

SilverScript®

P.O. Box 52424, Phoenix, AZ 85072-2424



2018 Summary of Benefits

SilverScript Employer PDP sponsored by REHP (SilverScript)

A Medicare Prescription Drug Plan (PDP) offered by SilverScript® Insurance Company with a Medicare contract

January 1, 2018 – December 31, 2018

SECTION I – Introduction to Summary of Benefits

SilverScript Employer PDP sponsored by REHP (SilverScript) is a Medicare Part D prescription drug plan with additional coverage provided by REHP to expand the Part D benefits. “Employer PDP” means that the plan is an employer-provided Medicare Part D prescription drug plan. The plan is offered by SilverScript Insurance Company, which is affiliated with CVS Caremark®.

This *Summary of Benefits* booklet provides a summary of what SilverScript covers and what you will pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our services we cover, please call SilverScript and ask for the *Evidence of Coverage*.

You have choices about how to get your Medicare prescription drug benefits

REHP is offering you a plan not offered to the public. As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options:

SilverScript Employer PDP sponsored by REHP (SilverScript)

Coverage through another Medicare Part D prescription drug plan

Coverage through an individual Medicare Advantage Plan (like an HMO or PPO) or an individual Medicare health plan that offers Medicare prescription drug coverage. These plans are offered to individuals, not through an employer group like REHP. You get all of your Medicare Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.

Tips for comparing your Medicare choices

This *Summary of Benefits* booklet gives you a summary of what SilverScript covers and what you pay.

If you want to compare SilverScript with other Medicare health plans, ask the other plans for their *Summary of Benefits* booklets.

You can also find information about Medicare plans in your area other than SilverScript by using the *Medicare Plan Finder* on the Medicare website. Go to <https://www.medicare.gov> and click “Find health & drug plans.” There you can find information about costs, coverage and quality ratings for Medicare plans.

If you would like to know more about the coverage and costs of Original Medicare, review your current *Medicare & You* handbook. You can also view a copy online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For more information about the Medicare Part D portion of your plan, please call SilverScript Customer Care and ask for the *Evidence of Coverage*.

Who can join?

To join SilverScript, you must:

- Be eligible for coverage provided by REHP, and
- Be entitled to Medicare Part A and/or enrolled in Medicare Part B, and
- Be a United States citizen or be lawfully present in the United States, and
- Live in our service area, which is the United States and its territories, and
- Meet any additional eligibility requirements for this plan established by REHP.

Which drugs are covered?

SilverScript will send you a list of commonly used prescription drugs selected by SilverScript and **covered under the Medicare Part D portion of the plan**. This list of drugs is called an *Abridged Formulary*.

The *Abridged Formulary* does not include all the drugs covered by SilverScript. To find out if your drug is on the formulary (list of Part D prescription drugs) or about any restrictions, call SilverScript Customer Care. You may also request a copy of the complete plan formulary. The SilverScript formularies do not include any drugs that may be available to you through the additional coverage provided by REHP.

The formulary may change throughout the year. Drugs may be added or removed, or restrictions may be added or changed.

Restrictions on SilverScript coverage include:

Prior Authorization (PA)

For certain prescription drugs, you or your provider need to get approval from the plan *before* SilverScript will agree to cover the drug for you. This is called “**prior authorization.**” If you do not get this approval, your prescription drug might not be covered by SilverScript.

Step Therapy (ST)

In some cases, SilverScript requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B treat the same medical condition and Drug A is just as effective as Drug B, the plan may require you to try Drug A first. If Drug A does not work for you, the plan will then cover Drug B. This requirement to try a different drug first is called “**step therapy.**”

Quantity Limits (QL)

For certain prescription drugs, SilverScript limits the amount of the prescription drug that you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. This is called “**quantity limits.**”

REHP has elected to cover certain prescription drugs not covered under Medicare Part D as prescribed and dispensed as part of an additional benefit. Payments made for these drugs will not count toward your Initial Coverage Limit (ICL) or total out-of-pocket costs. Please contact SilverScript Customer Care with any questions regarding your additional benefit.

How will I determine my drug costs?

SilverScript groups each medication into one of three tiers. You will need to use your formulary to find out the tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and whether you are in the Deductible (if any), Initial Coverage, Coverage Gap, or Catastrophic Coverage Stage. As you move from stage to stage, the amount you and the plan pay for your drugs may change. If the actual cost of a drug is less than the normal copayment or coinsurance for that drug, you will pay the actual cost, not the higher copayment or coinsurance.

Please note: REHP provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. There may be instances where your share of the cost may be more or less due to this additional coverage. If you are unsure about your share of the cost for a drug or which drugs may or may not be covered, please call SilverScript Customer Care.

For more information about formulary tiers and drug payment stages, please see the formulary and the *Evidence of Coverage*, or contact SilverScript Customer Care.

Which pharmacies can I use?

