your medications until you've spent \$615. After that, your plan starts helping with costs.

## Stage 2 (Slide Layer)

**Part D Defined Standard Parameters**

The amount that a member pays for prescription drug coverage changes throughout the year. There are three benefit stages a member may move through during the benefit year.

Select the stage buttons to view how to explain to a member.

Stage 2

**Initial Coverage Stage – \$2,100 Maximum for 2026**  
After the deductible, the member and their plan share the cost of drugs until the max out-of-pocket is met. This stage continues until they have spent **\$2,100 out-of-pocket**, inclusive of the amount spent while in the deductible phase.

**How to explain to a member:**  
Once you've met your deductible, you'll pay a copay or coinsurance for your prescriptions, depending on the drug tier and drug price. You'll keep paying this way until your total out-of-pocket spending reaches \$2,100.

! \$2,100 is the maximum out-of-pocket; depending on your plan, you could move to catastrophic prior to hitting \$2,100.

## Stage 3 (Slide Layer)

**Part D Defined Standard Parameters**

The amount that a member pays for prescription drug coverage changes throughout the year. There are three benefit stages a member may move through during the benefit year.

Select the stage buttons to view how to explain to a member.

Stage 3

**Catastrophic Coverage Stage**  
After the prescription maximum out-of-pocket (RxMOOP) is satisfied, the member moves to the final stage where they have no out-of-pocket costs for covered medications for the remainder of the calendar year.

**How to explain to a member:**  
Once you have reached the \$2,100 out-of-pocket maximum for covered medications, you will pay \$0 for your covered prescriptions for the rest of the calendar year.

### 3.10 Low-Income Subsidy (LIS) Cost-Share Overview

#### Low-Income Subsidy (LIS) Cost-Share Overview

LIS is “Extra Help” available to people with limited incomes and resources. Medicare may pay for all or most of their drug costs, including monthly drug premiums, annual drug deductibles, copays, and coinsurance.

There are three copay categories to which a member could be assigned, depending on the level of need.

Members will be responsible for different cost-share amounts based on this assigned number. This is why you will see different dollar amounts for the different categories.

Wellcare’s Classic plan is designed for LIS members.



**NOTE:** Members who have LIS and enroll in a PDP other than Wellcare’s Classic plan may pay a premium regardless of LIS subsidy status.

#### Notes:

##### Title: Low-Income Subsidy (LIS) Cost-Share Overview

LIS is “extra help” available to people with limited incomes and resources. Medicare may pay for all or most of their drug costs, including monthly drug premiums, annual drug deductibles, copays, and coinsurance.

There are three copay categories to which a member could be assigned, depending on the level of need.

Members will be responsible for different cost-share amounts based on this assigned number. This is why you will see different dollar amounts for the different categories.

Wellcare’s Classic plan is designed for LIS members.

**NOTE:** Members who have LIS and enroll in a PDP other than Wellcare’s Classic plan may pay a premium regardless of LIS subsidy status.

### 3.11 LIS Categories

**LIS Categories**

LIS eligibility is separated into three categories:

- Category 1 and 2 members pay a small copay for covered prescription drugs. The amount they pay is based on their income compared to the federal poverty limit (FPL) and available resources/assets.
- Category 3 indicates members whose costs are fully subsidized and receive the most assistance, limited to institutionalized beneficiaries or those who would be if they were not receiving home and community-based services.

The information below shows the LIS categories and associated cost-sharing:

LIS Category Code	1	2	3
Deductible	\$0	\$0	\$0
Generic Drug Copay	\$5.10	\$1.60	\$0
Brand Drug Copay	\$12.65	\$4.90	\$0

#### Notes:

#### Title: LIS Categories

LIS eligibility is separated into three categories:

- Category 1 and 2 members pay a small copay for covered prescription drugs. The amount they pay is based on their income compared to the federal poverty limit (FPL) and available resources/assets.
- Category 3 indicates members whose costs are fully subsidized and receive the most assistance, limited to institutionalized beneficiaries or those who would be if they were not receiving home and community-based services.

**The information below shows the LIS categories and associated cost-sharing:**

**Deductible:** \$0

**LIS Copay Category 1:** Generic Drug Copay \$5.10, Brand Drug Copay \$12.65

**LIS Copay Category 2:** Generic Drug Copay \$1.60, Brand Drug Copay \$4.90

**LIS Copay Category 3:** Generic Drug Copay \$0, Brand Drug Copay \$0


### 3.12 Medicare Prescription Payment Plan

#### Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan, while **not a cost savings program**, is a payment option that could help manage out-of-pocket Part D costs by allowing members to spread prescription expenses across monthly payments.

Anyone with an MA plan with drug coverage or a PDP is eligible to opt into this payment option. **This is not a cost-saving program.**

When a member opts in, they will have deferred payment when getting their prescription. This means they will receive a monthly bill from the plan based on their cost-share amounts. Their monthly bill will include the cost of any new prescriptions filled and the previous month's balance, divided by the number of months remaining in the year.



Select the button to learn more.

Program and Sign-Up Information

**NOTE:** Members can contact Express Scripts® for more information on opting-in and program specifics.

#### Notes:

##### Title: Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan, while **not a cost savings program**, is a payment option that could help manage out-of-pocket Part D costs by allowing members to spread prescription expenses across monthly payments.

Anyone with an MA plan with drug coverage or a PDP is eligible to opt into this payment option. **This is not a cost-saving program.**

When a member opts in, they will have deferred payment when getting their prescription. This means they will receive a monthly bill from the plan based on their cost-share amounts. Their monthly bill will include the cost of any new prescriptions filled and the previous month's balance, divided by the number of months remaining in the year.

**Select the button to learn more.**

### **Program and Sign-Up Information:**

- Members currently enrolled in the program will be automatically enrolled for the next plan year if they remain in the same plan. Members will receive notification of auto-renewal via a letter sent after AEP ends.
- If a member switches their plan, they will need to re-opt into the program.
- Existing Wellcare members will receive information during the annual enrollment period about the program, and select members with high out-of-pocket prescriptions will receive a standalone letter.
- New Wellcare members will receive information with 2026 enrollment materials.

**NOTE:** Members can contact Express Scripts® for more information on opting-in and program specifics.

### **Program and Sign-Up Information (Slide Layer)**

The screenshot shows a presentation slide titled "Medicare Prescription Payment Plan". On the left, a dark blue box titled "Program and Sign-Up Information" contains a bulleted list of details. On the right, there is a circular icon with a pill and a plus sign, followed by the text "Select the button to learn more." and a button labeled "Program and Sign-Up Information". Below this, a callout box with an exclamation mark icon contains a note about contacting Express Scripts® for more information.

**Medicare Prescription Payment Plan**

**Program and Sign-Up Information**

- Members currently enrolled in the program will be automatically enrolled for the next plan year if they remain in the same plan. Members will receive notification of auto-renewal via a letter sent after AEP ends.
- If a member switches their plan, they will need to re-opt into the program.
- Existing Wellcare members will receive information during the annual enrollment period about the program, and select members with high out-of-pocket prescriptions will receive a standalone letter.
- New Wellcare members will receive information with 2026 enrollment materials.

**Select the button to learn more.**

**Program and Sign-Up Information**

**NOTE:** Members can contact Express Scripts® for more information on opting-in and program specifics.



### 3.13 PDP and MAPD Medication Home Delivery Provider

**PDP and MAPD Medication Home Delivery Provider**

For 2026, Express Scripts® Pharmacy home delivery will continue to be the preferred mail order (Home Delivery) focusing on providing convenient and efficient service for prescriptions that are filled for more than 35 days and above.


