



SilverScript Employer PDP sponsored by REHP (SilverScript) **Annual Notice of Changes for 2018**

You are currently enrolled as a member of SilverScript. Next year, there may be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 23 until November 13 to make changes to your SilverScript coverage for next year.**
 - **Please note:** This prescription drug coverage is offered in conjunction with your medical coverage. **If you choose a Medicare prescription drug plan other than SilverScript, you will lose your medical and prescription drug coverage provided by REHP.**
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What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.

It's important to review your coverage now to make sure it will meet your needs next year.

Do the changes affect the services you use?

Look in Section 1 for information about benefit and cost changes for our plan.

- Check the changes in this booklet for your prescription drug coverage to see if they affect you.

Will your drugs be covered?

Are your drugs in a different tier, with different cost sharing?

Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?

Can you keep using the same pharmacies? Are there changes to the cost of using these pharmacies?

Review the 2018 Drug List and look in Section 1.3 for information about changes to our drug coverage.

- Think about your overall health care costs.

How much will you spend out-of-pocket for the services and prescription drugs you use regularly?

How much will you spend on your premium and deductibles?

How do your total plan costs compare to other Medicare coverage options?

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Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

Check coverage and costs of plans in your area.

Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov>. Click “Find health & drug plans.”

Review the list in the back of your *Medicare & You* handbook.

Look in Section 2 to learn more about your choices.

Once you narrow your choice to a preferred plan, confirm your costs and coverage.

3. CHOOSE: Decide whether you want to change your plan

If you want to **keep** SilverScript, you don’t need to do anything. You will stay in SilverScript.

To change to a **different plan** that may better meet your needs, you can opt out of Rx and medical between October 23 and November 13.

Please note: This prescription drug coverage is offered in conjunction with your medical coverage. If you choose a Medicare prescription drug plan other than SilverScript, you will lose your medical and prescription drug coverage provided by REHP.

Additional Resources

- **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).
- This information is available in a different format, including Braille, large print, and audio formats. Please call SilverScript Customer Care if you need plan information in another format.

About SilverScript

- 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.
 - When this booklet says “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it says “plan” or “our plan,” it means SilverScript.
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Summary of Important Costs for 2018

The table below compares the 2017 costs and 2018 costs for SilverScript in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*** and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2017 (this year)	2018 (next year)
<p>Monthly plan premium*</p> <p>*Your premium may be higher or lower. See Section 1.1 for details.</p> <p>(You must continue to pay your Medicare Part B premium, if applicable.)</p>	Please contact REHP for more information about the premium for this plan.	Please contact REHP for more information about the premium for this plan.
<p>Part D prescription drug coverage</p> <p>(See Section 1.3 for details.)</p>	You have no deductible.	You have no deductible.
	<p>Your share of the cost during the Initial Coverage Stage:</p> <p>Preferred Network Retail Pharmacy (30-day)</p> <p>Generic/Preferred Generic: \$10.00 Preferred Brand: \$20.00 * Non-Preferred Brand: \$40.00 *</p> <p>Non-Preferred Network Retail Pharmacy (30-day)</p> <p>Generic/Preferred Generic: \$10.00 Preferred Brand: \$20.00 * Non-Preferred Brand: \$40.00 *</p> <p>Preferred Network Retail Pharmacy (90-day)</p> <p>Generic/Preferred Generic: \$15.00 Preferred Brand: \$30.00 *</p>	<p>Your share of the cost during the Initial Coverage Stage:</p> <p>Preferred Network Retail Pharmacy (30-day)</p> <p>Generic/Preferred Generic: \$12.00 Preferred Brand: \$30.00 * Non-Preferred Brand: \$60.00 *</p> <p>Non-Preferred Network Retail Pharmacy (30-day)</p> <p>Generic/Preferred Generic: \$12.00 Preferred Brand: \$30.00 * Non-Preferred Brand: \$60.00 *</p> <p>Preferred Network Retail Pharmacy (90-day)</p> <p>Generic/Preferred Generic: \$18.00 Preferred Brand: \$45.00 *</p>

Cost	2017 (this year)	2018 (next year)
	<p>Non-Preferred Brand: \$60.00 *</p> <p>Non-Preferred Network Retail Pharmacy (90-day)</p> <p>Generic/Preferred Generic: \$20.00 Preferred Brand: \$40.00 *</p> <p>Non-Preferred Brand: \$80.00 *</p> <p>Mail Order (90-day)</p> <p>Generic/Preferred Generic: \$15.00 Preferred Brand: \$30.00 *</p> <p>Non-Preferred Brand: \$60.00 *</p>	<p>Non-Preferred Brand: \$90.00 *</p> <p>Non-Preferred Network Retail Pharmacy (90-day)</p> <p>Generic/Preferred Generic: \$24.00 Preferred Brand: \$60.00 *</p> <p>Non-Preferred Brand: \$120.00 *</p> <p>Mail Order (90-day)</p> <p>Generic/Preferred Generic: \$18.00 Preferred Brand: \$45.00 *</p> <p>Non-Preferred Brand: \$90.00 *</p>

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

Annual Notice of Changes for 2018
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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2017 (this year)	2018 (next year)
Monthly plan premium (You must continue to pay your Medicare Part B premium, if applicable.)	Please contact REHP for more information about the premium for this plan.	Please contact REHP for more information about the premium for this plan.

Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more, if you enroll in Medicare prescription drug coverage in the future. Chapter 1 in the *Evidence of Coverage* explains the late enrollment penalty.

- If you are required to pay a late enrollment penalty, the amount of your penalty depends on how long you waited before you enrolled in drug coverage or how many months you were without drug coverage after you became eligible.
- If you have a late enrollment penalty, you will receive a monthly invoice from SilverScript. If you do not pay the monthly late enrollment penalty premium, you could be disenrolled for failure to pay your plan premium. Therefore, to avoid disenrollment, make sure your late enrollment penalty is paid.

If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage. This additional amount is called Part D Income Related Monthly Adjustment Amount (Part D–IRMAA). Chapter 1 in the *Evidence of Coverage* explains Part D–IRMAA.

Your monthly premium may be less if you are receiving “Extra Help” with your prescription drug costs.

Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare prescription drug plans have a network of pharmacies. Chapter 3 in the *Evidence of Coverage* explains how to locate and fill prescriptions at network pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies. Our network includes preferred pharmacies, which may offer you lower costs than other network pharmacies for some drugs.

There may be changes to our network of pharmacies for next year. We included a copy of our *Pharmacy Directory* in the envelope with this booklet. You may also call SilverScript Customer Care for updated pharmacy information. **Please review the 2018 *Pharmacy Directory* to see which pharmacies are in our network.**

Section 1.3 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” The Drug List we included in this envelope includes many — *but not all* — of the drugs that we will cover under the Medicare Part D portion of your plan next year. It does not include drugs that you can get due to the additional coverage provided by REHP. If you don’t see your drug on this list, it might still be covered. **You can get the *complete Drug List*** with all the drugs covered by the Medicare Part D portion of the plan by calling SilverScript Customer Care.

We may make changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Restrictions 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.”

If there is a restriction for your drug, it usually means that you or your provider will have to take extra steps in order for us to cover the drug. If there is a restriction on the drug you want to take, you should contact SilverScript Customer Care to learn what you or your provider would need to do to get coverage for the drug.

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 or which drugs may or may not be covered, please call SilverScript Customer Care.

If you are affected by a change in the drugs covered by the Medicare Part D portion of your drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
 - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call SilverScript Customer Care.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call SilverScript Customer Care to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply, see Chapter 3, Section 5.2 of the *Evidence of Coverage*.)

While you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you previously received a prior authorization (PA) for a drug that is being removed from the formulary in 2018, that drug will no longer be covered even if your PA extends into 2018 or beyond. Please review your copy of the 2018 formulary to determine which drugs are covered in 2018.

If you currently have a formulary exception for a drug you are taking, please refer to the letter you received that granted the exception to see whether your exception continues beyond the plan year. If it states your formulary exception will expire at the end of the plan year, you will need to submit a new exception request for the drug if its formulary status has not changed. You can call SilverScript Customer Care with questions about your current formulary exception.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call SilverScript Customer Care and ask for the “LIS Rider.” Phone numbers for SilverScript Customer Care are in Section 6.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The following information shows the changes for next year to the first two drug payment stages — the Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages — the Coverage Gap Stage or the Catastrophic Coverage Stage. The Coverage Gap Stage and the Catastrophic Coverage Stage are for people with high drug costs. To get information about your costs in these stages, look at Chapter 4, Sections 6 and 7 of the enclosed *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2017 (this year)	2018 (next year)
Stage 1: Deductible Stage	Because you have no deductible, this payment stage does not apply to you.	Because you have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 4, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs*, in your *Evidence of Coverage*.

Stage	2017 (this year)	2018 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Since you do not have an annual deductible, you start in the Initial Coverage Stage when you fill your first prescription of the year.</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>You pay the costs in this table when you fill your prescription at a preferred or non-preferred network retail pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the prescription drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your share of the cost during the Initial Coverage Stage:</p> <p>Preferred Network Retail Pharmacy (30-day)</p> <p>Generic/Preferred Generic: \$10.00 Preferred Brand: \$20.00 * Non-Preferred Brand: \$40.00 *</p> <p>Non-Preferred Network Retail Pharmacy (30-day)</p> <p>Generic/Preferred Generic: \$10.00 Preferred Brand: \$20.00 * Non-Preferred Brand: \$40.00 *</p> <p>Preferred Network Retail Pharmacy (90-day)</p> <p>Generic/Preferred Generic: \$15.00 Preferred Brand: \$30.00 * Non-Preferred Brand: \$60.00 *</p> <p>Non-Preferred Network Retail Pharmacy (90-day)</p> <p>Generic/Preferred Generic: \$20.00 Preferred Brand: \$40.00 * Non-Preferred Brand: \$80.00 *</p>	<p>Your share of the cost during the Initial Coverage Stage:</p> <p>Preferred Network Retail Pharmacy (30-day)</p> <p>Generic/Preferred Generic: \$12.00 Preferred Brand: \$30.00 * Non-Preferred Brand: \$60.00 *</p> <p>Non-Preferred Network Retail Pharmacy (30-day)</p> <p>Generic/Preferred Generic: \$12.00 Preferred Brand: \$30.00 * Non-Preferred Brand: \$60.00 *</p> <p>Preferred Network Retail Pharmacy (90-day)</p> <p>Generic/Preferred Generic: \$18.00 Preferred Brand: \$45.00 * Non-Preferred Brand: \$90.00 *</p> <p>Non-Preferred Network Retail Pharmacy (90-day)</p> <p>Generic/Preferred Generic: \$24.00 Preferred Brand: \$60.00 * Non-Preferred Brand: \$120.00 *</p>

