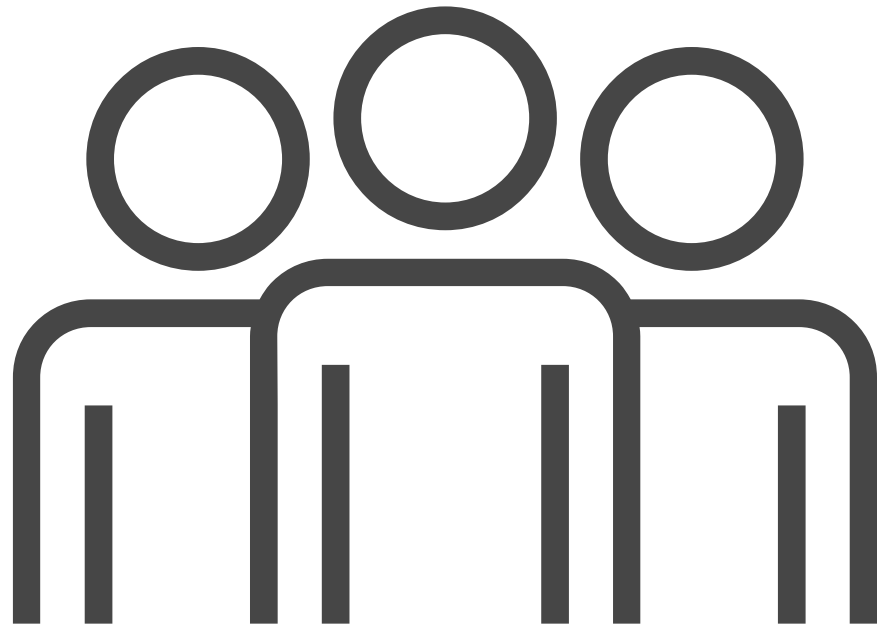


2020 Summary of Benefits

SilverScript Choice (PDP) | SilverScript Plus (PDP)

January 1, 2020 – December 31, 2020



SilverScript[®]

Summary of Benefits

SilverScript offers two prescription drug plans: SilverScript Choice (PDP) and SilverScript Plus (PDP). The information in this booklet will help you determine which SilverScript Part D Prescription Drug Plan is right for you based on your budget.

This booklet will show you the different costs for SilverScript's two plans, including:

- Monthly premiums for each state
- Annual deductibles
- Member cost-sharing for drug tier and plan phase

This Summary of Benefits doesn't list every service we cover or every limitation or exclusion. To get our full list of services, download a copy of the *Evidence of Coverage* from our website at www.silverscript.com, or call us and we'll send you a copy. You can find our contact information on the back cover of this booklet.

Why SilverScript May Make Sense for You

No matter which plan you choose, SilverScript members enjoy savings, convenience, and peace of mind with:

\$0 copays
for Tier 1 drugs
(Preferred Generic) up
to a 90-day supply¹

Up to 50%² savings
at thousands of preferred
pharmacies nationwide

¹ During the Initial Coverage Stage, \$0 copays for Tier 1 drugs on the Choice and Plus plans

² Percent savings based on SilverScript network pharmacies offering preferred vs. standard cost-sharing. Savings may vary by state, drug tier, and coverage stage. Refer to the tables in this booklet for drug pricing in your state.

Who can join?

You must be entitled to Medicare Part A and/or be enrolled in Medicare Part B, be a U.S. citizen or be lawfully present in the United States, and live in our service area. Our service area includes the following:

- SilverScript Choice (PDP) is available in 50 states and the District of Columbia.
- SilverScript Plus (PDP) is available in 49 states and the District of Columbia. This plan is not available in Alaska.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.silverscript.com. Or give us a call and we will send you a copy of the formulary. Please refer to the back cover of this booklet for contact information.

Which pharmacies can I use?