For scripts 35 days or less, members should contact their providers for a three-month supply or fill the one-month script at a local network pharmacy within the network.

Members can set up mail order by:

- Calling 1-833-750-0201; business hours are 24/7
- Having their prescriber send their prescription directly to Express Scripts
- Going online to [www.express-scripts.com/rx](http://www.express-scripts.com/rx)

New members can set up their Express Scripts profile starting 12/1/2025.

Express Scripts will use EnGuide<sup>SM</sup> Pharmacy to facilitate GLP-1 prescriptions. This facility will continue to dispense 30 days and above.



Select the button to view drug classes eligible for <35 day-supply through mail order:

Mail Order Exceptions

#### Notes:

#### Title: PDP and MAPD Medication Home Delivery Provider

For 2026, Express Scripts® Pharmacy home delivery will continue to be the preferred mail order (Home Delivery) focusing on providing convenient and efficient service for prescriptions that are filled for more than 35 days and above.

For scripts 35 days or less, members should contact their providers for a three-month supply or fill the one-month script at a local network pharmacy within the network.

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New members can set up their Express Scripts profile starting 12/1/2025.

**Note:** Express Scripts will use EnGuide<sup>SM</sup> Pharmacy to facilitate GLP-1 prescriptions. This facility will continue to dispense 30 days and above.

Select the button to view drug classes eligible for <35 day-supply through mail order:

## Mail Order Exceptions

Mail Order <35 Day-Supply Exceptions (may not be all-inclusive):

- Controlled Substances, Where Applicable
- State-Specific Controls
- Glucagon-Like Peptide-1 Agonists (GLP-1s)
- Nitrates/Nitroglycerin
- Psychotropics: Antidepressants, Antipsychotics, Antianxiety, ADD/ADHD, Sedative/Hypnotics, etc.
- HIV Antiviral Meds
- Immunosuppressives
- Thrombolytics (e.g., Xarelto®, Eliquis®, etc.)
- Diabetic and Medical Supplies
- Fertility Medications
- COVID Test Kits
- Albuterol Inhalers


## Mail Order Exceptions (Slide Layer)

**PDP and MAPD Medication Home Delivery Provider**

### Mail Order Exceptions

Mail Order <35 Day-Supply Exceptions (may not be all-inclusive):

- Controlled Substances, Where Applicable
- State-Specific Controls
- Glucagon-Like Peptide-1 Agonists (GLP-1s)
- Nitrates/Nitroglycerin
- Psychotropics: Antidepressants, Antipsychotics, Antianxiety, ADD/ADHD, Sedative/Hypnotics, etc.
- HIV Antiviral Meds
- Immunosuppressives
- Thrombolytics (e.g., Xarelto®, Eliquis®, etc.)
- Diabetic and Medical Supplies
- Fertility Medications
- COVID Test Kits
- Albuterol Inhalers



Select the button to view drug classes eligible for <35 day-supply through mail order:

**Mail Order Exceptions**

## 4. Medicare Advantage (MA) Plans and Benefit Changes

### *4.1 Medicare Advantage Plans and Benefit Changes*



**Notes:**



**Title: Medicare Advantage Plans and Benefit Changes**

## 4.2 Key Medicare Advantage (MA) Plan Design Highlights

### Key Medicare Advantage (MA) Plan Design Highlights

Wellcare offers products to meet the needs of a variety of beneficiaries. We offer:

- \$0 or low premium on many plans.
- \$0 or low copays for primary care provider (PCP) services.
- \$0 fitness benefits offered on most plans.
- Vision allowances widely available.
- Preferred pharmacy networks that increase member access and cost savings.
- Preventive care including \$0 screenings (in-network) to help members maintain their overall health.
- Local Preferred Provider Organization (LPPO) products that offer network flexibility and do not require referrals for most services. Some LPPOs offer the same cost-share on select services whether received from in- or out-of-network providers.
- Wellcare Patriot plans in 23 states. Wellcare is the official Medicare provider partner of The American Legion to serve veterans.



Always use the appropriate resources to verify current plan benefits.

### Notes:

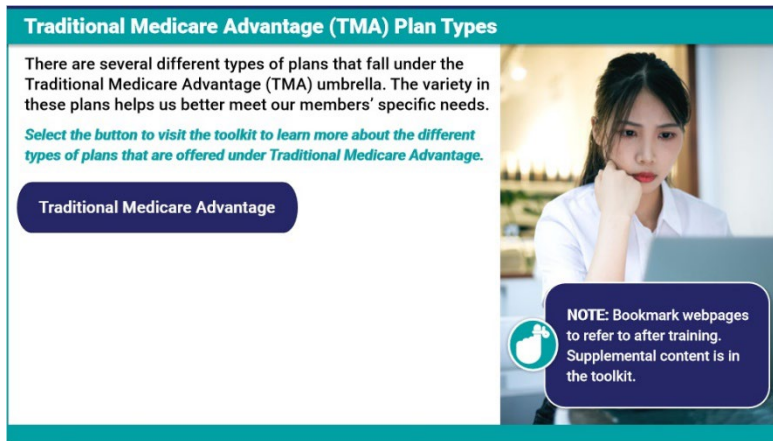
#### Title: Key Medicare Advantage (MA) Plan Design Highlights

Wellcare offers products to meet the needs of a variety of beneficiaries. We offer:

- \$0 or low premium on many plans.
- \$0 or low copays for primary care provider (PCP) services.
- \$0 fitness benefits offered on most plans.
- Vision allowances widely available.
- Preferred pharmacy networks that increase member access and cost savings.
- Preventive care including \$0 screenings (in-network) to help members maintain their overall health.
- Local Preferred Provider Organization (LPPO) products that offer network flexibility and do not require referrals for most services. Some LPPOs offer the same cost-share on select services whether received from in- or out-of-network providers.
- Wellcare Patriot plans in 23 states. Wellcare is the official Medicare provider partner of The American Legion to serve veterans.

**NOTE:** Always use the appropriate resources to verify current plan benefits.

### 4.3 Traditional Medicare Advantage (TMA) Plan Types



**Traditional Medicare Advantage (TMA) Plan Types**

There are several different types of plans that fall under the Traditional Medicare Advantage (TMA) umbrella. The variety in these plans helps us better meet our members' specific needs.

*Select the button to visit the toolkit to learn more about the different types of plans that are offered under Traditional Medicare Advantage.*

**Traditional Medicare Advantage**

**NOTE:** Bookmark webpages to refer to after training. Supplemental content is in the toolkit.

#### Notes:

##### **Title: Traditional Medicare Advantage (TMA) Plan Types**

There are several different types of plans that fall under the Traditional Medicare Advantage (TMA) umbrella. The variety in these plans helps us better meet our members' specific needs.

***Select the button to visit the toolkit to learn more about the different types of plans that are offered under Traditional Medicare Advantage.***

**NOTE:** Bookmark webpages to refer to after training. Supplemental content is in the toolkit.

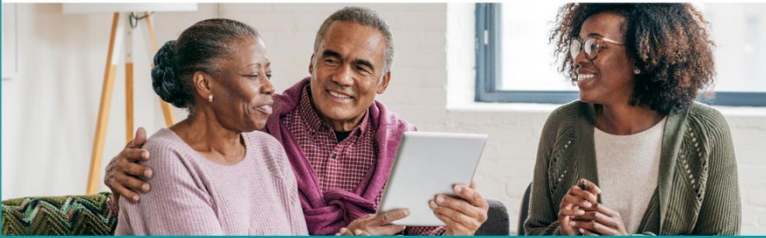
**Traditional Medicare Advantage:** <https://1b3050-42a8.icpage.net/act-traditional-medicare-advantage-plans>

## 4.4 Special Needs Plan (SNP) Types

### Special Needs Plan (SNP) Types

Our Special Needs Plans (SNPs) are a type of Medicare Advantage (MA) plan designed for members who are dealing with specific health challenges. They have additional enrollment criteria above Traditional MA products.

