



# 2017 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, 2017 – December 31, 2017



# Summary of Benefits

January 1, 2017 – December 31, 2017

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 benefits, please call SilverScript and ask for the *Evidence of Coverage*.

## Who can join?

To join SilverScript, you must be eligible for coverage provided by REHP, be entitled to Medicare Part A and/or be enrolled in Medicare Part B, be a United States citizen or be lawfully present in the United States and live in our service area. SilverScript is available in the United States and its territories.

## Which drugs are covered?

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.

SilverScript does not cover prescription drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover prescription drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Part D prescription drug plan benefit and that are on our drug list.

## How will I determine my drug costs?

Our plan groups each medication into one of three tiers. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: Initial Coverage Stage, Coverage Gap Stage, and Catastrophic Coverage Stage. As you move from stage to stage, the amount you and the plan pay for your drugs may change. For more information about formulary tiers and stages of the benefit, please see the formulary and the *Evidence of Coverage* or contact SilverScript Customer Care at the number listed below.

## Which pharmacies can I use?

To find out if your pharmacy is in our network, visit our website ([rehp.silverscript.com](http://rehp.silverscript.com)), or call SilverScript Customer Care.

In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies. See Section 2 of Chapter 3 in the *Evidence of Coverage* for more information.

**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.**

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.

### **For More Information**

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

### **SilverScript phone numbers and website**

- Call toll-free at 1-866-329-2088. TTY users should call 711.
- Visit our website ([rehp.silverscript.com](http://rehp.silverscript.com))

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://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.

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 days after the mail-service pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail-order delivery.

This document is available in other formats such as Braille and large print. This information is available for free in other languages. Please call our SilverScript Customer Care number at 1-866-329-2088 (TTY: 711), 24 hours a day, 7 days a week. Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Cuidado al Cliente SilverScript, al 1-866-329-2088 (teléfono de texto (TTY): 711), las 24 horas del día, los 7 días de la semana.

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### Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

	SilverScript
<b>How much is the monthly premium?</b> (You must continue to pay your Medicare Part B premium, if applicable.)	Please contact REHP for more information about the premium for this plan.
<b>How much is the deductible?</b>	This plan does not have a deductible.

### Prescription Drug Benefits

Initial Coverage Stage	SilverScript
	<p>You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail-order pharmacies.</p>

### Preferred Network Retail Pharmacy

Initial Coverage Stage (cont.)	Tier	SilverScript	
		Up to a 30-day supply	Up to a 90-day supply
	<b>Tier 1</b> (Generic/Preferred Generic)	\$10.00 copay	\$15.00 copay
	<b>Tier 2</b> (Preferred Brand)	\$20.00 * copay	\$30.00 * copay
	<b>Tier 3</b> (Non-Preferred Brand)	\$40.00 * copay	\$60.00 * copay

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

## Non-Preferred Network Retail Pharmacy

Initial Coverage Stage (cont.)	SilverScript		
	Tier	Up to a 30-day supply	Up to a 90-day supply
	<b>Tier 1</b> (Generic/Preferred Generic)	\$10.00 copay	\$20.00 copay
	<b>Tier 2</b> (Preferred Brand)	\$20.00 * copay	\$40.00 * copay
	<b>Tier 3</b> (Non-Preferred Brand)	\$40.00 * copay	\$80.00 * copay

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

## Mail-Order Pharmacy

Initial Coverage Stage (cont.)	SilverScript	
	Tier	Up to a 90-day supply
	<b>Tier 1</b> (Generic/Preferred Generic)	\$15.00 copay
	<b>Tier 2</b> (Preferred Brand)	\$30.00 * copay
	<b>Tier 3</b> (Non-Preferred Brand)	\$60.00 * copay

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

## Long-Term Care (LTC) Pharmacy

Initial Coverage Stage (cont.)	SilverScript	
	Tier	Up to a 34-day supply
	<b>Tier 1</b> (Generic/Preferred Generic)	\$10.00 copay
	<b>Tier 2</b> (Preferred Brand)	\$20.00 * copay
	<b>Tier 3</b> (Non-Preferred Brand)	\$40.00 * copay

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

## Coverage Gap Stage

SilverScript
REHP will provide additional coverage that will keep your copays/coinsurance consistent through the coverage gap. Therefore, you will see no change in copay until you qualify for catastrophic coverage.

**Catastrophic Coverage Stage****SilverScript**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:

- 5% of the cost, or
- \$3.30 copay for generic (including brand drugs treated as generic) and a \$8.25 copay for all other drugs.

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 these services, contact SilverScript Customer Care at 1-866-884-9478, 24 hours a day, 7 days a week. TTY users should call 711.

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

Phone: 1-866-884-9478  
TTY: 711  
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, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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.



**Important Plan Information**  
**Información Importante Sobre el Plan**