



## ***SilverScript Employer PDP sponsored by REHP (SilverScript)*** **Annual Notice of Changes for 2022**

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 25 until November 12 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.**

---

### **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 2022 Drug List and look in Section 1.3 for information about changes to our drug coverage.

Your drug costs may have risen since last year. Talk to your doctor about lower-cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.

To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.medicare.gov/drugprices), and click the "dashboards" link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other

year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- 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?

- 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 [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

Review the list in the back of your *Medicare & You 2022* 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 don't join another plan by **November 12, 2021**, you will stay enrolled in SilverScript.

To change to a **different plan** that may better meet your needs, you can opt out of RX and medical between **October 25** and **November 12**.

**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.**

## 4. **ENROLL:** To change plans, join a plan between **October 25 and November 12, 2021**

If you don't join another plan by **November 12, 2021**, you will stay enrolled in SilverScript.

If you join another plan by **November 12, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

### **Additional Resources**

This document is available for free in Spanish.

Please contact Customer Care at 1-866-329-2088 for additional information. (TTY users should call 711.) Hours are 24 hours a day, 7 days a week.

This information is available in a different format, including braille, large print, and audio. Please call Customer Care if you need plan information in another format.

### **About SilverScript**

When this booklet says "we," "us," or "our," it means SilverScript® Insurance Company. When it says "plan" or "our plan," it means 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.

### **Disclaimers**

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

SilverScript's pharmacy network includes limited lower-cost, preferred pharmacies in Alaska; suburban and rural areas of Idaho, Puerto Rico, Washington, and Wyoming; and rural areas of Arkansas, Colorado, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, Oregon, and Wisconsin. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-329-2088 (TTY: 711), 24 hours a day, 7 days a week, or consult the online pharmacy directory at [rehp.silverscript.com](http://rehp.silverscript.com).

Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

---

## Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for SilverScript in several important areas. **Please note this is only a summary of changes.** You can review the *Evidence of Coverage* to see if other benefit or cost changes affect you. A copy of your *Evidence of Coverage* is located online at MyDocumentSource.MemberDoc.com. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
<b>Monthly plan premium*</b> *Your premium may be higher or lower. See Section 1.1 for details.	Please contact the PEBTF for more information about the premium for this plan.	Please contact the PEBTF for more information about the premium for this plan.
<b>Part D prescription drug coverage</b> (See Section 1.3 for details.)	You have no deductible.  <b>Your share of the cost during the Initial Coverage Stage:</b>  <b>Network Retail Pharmacy (30-day supply available at <u>any</u> network pharmacy)</b> Generic/Preferred Generic: \$12.00 Preferred Brand: \$30.00 * Non-Preferred Brand: \$60.00 *  <b>Preferred Network Retail Pharmacy (90-day)</b> Generic/Preferred Generic: \$18.00 Preferred Brand: \$45.00 * Non-Preferred Brand: \$90.00 *  <b>Standard Network Retail Pharmacy (90-day)</b> Generic/Preferred Generic: \$24.00 Preferred Brand: \$60.00 *	You have no deductible.  <b>Your share of the cost during the Initial Coverage Stage:</b>  <b>Network Retail Pharmacy (30-day supply available at <u>any</u> network pharmacy)</b> Generic: \$12.00 Preferred Brand: \$30.00* Non-Preferred Brand: \$60.00*  <b>Preferred Network Retail Pharmacy (90-day)</b> Generic: \$18.00 Preferred Brand: \$45.00* Non-Preferred Brand: \$90.00*  <b>Standard Network Retail Pharmacy (90-day)</b> Generic: \$24.00 Preferred Brand: \$60.00* Non-Preferred Brand: \$120.00*

Cost	2021 (this year)	2022 (next year)
	Non-Preferred Brand: \$120.00 * <b>Mail Order (90-day)</b> Generic/Preferred Generic: \$18.00 Preferred Brand: \$45.00 * Non-Preferred Brand: \$90.00 *	<b>Mail Order (90-day)</b> Generic: \$18.00 Preferred Brand: \$45.00* Non-Preferred Brand: \$90.00*

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

***Annual Notice of Changes for 2022***  
**Table of Contents**

<b>Summary of Important Costs for 2022 .....</b>	<b>1</b>
<b>SECTION 1 Changes to Benefits and Costs for Next Year .....</b>	<b>4</b>
Section 1.1 – Changes to the Monthly Premium .....	4
Section 1.2 – Changes to the Pharmacy Network .....	4
Section 1.3 – Changes to Part D Prescription Drug Coverage .....	5
<b>SECTION 2 Deciding Which Plan to Choose .....</b>	<b>8</b>
Section 2.1 – If You Want to Stay in SilverScript .....	8
Section 2.2 – If You Want to Change Plans .....	8
<b>SECTION 3 Deadline for Changing Plans .....</b>	<b>9</b>
<b>SECTION 4 Programs That Offer Free Counseling about Medicare .....</b>	<b>9</b>
<b>SECTION 5 Programs That Help Pay for Prescription Drugs.....</b>	<b>10</b>
<b>SECTION 6 Questions?.....</b>	<b>10</b>
Section 6.1 – Getting Help from SilverScript .....	10
Section 6.2 – Getting Help from Medicare .....	11

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
<b>Monthly plan premium.</b> <b>(You must also continue to pay your Medicare Part B premium, if applicable, unless it is paid for you by Medicaid.)</b>	Please contact the PEBTF for more information about the premium for this plan.	Please contact the PEBTF 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. Chapter 1 in the *Evidence of Coverage* explains the Part D late enrollment penalty.
  - If you are required to pay a Part D 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 Part D late enrollment penalty, you will receive a monthly invoice from SilverScript. If you do not pay the monthly Part D late enrollment penalty premium, you could be disenrolled for failure to pay your plan premium. Therefore, to avoid disenrollment, make sure your Part D 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. Please see Section 5 regarding “Extra Help” from Medicare.

### Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of 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. Please reference Chapter 3 in the *Evidence of Coverage* which explains how to locate and fill prescriptions at network pharmacies.

There may be changes to our network of pharmacies for next year. Updated *Pharmacy Directory* information can be found using the pharmacy locator tool at [rehp.silverscript.com](http://rehp.silverscript.com). You may also call Customer Care for updated pharmacy information. **Please review a copy of your 2022 Pharmacy Directory located at MyDocumentSource.MemberDoc.com 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.” A copy of our Drug List is provided electronically and located at MyDocumentSource.MemberDoc.com. 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.

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 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 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 Customer Care.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call 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 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 2022, that drug may no longer be covered even if your PA extends into 2022 or beyond.** Please review your copy of the 2022 formulary to determine which drugs are covered in 2022.

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 Customer Care with questions about your current formulary exception.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online drug pricing tool at [rehp.silverscript.com](http://rehp.silverscript.com) as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 3, Section 6 of the *Evidence of Coverage*.)

### 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 provided 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, please call Customer Care and ask for the “LIS Rider.”

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 in the *Evidence of Coverage*, which is located at [MyDocumentSource.MemberDoc.com](http://MyDocumentSource.MemberDoc.com).) You can review the *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

### Changes to the Deductible Stage

Stage	2021 (this year)	2022 (next year)
<b>Stage 1: Deductible Stage</b>	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	2021 (this year)	2022 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></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 <b>you pay your share of the cost.</b></p> <p>You pay the costs in this table when you fill your prescription at a 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><b>Your share of the cost during the Initial Coverage Stage:</b></p> <p><b>Network Retail Pharmacy (30-day supply available at <u>any</u> network pharmacy)</b></p> <p>Generic/Preferred Generic: \$12.00 Preferred Brand: \$30.00 * Non-Preferred Brand: \$60.00 *</p> <p><b>Preferred Network Retail Pharmacy (90-day)</b></p> <p>Generic/Preferred Generic: \$18.00 Preferred Brand: \$45.00 * Non-Preferred Brand: \$90.00 *</p> <p><b>Standard Network Retail Pharmacy (90-day)</b></p> <p>Generic/Preferred Generic: \$24.00 Preferred Brand: \$60.00 * Non-Preferred Brand: \$120.00 *</p> <p><b>Mail Order (90-day)</b></p> <p>Generic/Preferred Generic: \$18.00 Preferred Brand: \$45.00 * Non-Preferred Brand: \$90.00 *</p>	<p><b>Your share of the cost during the Initial Coverage Stage:</b></p> <p><b>Network Retail Pharmacy (30-day supply available at <u>any</u> network pharmacy)</b></p> <p>Generic: \$12.00 Preferred Brand: \$30.00* Non-Preferred Brand: \$60.00*</p> <p><b>Preferred Network Retail Pharmacy (90-day)</b></p> <p>Generic: \$18.00 Preferred Brand: \$45.00* Non-Preferred Brand: \$90.00*</p> <p><b>Standard Network Retail Pharmacy (90-day)</b></p> <p>Generic: \$24.00 Preferred Brand: \$60.00* Non-Preferred Brand: \$120.00*</p> <p><b>Mail Order (90-day)</b></p> <p>Generic: \$18.00 Preferred Brand: \$45.00* Non-Preferred Brand: \$90.00*</p>

Stage	2021 (this year)	2022 (next year)
	Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$4,430, 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 \$7,050 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 in SilverScript.

### 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 2022, 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 timely.
- –OR– 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 the *Medicare & You 2022* handbook, 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 [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). **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 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 25 to November 12**. The change will take effect on January 1, 2022.

**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.**

### **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 may be 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 Part D 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 State Health Insurance Assistance Program (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 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 2022 *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 2022. For details, look in the 2022 *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 located online at [MyDocumentSource.MemberDoc.com](http://MyDocumentSource.MemberDoc.com). You can review the *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

## Visit our Website

You can also visit our website at [rehp.silverscript.com](http://rehp.silverscript.com). As a reminder, our website has tools to find the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

---

## 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 ([www.medicare.gov](http://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 [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).)

### Read *Medicare & You 2022*

You can read the *Medicare & You 2022* 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 ([www.medicare.gov](http://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

<b>CALL</b>	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.
<b>TTY</b>	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.
<b>FAX</b>	1-888-472-1129
<b>WRITE</b>	SilverScript Insurance Company P.O. Box 30016 Pittsburgh, PA 15222-0330
<b>WEBSITE</b>	<a href="http://rehp.silverscript.com">rehp.silverscript.com</a>

## 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*.