[Dual Eligible \(D-SNP\)](#) [Select the buttons to learn more.](#) [Chronic \(C-SNP\)](#)

A photograph showing three people, two older adults and one younger woman, looking at a tablet together. The older man is pointing at the screen, and the older woman is smiling. The younger woman is also smiling and looking at the tablet.

### Notes:

#### Title: Special Needs Plan (SNP) Types

Our Special Needs Plans (SNPs) are a type of Medicare Advantage (MA) plan designed for members who are dealing with specific health challenges. They have additional enrollment criteria above Traditional MA products.

***Select the buttons to learn more.***

#### Dual Eligible (D-SNP):

- Beneficiaries are eligible for both Medicare and Medicaid.
- Enrolled in Medicare Part A and Part B and are receiving full Medicaid benefits and/or assistance with Medicare premiums or cost-sharing through one of the Medicare Savings Program (MSP) categories.
- MSP categories include:
  - Qualified Medicare Beneficiary (QMB/QMB+)
  - Specified Low-Income Beneficiary (SLMB/SLMB+)
  - Qualified Individual (QI)
  - Qualified Disabled Working Individual (QDWI)
  - Full-Benefit Dual Eligible (FBDE)



## Chronic (C-SNP):

- Individuals with severe or disabling chronic conditions.
- Typically have one or more co-morbid and medically complex chronic conditions.
- Have a high risk of hospitalization or other significant adverse health outcomes.
- Requires coordination of care among providers.
- Usually include extensive ancillary services related to diagnostic testing and therapeutic management.

## Dual Eligible (D-SNP) (Slide Layer)

**Special Needs Plan (SNP) Types**


Our Special Needs Plans (SNPs) are a type of Medicare Advantage (MA) plan designed for members who are dealing with specific health challenges. They have additional enrollment criteria above Traditional MA products.

[Select the buttons to learn more.](#)

**Dual Eligible (D-SNP)**

- Beneficiaries are eligible for both Medicare and Medicaid.
- Enrolled in Medicare Part A and Part B and are receiving full Medicaid benefits and/or assistance with Medicare premiums or cost-sharing through one of the Medicare Savings Program (MSP) categories.
- MSP categories include:
  - Qualified Medicare Beneficiary (QMB/QMB+)
  - Specified Low-Income Beneficiary (SLMB/SLMB+)
  - Qualified Individual (QI)
  - Qualified Disabled Working Individual (QDWI)
  - Full-Benefit Dual Eligible (FBDE)

**Chronic (C-SNP)**



## Chronic (C-SNP) (Slide Layer)

**Special Needs Plan (SNP) Types**

Our Special Needs Plans (SNPs) are a type of Medicare Advantage (MA) plan designed for members who are dealing with specific health challenges. They have additional enrollment criteria above Traditional MA products.

[Select the buttons to learn more.](#)

**Dual Eligible (D-SNP)**

**Chronic (C-SNP)**

- Individuals with severe or disabling chronic conditions.
- Typically have one or more co-morbid and medically complex chronic conditions.
- Have a high risk of hospitalization or other significant adverse health outcomes.
- Requires coordination of care among providers.
- Usually include extensive ancillary services related to diagnostic testing and therapeutic management.



## 4.5 Dual Eligible Special Needs Plan (D-SNP) Details

**Dual Eligible Special Needs Plan (D-SNP) Details**

D-SNPs are categorized based on member responsibility and how enrolled members participate in Medicare and Medicaid.

Select the following buttons to learn more.

**Member Responsibility**

- Non-Zero Cost-Share
- Zero Cost-Share

**Medicare and Medicaid Alignment**

- Fully Integrated Dual Eligible (FIDE)
- Highly Integrated Dual Eligible (HIDE)
- Coordinated Dual Eligible Plan
- Applicable Integrated Plans (AIPs)

**What is Exclusively Aligned Enrollment?**

Select the following button to learn more.

- Exclusively Aligned Enrollment

Always use the appropriate resources to verify current plan benefits.

### Notes:

#### Title: Dual Eligible Special Needs Plan (D-SNP) Details

D-SNPs are categorized based on member responsibility and how enrolled members participate in Medicare and Medicaid.

*Select the following buttons to learn more.*

#### Member Responsibility

##### Non-Zero Cost-Share:

Members may be responsible for some cost-share for certain benefits. Cost-share responsibility depends on the member's Medicaid eligibility.

##### Zero Cost-Share:

Medicaid provides coverage for premiums, deductibles, or Parts A/B cost-sharing for eligible members. Extra Help assists with Part D cost-sharing.

#### Medicare and Medicaid Alignment

### **Fully Integrated Dual Eligible (FIDE):**

A D-SNP that provides dually eligible individuals access to Medicare and Medicaid benefits integrated under a single entity that holds both an MA contract with CMS and a Medicaid managed care organization contract.

The capitated contract with the state Medicaid Agency covers the entire service area of the D-SNP and provides:

- Primary and Acute Care, including Medicare cost-sharing
- Long-term services and supports (LTSS) including at least 180 days of nursing facility services during the plan year
- Behavioral Health Services
- Home Health Services
- Medical supplies, equipment, and appliances

The D-SNP coordinates the delivery of covered Medicare and Medicaid services using aligned care management and specialty care network methods for high-risk beneficiaries.

FIDE D-SNPs employ policies and procedures approved by CMS and the state to coordinate or integrate beneficiary communication materials, enrollment, communications, grievance and appeals, and quality improvement.

For plan year 2025 and beyond:

- FIDE D-SNPs have exclusively aligned enrollment
- The D-SNP Medicare service area cannot be larger than the Medicaid service area

**Beginning in 2025, all FIDE SNPs also qualify as Applicable Integrated Plans (AIPs), but not all AIPs qualify as FIDE SNPs.**

**Highly Integrated Dual Eligible (HIDE):**

A D-SNP that provides coverage of Medicaid benefits under a capitated contract and meets the following requirements:

The capitated contract is between the state Medicaid agency and:

- The MA organization (Wellcare)
- The MA organization's parent organization, or another entity that is owned and controlled by its parent organization (Centene)

The Medicaid capitated contract requires coverage of the following benefits:

- LTSS, including community-based LTSS and some days of coverage of nursing facility services during the plan year
- Behavioral health services

For plan year 2025 and beyond, the contract covers the required Medicaid benefits for the entire service area of the D-SNP.

**HIDE SNPs may also qualify as AIP, but not all AIPs are HIDE SNPs.**

**HIDE SNPs can also operate with exclusively aligned enrollment.**

**Coordinated Dual Eligible Plan:**

The State Medicaid Agency Contract (SMAC) specifies a process to share information with the state or the state's designee (such as a Medicaid MCO or an area agency on aging), or hospital and skilled nursing facility (SNF) admissions for at least one group of high-risk individuals who are enrolled in the D-SNP.

In markets where FIDE, HIDE, and AIP plans do not exist, enrollments would be limited to AEP, OEP, ICEP, and other valid election periods.

### **Applicable Integrated Plans (AIPs):**

As of January 1, 2023, AIPs are D-SNPs that operate with exclusively aligned enrollment and cover at least some Medicaid benefits (through the D-SNP or through an affiliated Medicaid managed care plan operated by the same parent organization as the D-SNP).