The plan has a network of pharmacies, including retail, mail order, long-term care and home infusion pharmacies.

Through the additional coverage provided by REHP, you may be able to save on your maintenance prescription drugs by changing your 30-day supply to a 90-day supply at any CVS Pharmacy®, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location. These pharmacies are called “preferred network retail pharmacies.”

If you are currently taking any long-term prescription drugs, you can continue to fill your 30-day supplies. However, you may save by changing your 30-day supply to a lower-cost 90-day supply. Filling one 90-day supply may cost you less than three 30-day supplies of the same prescription drug.

You can choose from two 90-day supply options for the same low price.

Option 1: Refill at any CVS Pharmacy, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location, and pick up your prescription drugs at your convenience.

Option 2: Refill with CVS Caremark Mail Service Pharmacy™ and have a 90-day supply of your long-term prescription drugs shipped to your home.

For questions about maintenance drugs with additional coverage provided by REHP, including the cost to fill these drugs, please contact SilverScript Customer Care at 1-866-329-2088 (TTY: 711), 24 hours a day, 7 days a week.

Please note: After the mail-order pharmacy receives an order, it typically takes up to 10 days for you to receive your prescription drug.

The pharmacies in our network can change at any time. To find a network pharmacy near your home or where you are travelling in the United States or its territories, call SilverScript Customer Care.

In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

If you may need to get your prescription filled while you are traveling outside the country, contact SilverScript Customer Care **before** you leave the U.S. You can request a vacation override for up to a 90-day supply of your medication.

Please note: Veterans Affairs (VA) pharmacies are not permitted to be included in Medicare Part D pharmacy networks. The federal government does not allow you to receive benefits from more than one government program at the same time.

If you are eligible for VA benefits, you may still use VA pharmacies under your VA benefits. However, the cost of those medications and what you pay out-of-pocket will not count toward your Medicare out-of-pocket costs or Medicare total drug costs. Each time you get a prescription filled, you can compare your REHP benefit through SilverScript to your VA benefit to determine the best option for you.

For more information

You can call us 24 hours a day, 7 days a week.

SilverScript phone numbers

Call toll free at 1-866-329-2088, 24 hours a day, 7 days a week. TTY users should call 711.

This document is available in other formats such as Braille and large print. ATTENTION: If you speak Spanish or other languages, language assistance services, free of charge, are available to you. Call 1-866-329-2088 (TTY: 711). ATENCIÓN: Si usted habla español o otros idiomas, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-329-2088 (TTY: 711).

SECTION II – Summary of Benefits

January 1, 2018 – December 31, 2018

In 2018, the standard Medicare Part D plan maximum out-of-pocket expense of \$5,000 includes the deductible, if any, any amount you have paid for your copayment and/or coinsurance, any amount you have paid during the coverage gap, any manufacturer discounts on your brand-name drugs in the coverage gap, and any amount paid by Extra Help or other governmental or assistance organizations on your behalf.

Medicare's maximum out-of-pocket cost does not include the monthly premium, if any, the cost of any prescription drugs not covered by Medicare, any amount paid by SilverScript, or any amount paid through the additional coverage provided by REHP.

Your Prescription Drug Benefits – Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?

Please contact REHP for more information about the premium for this plan.

You must continue to pay your Medicare Part B premium, as applicable.

Part D premium for high income retirees (Part D-IRMAA)

If your individual income is over \$85,000, or if your income is over \$170,000 and you are married filing your taxes jointly, you will be required to pay an income-related monthly premium to the federal government in order to maintain your Medicare prescription drug coverage. This premium is adjusted based on your income. Note: If your income is below these amounts, there is no Part D premium.

You will receive a letter from Social Security letting you know if you have to pay this amount, which is called the **Part D Income Related Monthly Adjustment Amount (Part D-IRMAA)**. This letter will explain how they determined the Part D-IRMAA amount you must pay.

If you are responsible for the Part D-IRMAA, it will be deducted automatically from your Social Security check. If your Social Security check is not enough to cover this premium, Medicare will send you a bill. You do not pay this amount to REHP or SilverScript. You send your payment to Medicare.

For more information about the withholdings from your Social Security check, visit <https://www.ssa.gov/medicare/mediinfo.html>, or call 1-800-772-1213, 7 a.m. to 7 p.m., Monday through Friday, or visit your local Social Security office. TTY users should call 1-800-325-0778.

It is important that you make the payment, if required. If you do not, Medicare will notify SilverScript that it must stop your prescription drug coverage and you will be disenrolled from the plan.

For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

How much is the deductible?

This plan does not have a deductible.

Initial Coverage Stage

You pay the amounts below until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs for Part D drugs paid by both you and the plan.

You may get your drugs at network retail pharmacies and through the mail-order pharmacy. Our network includes preferred network retail pharmacies, which may offer you lower costs than other network pharmacies. You may go to either preferred network pharmacies or non-preferred network pharmacies to receive your covered prescription drugs.