SilverScript has a network of pharmacies, and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs. Many of our network pharmacies offer preferred cost-sharing. You may pay less for some drugs if you use these pharmacies compared to other network pharmacies that offer standard cost-sharing. You also have the option of using our mail service pharmacy, CVS Caremark Mail Service Pharmacy™.

If you must use an out-of-network pharmacy in an emergency or similar situation, you may pay more than you pay at an in-network pharmacy and the supply will be reduced. You can look up your nearest network pharmacies using the online Pharmacy Locator tool on our website at www.silverscript.com. Or call us and we'll send you a copy of the pharmacy directory. Contact information is on the back cover of this booklet.

How do I determine my drug costs?

The amount you pay depends on the drug tier, the pharmacy you use, and which stage of the benefit you have reached. Each medication is on one of five “tiers.” You can use your formulary to identify the drug’s tier and how much it will cost you.

Tier 1	Preferred Generic	Our lowest cost-share tier includes many lower-cost generic drugs.
Tier 2	Generic	Includes higher-cost generic drugs.
Tier 3	Preferred Brand	Includes many common cost-effective brand name drugs and some generic drugs that cost as much as brand name drugs.
Tier 4	Non-Preferred Drug	Includes higher-cost brand name and generic drugs for which a cheaper alternative is typically available.
Tier 5	Specialty	Our highest cost-share tier includes both high-cost brand and generic drugs that meet Medicare’s definition of a specialty drug.

There are four benefit stages in your Medicare prescription drug coverage: Deductible Stage, 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 plan’s formulary and the *Evidence of Coverage* on our website at www.silverscript.com, or contact Customer Care. Please refer to the back cover of this booklet for contact information.

Plan Costs

The following pages contain tables showing you the monthly premium, annual deductible, and cost-sharing during the Initial Coverage Stage for SilverScript Choice (PDP) and SilverScript Plus (PDP) in each state we offer prescription drug plans. Although most members do not reach Stage 3 (Coverage Gap Stage) or Stage 4 (Catastrophic Coverage Stage) during the plan year, a summary of your costs in these stages can be found below.

Monthly Premium

Monthly plan premiums range in price based on the plan you are in and where you live. The tables on the following pages list the monthly premium amounts for every state. You must continue to pay your Medicare Part B premium.

Stage 1: Annual Deductible Stage

SilverScript Choice (PDP) has a \$0 deductible for Tier 1 (Preferred Generic) and Tier 2 (Generic) drugs. There is an annual deductible for Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty) drugs. In Stage 1, you pay the full cost of your Tier 3, Tier 4, and Tier 5 drugs until you reach the plan’s deductible amount. For Tier 1 and Tier 2 drugs, initial coverage begins immediately and you pay the copay and coinsurance amounts listed in Stage 2: the Initial Coverage Stage.

The SilverScript Plus plan does not have a deductible on any drug tier. You begin in Stage 2, the Initial Coverage Stage, when you fill your first prescription.

The tables on the following pages list the deductibles for each state.

Stage 2: Initial Coverage Stage

During the Initial Coverage Stage, you pay a portion of your drug cost, and the plan pays a portion. The tables on the following pages show what you pay until your total yearly drug costs reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You must get your drugs from retail pharmacies or mail-order pharmacies in our network in order for SilverScript to share the cost of your prescriptions.

If you reside in a long-term care facility, you pay the same amount as at a retail pharmacy. You may also get drugs from an out-of-network pharmacy in an emergency, but you may pay more than you pay at an in-network pharmacy. Copays and coinsurance amounts for a 31-day long-term care supply and a 10-day out-of-network supply are the same by state as the 30-day Standard Retail/Mail Cost-Sharing amounts listed in the tables that follow.

Stage 3: Coverage Gap Stage

The coverage gap (also called the “donut hole”) begins after the total yearly drug costs (including what our plan has paid and what you have paid) reach \$4,020.