Specifically, starting in 2023, to qualify as an AIP, a D-SNP must be:

- A HIDE SNP with exclusively aligned enrollment
- A FIDE SNP with exclusively aligned enrollment
- A Coordination Only (CO) D-SNP that has exclusively aligned enrollment and covers (through the D-SNP or an affiliated Medicaid managed care plan) Medicaid primary and acute care benefits, Medicare cost-sharing, and at least one of the following additional Medicaid benefits:
  - Home health services
  - Medical supplies
  - Equipment and appliances
  - Nursing facility services

AIPs must implement unified plan-level appeal and grievance processes.

### **What is Exclusively Aligned Enrollment?**

***Select the following button to learn more.***

Exclusively Aligned Enrollment:

Exclusively aligned enrollment occurs when state policy limits enrollment in a D-SNP to only full-benefit dually eligible individuals who receive coverage of Medicaid benefits through the D-SNP and a Medicaid managed care plan owned and operated by the same parent company as the D-SNP.

Exclusively aligned enrollment includes the use of several strategies to integrate coverage of Medicare and Medicaid benefits, such as fully integrated enrollee materials, single ID cards, and unified appeal and grievance processes.

Always use the appropriate resources to verify current plan benefits.

## Non-Zero Cost-Share (Slide Layer)

**Dual Eligible Special Needs Plan (D-SNP) Details**

**Non-Zero Cost-Share**

Members may be responsible for some cost-share for certain benefits. Cost-share responsibility depends on the member's Medicaid eligibility.

Always use the appropriate resources to verify current plan benefits.

## Zero Cost-Share (Slide Layer)

**Dual Eligible Special Needs Plan (D-SNP) Details**

**Zero Cost-Share**

Medicaid provides coverage for premiums, deductibles, or Parts A/B cost-sharing for eligible members. Extra Help assists with Part D cost-sharing.

Always use the appropriate resources to verify current plan benefits.

## Fully Integrated Dual Eligible (FIDE) (Slide Layer)

**Dual Eligible Special Needs Plan (D-SNP) Details**

**Fully Integrated Dual Eligible (FIDE)**

A D-SNP that provides dually eligible individuals access to Medicare and Medicaid benefits integrated under a single entity that holds both an MA contract with CMS and a Medicaid managed care organization contract.

The capitated contract with the state Medicaid Agency covers the entire service area of the D-SNP and provides:

- Primary and Acute Care, including Medicare cost-sharing
- Long-term services and supports (LTSS) including at least 180 days of nursing facility services during the plan year
- Behavioral Health Services
- Home Health Services
- Medical supplies, equipment, and appliances

The D-SNP coordinates the delivery of covered Medicare and Medicaid services using aligned care management and specialty care network methods for high-risk beneficiaries.

FIDE D-SNPs employ policies and procedures approved by CMS and the state to coordinate or integrate beneficiary communication materials, enrollment, communications, grievance and appeals, and quality improvement.

For plan year 2025 and beyond:

- FIDE D-SNPs have exclusively aligned enrollment
- The D-SNP Medicare service area cannot be larger than the Medicaid service area

**Beginning in 2025, all FIDE SNPs also qualify as Applicable Integrated Plans (AIPs), but not all AIPs qualify as FIDE SNPs.**

Always use the appropriate resources to verify current plan benefits.



## Highly Integrated Dual Eligible (HIDE) (Slide Layer)

**Dual Eligible Special Needs Plan (D-SNP) Details**

**Highly Integrated Dual Eligible (HIDE)**

A D-SNP that provides coverage of Medicaid benefits under a capitated contract and meets the following requirements:

The capitated contract is between the state Medicaid agency and:

- The MA organization (Wellcare)
- The MA organization's parent organization, or another entity that is owned and controlled by its parent organization (Centene)

The Medicaid capitated contract requires coverage of the following benefits:

- LTSS, including community-based LTSS and some days of coverage of nursing facility services during the plan year
- Behavioral health services

For plan year 2025 and beyond, the contract covers the required Medicaid benefits for the entire service area of the D-SNP.

HIDE SNPs may also qualify as AIP, but not all AIPs are HIDE SNPs.

HIDE SNPs can also operate with exclusively aligned enrollment.

Always use the appropriate resources to verify current plan benefits.

## Coordinated Dual Eligible Plan (Slide Layer)

**Dual Eligible Special Needs Plan (D-SNP) Details**

**Coordinated Dual Eligible Plan**

The State Medicaid Agency Contract (SMAC) specifies a process to share information with the state or the state's designee (such as a Medicaid MCO or an area agency on aging), or hospital and skilled nursing facility (SNF) admissions for at least one group of high-risk individuals who are enrolled in the D-SNP.

In markets where FIDE, HIDE, and AIP plans do not exist, enrollments would be limited to AEP, OEP, ICEP, and other valid election periods.

Always use the appropriate resources to verify current plan benefits.

## Applicable Integrated Plans (AIPs) (Slide Layer)

**Dual Eligible Special Needs Plan (D-SNP) Details**

**Applicable Integrated Plans (AIPs)**

As of January 1, 2023, AIPs are D-SNPs that operate with exclusively aligned enrollment and cover at least some Medicaid benefits (through the D-SNP or through an affiliated Medicaid managed care plan operated by the same parent organization as the D-SNP).

Specifically, starting in 2023, to qualify as an AIP, a D-SNP must be:

- A HIDE SNP with exclusively aligned enrollment
- A FIDE SNP with exclusively aligned enrollment
- A Coordination Only (CO) D-SNP that has exclusively aligned enrollment and covers (through the D-SNP or an affiliated Medicaid managed care plan) Medicaid primary and acute care benefits, Medicare cost-sharing, and at least one of the following additional Medicaid benefits:
  - Home health services
  - Medical supplies
  - Equipment and appliances
  - Nursing facility services

AIPs must implement unified plan-level appeal and grievance processes.

Always use the appropriate resources to verify current plan benefits.

## What is Exclusively Aligned Enrollment? (Slide Layer)

### Dual Eligible Special Needs Plan (D-SNP) Details

#### What is Exclusively Aligned Enrollment?

Exclusively aligned enrollment occurs when state policy limits enrollment in a D-SNP to only full-benefit dually eligible individuals who receive coverage of Medicaid benefits through the D-SNP and a Medicaid managed care plan owned and operated by the same parent company as the D-SNP.

Exclusively aligned enrollment includes the use of several strategies to integrate coverage of Medicare and Medicaid benefits, such as fully integrated enrollee materials, single ID cards, and unified appeal and grievance processes.

Always use the appropriate resources to verify current plan benefits.

## 4.6 Chronic Special Needs Plan (C-SNP) Details

### Chronic Special Needs Plan (C-SNP) Details

C-SNPs are designed for people with severe or disabling chronic conditions. That is, they have one or more co-morbid and medically complex chronic conditions that are substantially disabling or life-threatening, have high risk of hospitalization or other significant adverse health outcomes, and require specialized delivery systems across domains of care.

Select the buttons to learn more.

[Eligibility Requirements](#)

[Defined Chronic Conditions](#)



### Notes:

#### Title: Chronic Special Needs Plan (C-SNP) Details

C-SNPs are designed for people with severe or disabling chronic conditions. That is, they have one or more co-morbid and medically complex chronic conditions that are substantially disabling or life-threatening, have high risk of hospitalization or other significant adverse health outcomes, and require specialized delivery systems across domains of care.

**Select the buttons to learn more.**

#### Eligibility Requirements:

- Beneficiaries that enroll in Wellcare C-SNPs must attest to their condition prior to enrollment.
- The provider must confirm the member's chronic condition prior to the 60th day after the enrollment effective date.
- If the condition is not validated, the member must be disenrolled from the C-SNP but may enroll into one of our other Medicare Advantage plans.