Stage	2017 (this year)	2018 (next year)
	Mail Order (90-day) Generic/Preferred Generic: \$15.00 Preferred Brand: \$30.00 * Non-Preferred Brand: \$60.00 *	Mail Order (90-day) Generic/Preferred Generic: \$18.00 Preferred Brand: \$45.00 * Non-Preferred Brand: \$90.00 *
	Once your total drug costs have reached \$3,700, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$3,750, you will move to the next stage (the Coverage Gap Stage).

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

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Due to the additional coverage provided by REHP, you have the same copayments or coinsurance during the coverage gap 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.

You qualify for the Catastrophic Coverage Stage when your Medicare true out-of-pocket (also known as TrOOP) costs have reached the \$5,000 limit for the plan year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the plan year.

For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If You Want to Stay in SilverScript

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan, you will automatically stay enrolled as a member of our plan for 2018.

Section 2.2 – If You Want to Change Plans

We hope to keep you as a member next year, but if you want to change for 2018, follow these steps:

Step 1: Learn about and compare your choices

- You can stay in your current prescription drug plan.
- You can join a different Medicare prescription drug plan.
- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage.

Please note: This prescription drug coverage is offered in conjunction with your medical coverage. If you choose a Medicare prescription drug plan other than SilverScript, you will lose your medical and prescription drug coverage provided by REHP.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2018*, call your State Health Insurance Assistance Program (SHIP) (see Section 4 for contact information), or call Medicare (see Section 6.2).

You can also find information about 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.” **Here you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To **change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from SilverScript.
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you will automatically be disenrolled from SilverScript.
 - You will automatically be disenrolled from SilverScript if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a non-REHP Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep SilverScript for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from SilverScript. However, you must be enrolled in your REHP medical plan to remain enrolled in SilverScript. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from SilverScript. To ask to be disenrolled, you must send us a written request or contact 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.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact SilverScript Customer Care if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
 - –OR– Contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

You can make a change during the **Annual Enrollment Period for REHP from October 23 – November 13**.

Please note: This prescription drug coverage is offered in conjunction with your medical coverage. If you choose a Medicare prescription drug plan other than SilverScript, you will lose your medical and prescription drug coverage provided by REHP.

If you disenroll from Medicare prescription drug coverage and go without creditable prescription drug coverage, you may need to pay a late enrollment penalty if you join a Medicare drug plan later. See Chapter 1 in the *Evidence of Coverage* for more information about the late enrollment penalty.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area are allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 4 Programs That Offer Free Counseling about Medicare

A State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. A SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. To learn more about the program, check with your state’s SHIP (the name and phone numbers for this organization are in the Appendix of your *Evidence of Coverage*).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Listed below are three different kinds of help:

“Extra Help” from Medicare. People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
- Your State Medicaid Office (applications).

Help from your state’s pharmaceutical assistance program. A State Pharmaceutical Assistance Program (SPAP) helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your state’s SPAP (the name and phone numbers for this organization are in the Appendix of your *Evidence of Coverage*).

- **Prescription cost-sharing assistance for persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through your state’s ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call your state’s ADAP (the name and phone numbers for this organization are in the Appendix of your *Evidence of Coverage*).

SECTION 6 Questions?

Section 6.1 – Getting Help from SilverScript

Questions? We're here to help. Please call SilverScript Customer Care at 1-866-329-2088. TTY users should call 711. We are available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

Read your 2018 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2018. For details, look in the 2018 *Evidence of Coverage* for SilverScript. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is included in this envelope.

Visit our Website

You can also visit our website at rehp.silverscript.com. As a reminder, our website has the most up-to-date information about our pharmacy network.

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. To view the information about plans, go to <https://www.medicare.gov> and click on "Find health & drug plans."

Read *Medicare & You 2018*

You can read the *Medicare & You 2018* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or 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.



SilverScript Customer Care

CALL	1-866-329-2088 Calls to this number are free, 24 hours a day, 7 days a week. SilverScript Customer Care also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free, 24 hours a day, 7 days a week.
FAX	1-888-472-1129
WRITE	SilverScript Insurance Company P.O. Box 6590 Lee's Summit, MO 64064-6590
WEBSITE	rehp.silverscript.com

State Health Insurance Assistance Program

A State Health Insurance Assistance Program (SHIP) is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. You will find contact information for the SHIP in your state in the Appendix of your *Evidence of Coverage*.