- **SilverScript Choice (PDP)**

After you enter the coverage gap, you pay 25% of the drug cost for covered brand name drugs and 25% of the drug cost for covered generic drugs on any drug tier until your out-of-pocket costs (not including your premiums) total \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.

- **SilverScript Plus (PDP)**

Under this plan, we will continue to provide some prescription drug coverage beyond the standard coverage for certain drugs in the Coverage Gap Stage. This plan provides coverage in the gap for Tier 1 and 2 drugs when filled at a network pharmacy.

- For Tier 1 and Tier 2, you will continue to pay the copayment amounts you were paying in the Initial Coverage Stage. Refer to the tables on the following pages for the copayment amounts.
- For Tiers 3, 4, and 5, you pay 25% of the drug cost for covered brand name drugs and 25% of the drug cost for covered generic drugs until your out-of-pocket costs (not including your premiums) total \$6,350, which is the end of the coverage gap.

Stage 4: Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$6,350, you pay the greater of:

- 5% of the cost of covered drugs on any tier, or
- \$3.60 copay for Tier 1 and Tier 2 generic drugs (including brand drugs treated as generic) and \$8.95 copay for all other drugs (Tier 3, Tier 4, and Tier 5).

2020 SilverScript Benefits Overview

	SilverScript Choice		SilverScript Plus	
Monthly Premium	\$21.20 - \$58.20 Varies by region. See following table.		\$56.70 - \$101.40 Varies by region. See following table.	
Deductible (Tiers 3-5)	\$215 - \$435 Varies by region. See following table.		No deductible	
Initial Coverage Stage	30-Day Supply		30-Day Supply	
	Preferred Retail & Mail	Standard Retail & Mail	Preferred Retail & Mail	Standard Retail & Mail
Tier 1	\$0.00	\$5.00 ¹	\$0.00	\$5.00
Tier 2	\$1.00	\$6.00 ¹	\$2.00	\$10.00
Tier 3	\$47.00		\$47.00	
Tier 4	Hawaii - 35% All other states - 38%		Varies by region. See following table.	
Tier 5	Varies by region. See following table.		33%	
	90-Day Supply		90-Day Supply	
Tiers 1-4	3x the 30-day copay amount		3x the 30-day copay amount	

¹ Hawaii standard retail & mail 30-day copay on Tier 1 is \$7.00 and Tier 2 is \$8.00

CVS Caremark Mail Service Pharmacy™ is SilverScript Choice (PDP)'s preferred mail pharmacy

SilverScript Choice (PDP)

Plan Region	Premium	Deductible (Tiers 3-5)	Tier 5 (Pref & Std)
Alabama & Tennessee	\$28.60	\$350	26%
Alaska	\$58.20	\$230	28%
Arizona	\$30.50	\$415	25%
Arkansas	\$23.80	\$380	26%
California	\$30.50	\$230	28%
Central New England (CT, MA, RI, VT)	\$33.10	\$275	28%
Colorado	\$29.40	\$340	26%
Florida	\$25.20	\$250	28%
Georgia	\$23.30	\$320	27%
Hawaii	\$21.20	\$435	25%
Idaho & Utah	\$33.70	\$305	27%
Illinois	\$24.90	\$365	26%
Indiana & Kentucky	\$28.90	\$350	26%
Kansas	\$30.40	\$365	26%
Louisiana	\$29.00	\$285	27%
Michigan	\$30.20	\$290	27%
Mid-Atlantic (DC, DE, MD)	\$26.90	\$395	25%
Mississippi	\$23.90	\$340	26%
Missouri	\$30.90	\$295	27%
Nevada	\$36.30	\$390	25%
New Jersey	\$34.90	\$305	27%
New Mexico	\$23.30	\$315	27%
New York	\$34.80	\$290	27%
North Carolina	\$24.60	\$365	26%
Northern New England (ME, NH)	\$30.50	\$335	26%
Ohio	\$30.80	\$380	26%
Oklahoma	\$27.60	\$335	26%
Oregon & Washington	\$31.30	\$245	28%
Pennsylvania & West Virginia	\$31.80	\$375	26%
South Carolina	\$21.60	\$400	25%
Texas	\$21.20	\$360	26%
Upper Midwest/Plains (IA, MN, MT, ND, NE, SD, WY)	\$33.00	\$325	27%
Virginia	\$24.70	\$415	25%
Wisconsin	\$39.20	\$215	29%