**Defined Chronic Conditions:**

CMS has a list of approved specific chronic conditions. These are reviewed periodically by CMS.

- Chronic alcohol and other drug dependence
- Specific autoimmune disorders
- Cancer, excluding pre-cancer conditions or in-situ status
- Specific cardiovascular disorders\*
- Chronic heart failure\*
- Dementia
- Diabetes mellitus\*
- End-stage liver disease
- End-stage renal disease (ESRD) requiring dialysis
- Specific severe hematological disorders
- HIV/AIDS
- Specific chronic lung disorders
- Specific chronic and disabling mental health conditions
- Specific neurologic disorders
- Stroke

\*Wellcare qualifying conditions for 2026

## Eligibility Requirements (Slide Layer)

### Chronic Special Needs Plan (C-SNP) Details

C-SNPs are designed for people with severe or disabling chronic conditions. That is, they have one or more co-morbid and medically complex chronic conditions that are substantially disabling or life-threatening, have high risk of hospitalization or other significant adverse health outcomes, and require specialized delivery systems across domains of care.

Select the buttons to learn more.

[Eligibility Requirements](#)

[Defined Chronic Conditions](#)

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Beneficiaries that enroll in Wellcare C-SNPs must attest to their condition prior to enrollment.

The provider must confirm the member's chronic condition prior to the 60th day after the enrollment effective date.

If the condition is not validated, the member must be disenrolled from the C-SNP but may enroll into one of our other Medicare Advantage plans.

## Defined Chronic Conditions (Slide Layer)

### Chronic Special Needs Plan (C-SNP) Details

C-SNPs are designed for people with severe or disabling chronic conditions. That is, they have one or more co-morbid and medically complex chronic conditions that are substantially disabling or life-threatening, have high risk of hospitalization or other significant adverse health outcomes, and require specialized delivery systems across domains of care.

Select the buttons to learn more.

[Eligibility Requirements](#)

[Defined Chronic Conditions](#)

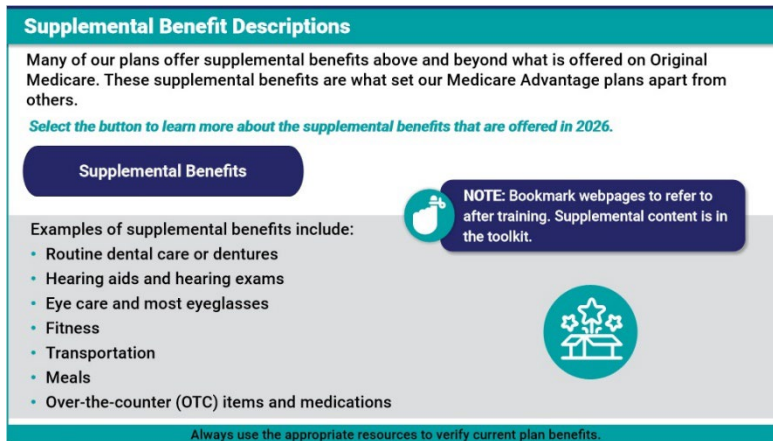
### Defined Chronic Conditions

CMS has a list of approved specific chronic conditions. These are reviewed periodically by CMS.

- Chronic alcohol and other drug dependence
- Specific autoimmune disorders
- Cancer, excluding pre-cancer conditions or in-situ status
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- End-stage liver disease
- End-stage renal disease (ESRD) requiring dialysis
- Specific severe hematological disorders
- HIV/AIDS
- Specific chronic lung disorders
- Specific chronic and disabling mental health conditions
- Specific neurologic disorders
- Stroke

\*Wellcare qualifying conditions for 2026

## 4.7 Supplemental Benefit Descriptions



**Supplemental Benefit Descriptions**

Many of our plans offer supplemental benefits above and beyond what is offered on Original Medicare. These supplemental benefits are what set our Medicare Advantage plans apart from others.

Select the button to learn more about the supplemental benefits that are offered in 2026.

**Supplemental Benefits**

Examples of supplemental benefits include:

- Routine dental care or dentures
- Hearing aids and hearing exams
- Eye care and most eyeglasses
- Fitness
- Transportation
- Meals
- Over-the-counter (OTC) items and medications

**NOTE:** Bookmark webpages to refer to after training. Supplemental content is in the toolkit.

Always use the appropriate resources to verify current plan benefits.

### Notes:

#### Title: Supplemental Benefit Descriptions

Many of our plans offer supplemental benefits above and beyond what is offered on Original Medicare. These supplemental benefits are what set our Medicare Advantage plans apart from others.

**Select the button to learn more about the supplemental benefits that are offered in 2026.**

**Supplemental Benefits:** <https://1b3050-42a8.icpage.net/act-supplemental-benefits>

Examples of supplemental benefits include:

- Routine dental care or dentures
- Hearing aids and hearing exams
- Eye care and most eyeglasses
- Fitness
- Transportation
- Meals
- Over-the-counter (OTC) items and medications



**NOTE:** Bookmark webpages to refer to after training. Supplemental content is in the toolkit.


Always use the appropriate resources to verify current plan benefits.

## 4.8 Supplemental Key Benefits

### Supplemental Key Benefits

In 2026, our plans include the following key supplemental benefits. Not all plans/markets offer all of these benefits. It is important to check the specific plan benefits.

- Wellcare Spendables® Card - Allowance for specific key benefits is loaded onto a single card to provide members with flexibility to use as best fits their needs.
  - D-SNPs include OTC and increased buying power for Dental, Vision, and Hearing (DVH) services. They can include Utility Assistance, Rent Assistance, Healthy Food, Gas (Pay-at-Pump), and Home Improvement for qualified members who meet specific eligibility requirements.\*
  - Non-D-SNPs that offer the Wellcare Spendables® Card include covered OTC items and increased buying power for Dental, Vision, and Hearing (DVH) services.
- All OTC packages will offer in-store retail, mail, or online order.
- Unlimited quantities of eyewear (up to plan allowance) on most vision packages.
- For all dental packages, preventive services do not apply towards the plan maximum benefit allowance.



Special Supplemental Benefits for the Chronically Ill (SSBCI) may be available for members on select D-SNPs who have certain chronic conditions, need intensive care management, AND are at high risk for hospitalization. Additional eligibility rules apply. Always use the appropriate resources to verify current plan benefits.

Always use the appropriate resources to verify current plan benefits.

### Notes:

#### Title: Supplemental Key Benefits

In 2026, our plans include the following key supplemental benefits. Not all plans/markets offer all of these benefits. It is important to check the specific plan benefits.

- Wellcare Spendables® Card - Allowance for specific key benefits is loaded onto a single card to provide members with flexibility to use as best fits their needs.
  - D-SNPs include OTC and increased buying power for Dental, Vision, and Hearing (DVH) services. They can include Utility Assistance, Rent Assistance, Healthy Food, Gas (Pay-at-Pump), and Home Improvement for qualified members who meet specific eligibility requirements.\*
  - Non-D-SNPs that offer the Wellcare Spendables® Card include covered OTC items and increased buying power for Dental, Vision, and Hearing (DVH) services.
- All OTC packages will offer in-store retail, mail, or online order.
- Unlimited quantities of eyewear (up to plan allowance) on most vision packages.
- For all dental packages, preventive services do not apply towards the

plan maximum benefit allowance.

\*Special Supplemental Benefits for the Chronically Ill (SSBCI) may be available for members on select D-SNPs who have certain chronic conditions, need intensive care management, AND are at high risk for hospitalization. Additional eligibility rules apply. Always use the appropriate resources to verify current plan benefits.

Always use the appropriate resources to verify current plan benefits.

