A Guide to Submitting a Prescription Drug Plan Application on Medicare.gov

Step 1: Enter Medicare Information

Enter the Medicare Number and review important information. Confirm acknowledgment.

Step 1 of 7

Your Medicare information

You're joining: Wellcare Value Script (PDP)

Plan ID: S4802-152-0
Plan Includes: Only drug coverage

All fields required unless marked optional.

MEDICARE NUMBER
Where can I find my Medicare Number?

Important information:

If you have health or drug coverage from an employer or union: Talk to your current plan provider or employer before you make any changes. Joining a plan might cause you and your family to lose your employer or union coverage.

You're requesting to join a "Drug Plan." Generally, you can only join a separate Drug Plan if you have Original Medicare or if you have one of these types of health plans:

- Private Fee-for-Service Plan
- Medical Savings Account Plan
- Cost Plan

If you join this plan and have any other Medicare Advantage Plan (like an HMO or PPO), you'll lose your current plan's health coverage and you'll go back to Original Medicare when this plan's coverage starts.

Talk to your current plan if you have questions about what will happen to your current health coverage.

Privacy Act Statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

☐ I've read and understand the contents of this page.

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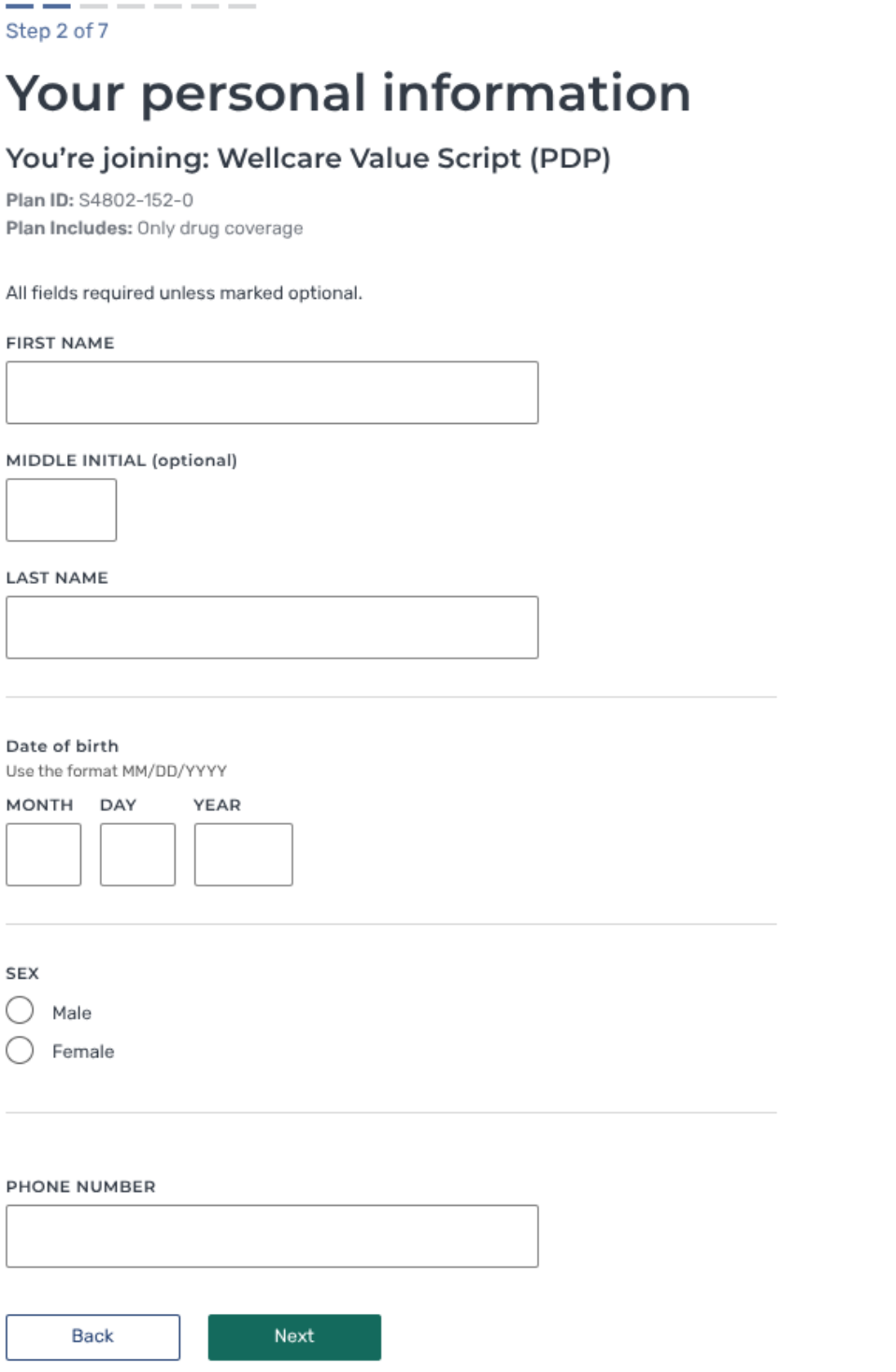
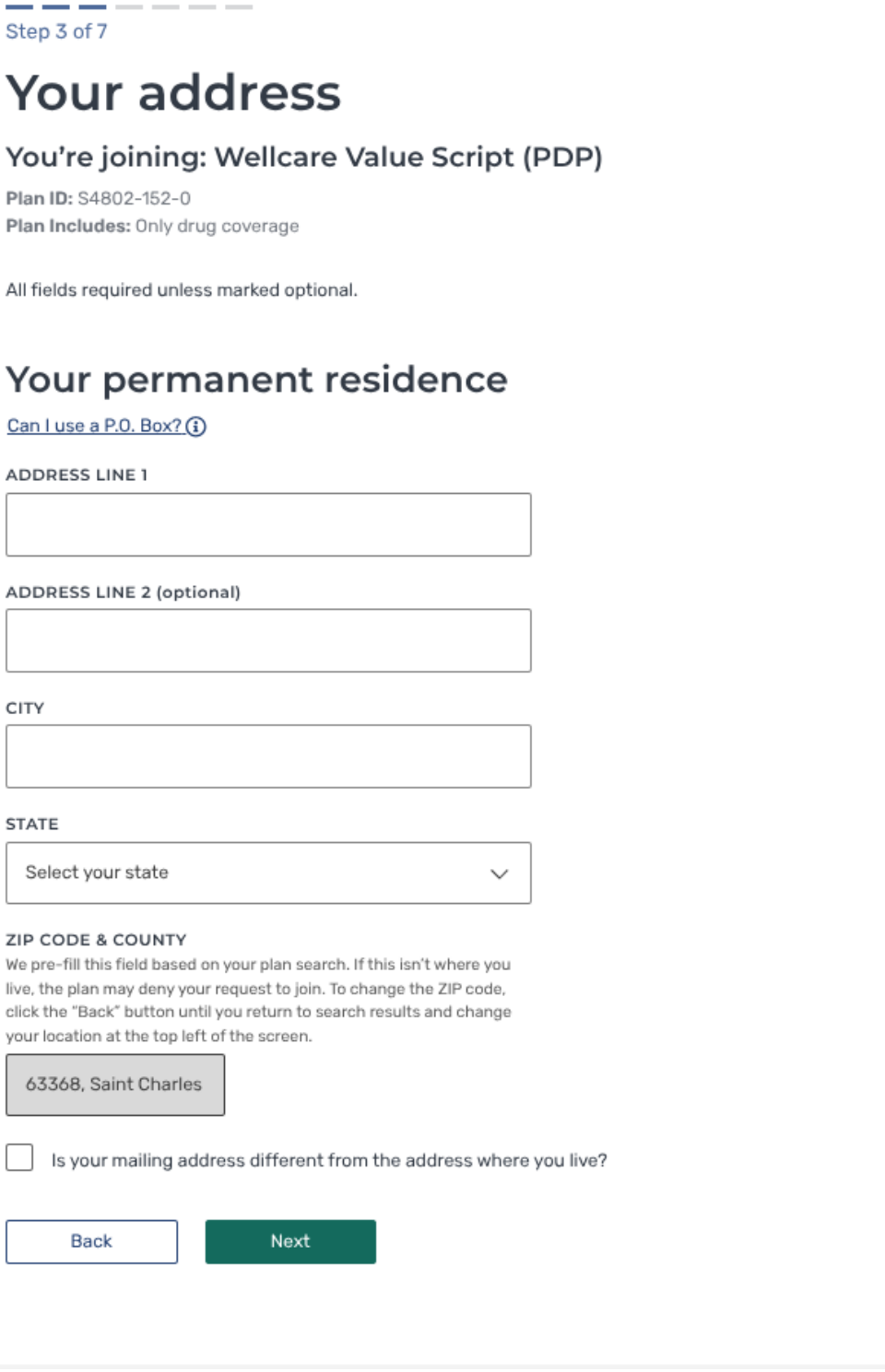
Step 2: Enter Personal Information

Fill in name, date of birth, sex, and phone number.



Step 3: Enter Address

Enter permanent residence and verify ZIP code.



Step 4: Answer General Questions

Answer coverage, employment, communication, and preference questions.

General questions

You're joining: Wellcare Value Script (PDP)

Plan ID: S4802-152-0
Plan Includes: Only drug coverage

All fields required unless marked optional.

Do you have other drug coverage that you're keeping in addition to this plan?
What are types of other drug coverage?