Your share of the cost when you get a 30-day supply of a covered Part D prescription drug from:

	Preferred Network Retail Pharmacy (Up to a 30-day supply)	Non-Preferred Network Retail Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 34-day supply)
Tier 1 (Generic/Preferred Generic)	\$12.00	\$12.00	\$12.00
Tier 2 (Preferred Brand)	\$30.00 *	\$30.00 *	\$30.00 *
Tier 3 (Non-Preferred Brand)	\$60.00 *	\$60.00 *	\$60.00 *

*Plus the cost difference between brand and generic, if one exists.

Your share of the cost when you get a *long-term* supply (up to 90 days) of a covered Part D prescription drug from:

	Preferred Network Retail Pharmacy (Up to a 90-day supply)	Non-Preferred Network Retail Pharmacy (Up to a 90-day supply)	Mail-Order Pharmacy (Up to a 90-day supply)
Tier 1 (Generic/Preferred Generic)	\$18.00	\$24.00	\$18.00
Tier 2 (Preferred Brand)	\$45.00 *	\$60.00 *	\$45.00 *
Tier 3 (Non-Preferred Brand)	\$90.00 *	\$120.00 *	\$90.00 *

*Plus the cost difference between brand and generic, if one exists.

Coverage Gap Stage

Due to the additional coverage provided by REHP, you have the same copayments or coinsurance that you had during the Initial Coverage Stage. Therefore, you may see no change in your copayment and/or coinsurance until you qualify for catastrophic coverage.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:

5% of the cost, or

\$3.35 copayment for generics (or a drug that is treated like a generic) and an \$8.35 copayment for all other drugs.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

The typical number of business days after the mail-order pharmacy receives an order to receive your shipment is up to 10 days.

SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal.

SilverScript® Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SilverScript Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SilverScript Insurance Company:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need written information in other formats or free language services, please contact Customer Care. This number can be found on the back of your member ID card or on the letter that accompanied this notice.

If you believe that SilverScript Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: SilverScript Insurance Company, Grievance Department, P.O. Box 53991, Phoenix, AZ 85072-3991. Fax: 1-866-217-3353.

You can file a grievance by mail, or by fax. If you need help filing a grievance, the SilverScript Grievance Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Customer Care at the number on your member ID card.

SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al Cuidado al Cliente al teléfono indicado en su tarjeta de membresía.

CHINESE

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨打会员卡上的客户服务电话。

VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi cho bộ phận Chăm sóc Khách hàng theo số điện thoại ghi trên thẻ hội viên của quý vị.

KOREAN

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 멤버십 카드에 있는 고객 지원센터로 연락 주시기 바랍니다.

TAGALOG

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang Customer Care sa numero na nasa iyong kard bilang kasapi.

RUSSIAN

ВНИМАНИЕ: Если вы говорите по-русски, вам будут бесплатно предоставлены услуги переводчика. Звоните по номеру телефона, указанному на вашей членской карточке.

ARABIC

ملاحظة: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجانًا من أجلك. اتصل برقم رعاية العملاء المبين على بطاقة عضويتك.

FRENCH CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Kliyan nan nimewo ki make sou kat manm ou an.

FRENCH

ATTENTION: Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Appelez le Service client au numéro figurant sur votre carte de membre.

POLISH

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń na numer Obsługi Klienta podany na Twojej karcie członkowskiej.

PORTUGUESE

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Ligue para o atendimento ao cliente no número impresso no cartão de filiação.

ITALIAN

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami l'Assistenza Clienti al numero indicato sulla sua tessera di iscrizione.

JAPANESE

お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。メンバーカードの裏側に記されている電話番号までお問い合わせください。

GERMAN

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher kostenlos zur Verfügung. Rufen Sie Kundenbetreuung unter der Telefonnummer auf Ihrer Mitgliedskarte an.

FARSI

توجه: چنانچه به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، به صورت رایگان، در اختیار شما قرار خواهد گرفت. از طریق شماره روی کارت عضویت خود با بخش رسیدگی به مشتریان تماس بگیرید.

SilverScript - S5601

2018 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

How our members rate our plan's services and care;

How well our doctors detect illnesses and keep members healthy;

How well our plan helps our members use recommended and safe prescription medications.

For 2018, SilverScript received the following Overall Star Rating from Medicare:

★★★★
4 Stars

We received the following Summary Star Rating for SilverScript's health/drug plan services:

Health Plan Services: Not Offered

★★★★
4 Stars

Drug Plan Services:

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 24 Hours a day Local time, 7 days a week at 866-552-6106 (toll-free) or 711 (TTY).

Current members please call 866-235-5660 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

ATTENTION: If you speak Spanish or other languages, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY: 711). ATENCIÓN: Si usted habla español o otros idiomas, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

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Important Plan Information
Información Importante Sobre el Plan