## 4.9 Key MAPD Part D Design Highlights

### Key MAPD Part D Design Highlights

The MAPD plans include Part D to help members cover prescription drug costs.  
*Select the buttons to learn more about our 2026 Part D plan highlights:*

Rx Deductible

Competitive Drug Coverage

\$0 Copay Tiers

\$0 Vaccines

Low Copay Part D Insulin

Preferred Pharmacy Networks

Preferred Mail Order

Excluded Drugs



### Notes:

#### Title: Key MAPD Part D Design Highlights

The MAPD plans include Part D to help members cover prescription drug costs.

***Select the buttons to learn more about our 2026 Part D plan highlights:***

#### **Rx Deductible:**

- Traditional MAPD and C-SNPs have a deductible of \$615, applicable to medications on Tiers 3 to 5.
- D-SNP and LIS plan deductibles and applicable tiers vary by plan. The deductible ranges from \$200 to \$615 and applies to either Tiers 1 to 5 or Tiers 2 to 5.

#### **Competitive Drug Coverage:**

Our plans feature competitive formularies that align with or exceed national coverage and tier placement for up to 88% of the top 400 drugs, accounting for 94% of Medicare usage.

#### **\$0 Copay Tiers:**

- Members in traditional MAPD and C-SNP plans have no deductible and no copay for Tier 1 and Tier 2 drugs at preferred pharmacies, and for Tier 6 drugs at any in-network pharmacy.

- D-SNP and LIS plans feature no deductible and no copay for Tier 6 drugs at preferred pharmacies.

**\$0 Vaccines:**

All plans provide \$0 coverage of ACIP-recommended adult Part D vaccines, such as shingles, RSV, hepatitis A & B (low risk), Tdap, and others. In addition, MAPD plans cover COVID-19, flu, pneumonia, and hepatitis B (medium or high risk) under the Medicare Part B benefit for \$0.

**Low Copay Part D Insulin:**

The monthly cost for each covered insulin product under Medicare plans is capped at either \$35 or 25% of the drug's negotiated or maximum fair price, whichever is lower.

**Preferred Pharmacy Networks:**

The preferred pharmacy network with lower member cost-sharing continues to include CVS, Walgreens, regional grocers like Kroger®, and select independents. A 100-day extended supply is offered on all MAPD plans.

**Preferred Mail Order:**

Express Scripts® Pharmacy continues to be the preferred home delivery service provider for prescription medications with preferred cost-sharing, 100-day extended supply, and additional member savings on select plans and tiers.

**Excluded Drugs:**

Tier 1 coverage for select Medicare-excluded drugs, including generic erectile dysfunction medications sildenafil and vardenafil (up to 6 tablets per month) and essential vitamins like vitamin B12, vitamin D2, and folic acid. Does not apply to D-SNP/LIS plans.

## Competitive Drug Coverage (Slide Layer)

### Key MAPD Part D Design Highlights

The MAPD plans include Part D to help members cover prescription drug costs.  
*Select the buttons to learn more about our 2026 Part D plan highlights:*

- Rx Deductible
- Competitive Drug Coverage
- \$0 Copay Tiers
- \$0 Vaccines
- Low Copay Part D Insulin
- Preferred Pharmacy Networks
- Preferred Mail Order
- Excluded Drugs

### Competitive Drug Coverage

Our plans feature competitive formularies that align with or exceed national coverage and tier placement for up to 88% of the top 400 drugs, accounting for 94% of Medicare usage.

## \$0 Copay Tiers (Slide Layer)

### Key MAPD Part D Design Highlights

The MAPD plans include Part D to help members cover prescription drug costs.  
*Select the buttons to learn more about our 2026 Part D plan highlights:*

- Rx Deductible
- Competitive Drug Coverage
- \$0 Copay Tiers
- \$0 Vaccines
- Low Copay Part D Insulin
- Preferred Pharmacy Networks
- Preferred Mail Order
- Excluded Drugs

### \$0 Copay Tiers

- Members in traditional MAPD and C-SNP plans have no deductible and no copay for Tier 1 and Tier 2 drugs at preferred pharmacies, and for Tier 6 drugs at any in-network pharmacy.
- D-SNP and LIS plans feature no deductible and no copay for Tier 6 drugs at preferred pharmacies.

## \$0 Vaccines (Slide Layer)

### Key MAPD Part D Design Highlights

The MAPD plans include Part D to help members cover prescription drug costs.  
*Select the buttons to learn more about our 2026 Part D plan highlights:*

- Rx Deductible
- Competitive Drug Coverage
- \$0 Copay Tiers
- \$0 Vaccines
- Low Copay Part D Insulin
- Preferred Pharmacy Networks
- Preferred Mail Order
- Excluded Drugs

### \$0 Vaccines

All plans provide \$0 coverage of ACIP-recommended adult Part D vaccines, such as shingles, RSV, hepatitis A & B (low risk), Tdap, and others. In addition, MAPD plans cover COVID-19, flu, pneumonia, and hepatitis B (medium or high risk) under the Medicare Part B benefit for \$0.



## Preferred Pharmacy Networks (Slide Layer)

### Key MAPD Part D Design Highlights

The MAPD plans include Part D to help members cover prescription drug costs.  
*Select the buttons to learn more about our 2026 Part D plan highlights:*

- Rx Deductible
- Competitive Drug Coverage
- \$0 Copay Tiers
- \$0 Vaccines
- Low Copay Part D Insulin
- Preferred Pharmacy Networks**
- Preferred Mail Order
- Excluded Drugs

### Preferred Pharmacy Networks

The preferred pharmacy network with lower member cost-sharing continues to include CVS, Walgreens, regional grocers like Kroger®, and select independents. A 100-day extended supply is offered on all MAPD plans.

## Preferred Mail Order (Slide Layer)

### Key MAPD Part D Design Highlights

The MAPD plans include Part D to help members cover prescription drug costs.  
*Select the buttons to learn more about our 2026 Part D plan highlights:*

- Rx Deductible
- Competitive Drug Coverage
- \$0 Copay Tiers
- \$0 Vaccines
- Low Copay Part D Insulin
- Preferred Pharmacy Networks
- Preferred Mail Order**
- Excluded Drugs

### Preferred Mail Order

Express Scripts® Pharmacy continues to be the preferred home delivery service provider for prescription medications with preferred cost-sharing, 100-day extended supply, and additional member savings on select plans and tiers.

## Rx Deductible (Slide Layer)

### Key MAPD Part D Design Highlights

The MAPD plans include Part D to help members cover prescription drug costs.  
*Select the buttons to learn more about our 2026 Part D plan highlights:*

- Rx Deductible**
- Competitive Drug Coverage
- \$0 Copay Tiers
- \$0 Vaccines
- Low Copay Part D Insulin
- Preferred Pharmacy Networks
- Preferred Mail Order
- Excluded Drugs

### Rx Deductible

- Traditional MAPD and C-SNPs have a deductible of \$615, applicable to medications on Tiers 3 to 5.
- D-SNP and LIS plan deductibles and applicable tiers vary by plan. The deductible ranges from \$200 to \$615 and applies to either Tiers 1 to 5 or Tiers 2 to 5.

## Excluded Drugs (Slide Layer)

### Key MAPD Part D Design Highlights

The MAPD plans include Part D to help members cover prescription drug costs.  
*Select the buttons to learn more about our 2026 Part D plan highlights:*

- Rx Deductible
- Competitive Drug Coverage
- \$0 Copay Tiers
- \$0 Vaccines
- Low Copay Part D Insulin
- Preferred Pharmacy Networks
- Preferred Mail Order
- Excluded Drugs

### Excluded Drugs

Tier 1 coverage for select Medicare-excluded drugs, including generic erectile dysfunction medications sildenafil and vardenafil (up to 6 tablets per month) and essential vitamins like vitamin B12, vitamin D2, and folic acid. Does not apply to D-SNP/LIS plans.