- ◯ Yes
- ◯ No

Do you work? (optional)

- ◯ Yes
- ◯ No

Does your spouse work? (optional)

- ◯ Yes
- ◯ No

Do you want to get materials from your plan by email? (optional)
What materials can be sent by email?

- ◯ Yes
- ◯ No

Select the language if you don't want to get plan materials in English (optional)
If you don't answer this question, you'll get materials in English.

- ◯ English
- ◯ Spanish
- ◯ Other: Contact the plan to request a different language

Select a format if you want to get materials in an accessible format (optional)
If you don't answer this question, you'll get standard print materials.

- ◯ Standard print format
- ◯ Braille
- ◯ Large print
- ◯ Audio CD
- ◯ Data CD

Step 5: Choose Payment Method

Select how the monthly premium will be paid.

Step 5 of 7

Paying your plan premium

You're joining: Wellcare Value Script (PDP)

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To keep your plan coverage, you have to pay your plan's monthly premium, including any late enrollment penalty you may owe. Some people qualify for Extra Help with drug costs to help pay their monthly premium. What's Extra Help?

Ways to pay your plan premium

Most people pay by having their plan premium deducted from their Social Security or Railroad Retirement Board (RRB) benefit. You can also pay your plan directly.
Learn more about my payment options

How do you want to pay your plan premiums?

- ◯ Deduct it from my Social Security or Railroad Retirement Board (RRB) benefit each month.
- ◯ I want the plan to bill me each month.

More about paying your premiums

If you get other help paying your premiums, like from a state program, you may get a refund for the amount covered by the state. Or, you may only have to pay your share of the premium. Learn more about paying premiums when you get other help.

If your income is over a certain amount, you'll have to pay a Part D-Income Related Monthly Adjustment Amount (Part D IRMAA) each month in addition to your plan premium. You must pay this extra amount to Medicare, not your plan, to keep your plan coverage. Most people have this extra amount deducted from their Social Security benefits. Learn more about Part D IRMAA.

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Step 6: Review & Sign Plan Agreement

Review agreement terms and confirm who is completing the application.

Step 6 of 7

Plan agreement

You're joining: Wellcare Value Script (PDP)

Plan ID: S4802-152-0
Plan Includes: Only drug coverage

All fields required unless marked optional.

Read and sign below

I understand and agree to the following:

- I must keep Hospital (Part A) or Medical (Part B) to keep Wellcare Value Script (PDP).
- By joining Wellcare Value Script (PDP), I acknowledge that this plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize collection of this information.
- The information I entered is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.

I understand that by checking the box below, this is my signature (or the signature of the person legally authorized to act on my behalf) on this application, and it means that I have read and understand these statements.

If a person legally authorized to act on my behalf checks the box below, it certifies that:

1. This person is authorized under state law to complete this application, and
2. Documentation of this person's legal authority is available upon request by Medicare.

☐ I've read and agree to these statements.

Who's completing this application?

◯ The person joining this plan (Me).
◯ An authorized representative for the person joining this plan.
What's an authorized representative? ⓘ
◯ A licensed agent, broker, or SHIP counselor.
◯ Someone else (I'm a friend, family member, or other person helping the person join this plan).

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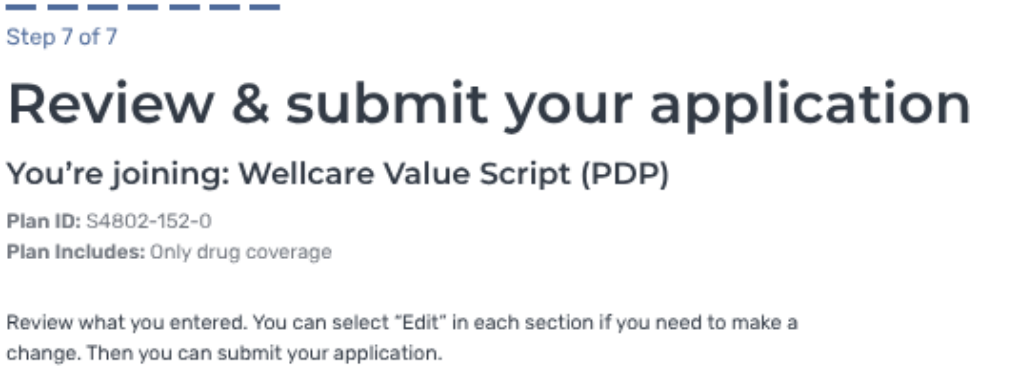
Step 7: Review & Submit

Review all information and submit the application.



Important Final Note

To confirm your enrollment, you may contact the carrier directly. You do not need to cancel your previous drug coverage, as it will automatically be terminated once your new prescription drug plan is active. If you experience any difficulties completing the application, please call 1-800-MEDICARE.