SilverScript Plus (PDP)

Plan Region	Premium	Deductible (Tiers 3-5)	Tier 4 (Pref & Std)
Alabama & Tennessee	\$69.80	There is no deductible for the SilverScript Plus plan.	50%
Arizona	\$94.90		49%
Arkansas	\$56.70		50%
California	\$97.60		49%
Central New England (CT, MA, RI, VT)	\$89.80		50%
Colorado	\$99.10		50%
Florida	\$78.80		50%
Georgia	\$70.50		50%
Hawaii	\$86.60		49%
Idaho & Utah	\$84.40		50%
Illinois	\$89.70		50%
Indiana & Kentucky	\$68.40		50%
Kansas	\$71.90		50%
Louisiana	\$84.50		50%
Michigan	\$62.20		50%
Mid-Atlantic (DC, DE, MD)	\$80.30		50%
Mississippi	\$69.40		50%
Missouri	\$65.20		50%
Nevada	\$76.90		50%
New Jersey	\$101.40		47%
New Mexico	\$79.50		50%
New York	\$91.20		50%
North Carolina	\$76.40		50%
Northern New England (ME, NH)	\$67.80		50%
Ohio	\$76.80		50%
Oklahoma	\$72.80		50%
Oregon & Washington	\$85.00		50%
Pennsylvania & West Virginia	\$83.60		50%
South Carolina	\$77.40		50%
Texas	\$77.30		50%
Upper Midwest/Plains (IA, MN, MT, ND, NE, SD, WY)	\$75.30		50%
Virginia	\$65.20	50%	
Wisconsin	\$69.10	50%	

For More Information

If you have any questions about our plans or would like more information, please call SilverScript Customer Care or visit www.silverscript.com. Contact information is on the back cover of this booklet.

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 <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.

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

SilverScript Choice (PDP)’s pharmacy network includes limited lower-cost, preferred pharmacies in Rural Alaska. 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 1-866-235-5660 (TTY: 711), or consult the online pharmacy directory at www.silverscript.com.

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Care representative at 1-866-552-6106 (TTY: 711), October 1 – March 31, 7 days/week, 8 a.m. to 8 p.m., local time; April 1 – September 30, 5 days/week (M-F), 8 a.m. to 8 p.m., local time.

Understanding the Benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services that you routinely see a doctor. Visit www.silverscript.com or call 1-866-552-6106 (TTY: 711), October 1 – March 31, 7 days/week, 8 a.m. to 8 p.m., local time; April 1 – September 30, 5 days/week (M-F), 8 a.m. to 8 p.m., local time, to view a copy of the EOC.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2021.

The pharmacy network may change at any time. You will receive notice when necessary.



SilverScript Customer Care

Method	Customer Care – Contact Information
CALL	<p>1-866-235-5660 (current members) 24 hours a day, 7 days a week</p> <p>1-866-552-6106 (prospective members) October 1 – March 31, 7 days/week, 8 a.m. to 8 p.m., local time April 1 – September 30, 5 days/week (M-F), 8 a.m. to 8 p.m., local time</p> <p>Calls to these numbers are free.</p> <p>Customer Care also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p> <p>Calls to this number are free, 24 hours a day, 7 days a week.</p>
FAX	1-866-552-6205
WRITE	SilverScript Insurance Company P.O. Box 30016 Pittsburgh, PA 15222-0330
WEBSITE	www.silverscript.com