## Low Copay Part D Insulin (Slide Layer)

### Key MAPD Part D Design Highlights

The MAPD plans include Part D to help members cover prescription drug costs.  
*Select the buttons to learn more about our 2026 Part D plan highlights:*

- Rx Deductible
- Competitive Drug Coverage
- \$0 Copay Tiers
- \$0 Vaccines
- Low Copay Part D Insulin
- Preferred Pharmacy Networks
- Preferred Mail Order
- Excluded Drugs

### Low Copay Part D Insulin

The monthly cost for each covered insulin product under Medicare plans is capped at either \$35 or 25% of the drug's negotiated or maximum fair price, whichever is lower.



## Value-Based Insurance Design (VBID) (Slide Layer)


### Key MAPD Part D Design Highlights

The MAPD plans include Part D to help members cover prescription drug costs.  
*Select the buttons to learn more about our 2026 Part D plan highlights:*

- Rx Deductible
- Competitive Drug Coverage
- \$0 Copay Tiers
- \$0 Vaccines
- Low Copay Part D Insulin
- Preferred Pharmacy Networks
- Preferred Mail Order
- Excluded Drugs

### Value-Based Insurance Design (VBID)

Participating VBID plans offer \$0 deductible and \$0 copays for all covered prescriptions at all in-network pharmacy locations.




## 4.10 MAPD Part D Formulary Drug Tier Structure

### MAPD Part D Formulary Drug Tier Structure

In 2026, MAPD plans will adopt one of five distinct formularies, each tailored to specific product types. All of these formularies will follow a standardized six-tier structure.

[Select the button to learn more.](#)

**Tiers 1-6 Descriptions**



### Notes:

#### Title: MAPD Part D Formulary Drug Tier Structure

In 2026, MAPD plans will adopt one of five distinct formularies, each tailored to specific product types. All of these formularies will follow a standardized six-tier structure.

*Select the button to learn more.*

#### Tiers 1-6 Descriptions

**Tier 1: Preferred Generic** - includes preferred generic drugs and may include some brand drugs.

**Tier 2: Generic** - includes generic drugs and may include some brand drugs.

**Tier 3: Preferred Brand** - includes preferred brand drugs and may include some generic drugs.

**Tier 4: Non-Preferred Drug** - includes non-preferred brand and non-preferred generic drugs.

**Tier 5: Specialty Tier** - includes high-cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.

**Tier 6: Select Care Drugs** - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).

## Tiers 1-6 Descriptions (Slide Layer)

**MAPD Part D Formulary Drug Tier Structure**

**Tiers 1-6 Descriptions**

**Tier 1: Preferred Generic** - includes preferred generic drugs and may include some brand drugs.

**Tier 2: Generic** - includes generic drugs and may include some brand drugs.

**Tier 3: Preferred Brand** - includes preferred brand drugs and may include some generic drugs.

**Tier 4: Non-Preferred Drug** - includes non-preferred brand and non-preferred generic drugs.

**Tier 5: Specialty Tier** - includes high-cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.

**Tier 6: Select Care Drugs** - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).

## 4.11 Medicare Advantage Medication Home Delivery

**Medicare Advantage Medication Home Delivery**

Express Scripts® Pharmacy is the preferred home delivery service for prescription medications with preferred cost-sharing and potential discounts on select plans and tiers. Prescriptions eligible for ESI mail order are those greater than or equal to a 35-day supply; some exceptions apply.

Tier	Member Payment for a 100-Day Supply
1	\$0 copay
2	\$0 copay
3	2 x 30-day Preferred Retail Copay* or Coinsurance applies
4	2 x 30-day Preferred Retail Copay* or Coinsurance applies
5	Coinsurance applies, restricted to 30 day-supply; not eligible for ESI Mail Order (some exceptions apply)
6	\$0 copay

**Note:** On limited D-SNP/LIS plans with a Tier 3 and/or Tier 4 copay cost-share; member savings only applies to a 100-day supply.

Select the button to view drug classes eligible for <35-day supply through Mail Order:

**Note:** CVS Caremark® Mail Order remains out of network.

Mail Order Exceptions

### Notes:

#### Title: Medicare Advantage Medication Home Delivery

Express Scripts® Pharmacy is the preferred home delivery service for prescription medications with preferred cost-sharing and potential discounts on select plans and tiers. Prescriptions eligible for ESI mail order are those greater than or equal to a 35-day supply; some exceptions apply.

**Note:** CVS Caremark® Mail Order remains out of network.

#### Member Payment for a 100-Day Supply:

**Tier 1:** \$0 copay

**Tier 2:** \$0 copay

**Tier 3:** 2 x 30-day Preferred Retail Copay\* or Coinsurance applies

**Tier 4:** 2 x 30-day Preferred Retail Copay\* or Coinsurance applies

**Tier 5:** Coinsurance applies, restricted to 30 day-supply; not eligible for ESI Mail Order (some exceptions apply)

**Tier 6:** \$0 copay

**Note:** On limited D-SNP/LIS plans with a Tier 3 and/or Tier 4 copay cost-share; member savings only applies to a 100-day supply.

**Select the button to view drug classes eligible for <35-day supply through Mail Order:**



## Mail Order Exceptions

Mail Order <35 Day-Supply Exceptions (may not be all-inclusive):

- Controlled Substances, Where Applicable
- State-Specific Controls
- Glucagon-Like Peptide-1 Agonists (GLP-1s)
- Nitrates/Nitroglycerin
- Psychotropics: Antidepressants, Antipsychotics, Antianxiety, ADD/ADHD, Sedative/Hypnotics, etc.
- HIV Antiviral Meds
- Immunosuppressives
- Thrombolytics (e.g., Xarelto®, Eliquis®, etc.)
- Diabetic and Medical Supplies
- Fertility Medications
- COVID Test Kits
- Albuterol Inhalers

## Mail Order Exceptions (Slide Layer)

### Medicare Advantage Medication Home Delivery

Express Scripts® Pharmacy is the preferred home delivery service for prescription medications with preferred cost-sharing and potential discounts on select plans and tiers. Prescriptions eligible for ESI mail order are those greater than or equal to a 35-day supply; some exceptions apply.

#### Mail Order Exceptions

Mail Order <35 Day-Supply Exceptions (may not be all-inclusive):

- Controlled Substances, Where Applicable
- State-Specific Controls
- Glucagon-Like Peptide-1 Agonists (GLP-1s)
- Nitrates/Nitroglycerin
- Psychotropics: Antidepressants, Antipsychotics, Antianxiety, ADD/ADHD, Sedative/Hypnotics, etc.
- HIV Antiviral Meds
- Immunosuppressives
- Thrombolytics (e.g., Xarelto®, Eliquis®, etc.)
- Diabetic and Medical Supplies
- Fertility Medications
- COVID Test Kits
- Albuterol Inhalers

**Note:** On limited D-SNP/ LIS plans with a Tier 3 and/ or Tier 4 copay cost-share; member savings only applies to a 100-day supply.

Select the button to view drug classes eligible for <35-day supply through Mail Order:

**Mail Order Exceptions**



## 4.12 Medicare Advantage Part B Diabetic Testing Supplies

**Medicare Advantage Part B Diabetic Testing Supplies**


In 2026, all MAPD plans will have the same Part B diabetic testing supply strategy.

**Preferred Manufacturers**

- Traditional Diabetic Testing supplies: Accu-Chek® and TRUE METRIX® with quantity limit of 1 meter per 365 days, 4 test strips per day
- Continuous Blood Glucose Monitoring: Dexcom or FreeStyle Libre with Prior Authorization

**Non-Preferred Manufacturers**

- Covered with approved prior authorization at the preferred manufacturer copay



### Notes:

#### Title: Medicare Advantage Part B Diabetic Testing Supplies

In 2026, all MAPD plans will have the same Part B diabetic testing supply strategy.

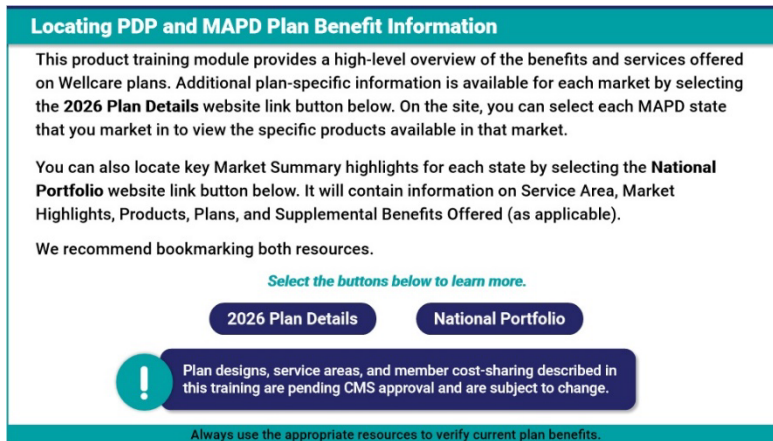
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- Continuous Blood Glucose Monitoring: Dexcom or FreeStyle Libre with Prior Authorization

#### Non-Preferred Manufacturers

- Covered with approved prior authorization at the preferred manufacturer copay

## 4.13 Locating PDP and MAPD Plan Benefit Information



**Locating PDP and MAPD Plan Benefit Information**


This product training module provides a high-level overview of the benefits and services offered on Wellcare plans. Additional plan-specific information is available for each market by selecting the **2026 Plan Details** website link button below. On the site, you can select each MAPD state that you market in to view the specific products available in that market.

You can also locate key Market Summary highlights for each state by selecting the **National Portfolio** website link button below. It will contain information on Service Area, Market Highlights, Products, Plans, and Supplemental Benefits Offered (as applicable).

We recommend bookmarking both resources.

*Select the buttons below to learn more.*

**2026 Plan Details**   **National Portfolio**

 Plan designs, service areas, and member cost-sharing described in this training are pending CMS approval and are subject to change.

Always use the appropriate resources to verify current plan benefits.

### Notes:

#### Title: Locating PDP and MAPD Plan Benefit Information

This product training module provides a high-level overview of the benefits and services offered on Wellcare plans. Additional plan-specific information is available for each market by selecting the **2026 Plan Details** website link button. On the site, you can select each MAPD state that you market in to view the specific products available in that market.

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We recommend bookmarking both resources.

***Select the buttons below to learn more.***

2026 Plan Details – [www.wellcarefirstlook.com](http://www.wellcarefirstlook.com)


National Portfolio – <https://1b3050-42a8.icpage.net/2026-wellcare-act-national-product-portfolio>

Plan designs, service areas, and member cost-sharing described in this training are pending CMS approval and are subject to change.

## 5. Summary

### 5.1 Summary

Summary



Now you should be able to:

- 1 Identify all Wellcare plan offerings for 2026.
- 2 Summarize product highlights and changes.
- 3 Explain 2026 benefits and coverage.
- 4 Identify available coverage by state.

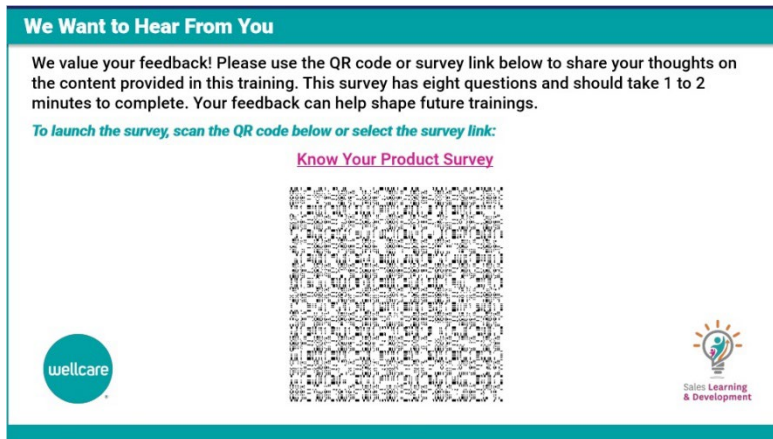
#### Notes:

#### Title: Summary

Now you should be able to:

1. Identify all Wellcare plan offerings for 2026.
2. Summarize product highlights and changes.
3. Explain 2026 benefits and coverage.
4. Identify available coverage by state.

## 5.2 We Want to Hear From You



### Notes:

#### Title: We Want to Hear From You

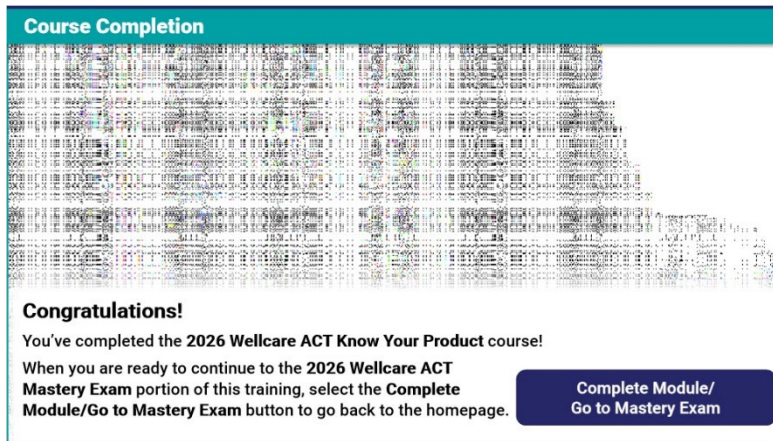
We value your feedback! Please use the QR code or survey link below to share your thoughts on the content provided in this training. This survey has eight questions and should take 1 to 2 minutes to complete. Your feedback can help shape future trainings.

To launch the survey, scan the QR code below or select the survey link:

#### Know Your Product Survey link:

[https://forms.office.com/Pages/ResponsePage.aspx?id=B8xc9H7IFU2\\_b\\_bLzNLTld7xRR7\\_SxVEvZpsNJKyQLIUNEhaQTFHSzgzNzBVMUdDS1k3M0Q5RFM5USQIQCN0PWcu&r654823c7b6a7444a8bc2f2d6f02ec91e=2026%20ACT%20Know%20Your%20Product&r7b052fe047a74ad3a150ddf4df0eadc6=Atena%20Martin](https://forms.office.com/Pages/ResponsePage.aspx?id=B8xc9H7IFU2_b_bLzNLTld7xRR7_SxVEvZpsNJKyQLIUNEhaQTFHSzgzNzBVMUdDS1k3M0Q5RFM5USQIQCN0PWcu&r654823c7b6a7444a8bc2f2d6f02ec91e=2026%20ACT%20Know%20Your%20Product&r7b052fe047a74ad3a150ddf4df0eadc6=Atena%20Martin)

## 5.3 Course Completion



### Notes:

#### Title: Course Completion

#### Congratulations!

You've completed the **2026 Wellcare ACT Know Your Product** course!

When you are ready to continue to the **2026 Wellcare ACT Mastery Exam** portion of this training, select the **Complete Module/Go to Mastery Exam** button to go back to the homepage.