

# 2020 Summary of Benefits

## **SilverScript Employer PDP sponsored by The University of Idaho (SilverScript)**

*A Medicare Prescription Drug Plan (PDP) offered by SilverScript<sup>®</sup> Insurance  
Company with a Medicare contract*

January 1, 2020 – December 31, 2020



## **About SilverScript**

SilverScript Employer PDP sponsored by The University of Idaho (SilverScript) is a Medicare Part D prescription drug plan with additional coverage provided by The University of Idaho 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®.

## **Plan Costs**

This section includes information about your monthly premium, annual deductible (if any), and cost-sharing amounts during the Initial Coverage Stage for SilverScript. Although most members do not reach the Coverage Gap Stage (Stage 3) or the Catastrophic Coverage Stage (Stage 4) during the plan year, a summary of your costs in those stages is also included.

## **Monthly Premium**

Please contact The University of Idaho for more information about the premium for this plan.

## **Medicare Part D Drug Payment Stages**

All Medicare Part D prescription drug plans have drug payment stages where drug costs may vary. You move through each stage based on the amount either you or the plan spend on prescription drugs. See the following section for information on the Medicare Part D drug payment stages. The Part D *Explanation of Benefits (EOB)* and other plan materials include additional information on the four drug payment stages.

### **Stage 1: Annual Deductible Stage**

Annual deductible of \$225.00.

### **Stage 2: Initial Coverage Stage Cost Sharing**

During the Initial Coverage Stage, you pay a portion of your drug costs, and the plan pays its portion. The following tables 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 SilverScript. You may get your drugs at network retail pharmacies or through the mail-order pharmacy.

## 2020 SilverScript Summary of Prescription Drug Benefits for The University of Idaho

<b>Monthly Premium</b>	Please contact The University of Idaho for more information about the premium for this plan.	
<b>Annual Deductible</b>	Annual deductible of \$225.00.	
<b>Your share of the cost when you get a 30-day supply of a covered Part D prescription drug:</b>		
	<b>Network Retail Pharmacy</b> (Up to a 30-day supply)	<b>Long-Term Care (LTC) Pharmacy</b> (Up to a 31-day supply)
<b>Tier 1 Generics</b>	25% of total cost Minimum \$12.00 Maximum \$25.00	25% of total cost Minimum \$12.00 Maximum \$25.00
<b>Tier 2 Preferred Brands</b>	25% of total cost Minimum \$25.00 Maximum \$75.00	25% of total cost Minimum \$25.00 Maximum \$75.00
<b>Tier 3 Non-Preferred Brands</b>	25% of total cost Minimum \$40.00 Maximum \$100.00	25% of total cost Minimum \$40.00 Maximum \$100.00
<b>Your share of the cost when you get a <i>long-term</i> supply (up to 90 days) of a covered Part D prescription drug:</b>		
	<b>Network Retail Pharmacy</b> (Up to a 90-day supply)	<b>Mail-Order Pharmacy</b> (Up to a 90-day supply)
<b>Tier 1 Generics</b>	25% of total cost Minimum \$36.00 Maximum \$75.00	\$36.00
<b>Tier 2 Preferred Brands</b>	25% of total cost Minimum \$75.00 Maximum \$225.00	\$75.00
<b>Tier 3 Non-Preferred Brands</b>	25% of total cost Minimum \$120.00 Maximum \$300.00	\$120.00

Note: You pay the same share of the cost for your drug filled through the Mail-Order Pharmacy, whether you get a one-month supply or a long-term supply. This means that the copayment or coinsurance listed in the previous table is applicable for any order, regardless of the day supply.

### Stage 3: Coverage Gap Stage Cost Sharing

The coverage gap begins after the total yearly drug costs (including what the plan has paid and what you have paid) reaches \$4,020.

Due to the additional coverage provided by The University of Idaho, 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.

## Stage 4: Catastrophic Coverage Stage Cost Sharing

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 following for your drugs and the plan will pay the rest:

- **Generics** (or a drug that is treated like a generic)  
For up to a 30-day supply, you pay a \$3.60 copayment or 5% of the drug cost, whichever is greater, but no more than 25% of the total cost, minimum \$12, maximum \$25.
- **Preferred Brands**  
For up to a 30-day supply, you pay an \$8.95 copayment or 5% of the drug cost, whichever is greater, but no more than 25% of the total cost, minimum \$25, maximum \$75.
- **Non-Preferred Brands**  
For up to a 30-day supply, you pay an \$8.95 copayment or 5% of the drug cost, whichever is greater, but no more than 25% of the total cost, minimum \$40, maximum \$100.

### Who can join?

To join SilverScript, you must be eligible for coverage provided by The University of Idaho, 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 (phone numbers are printed on the back cover of this booklet). You may also request a copy of the complete plan formulary.

**Please note:** The University of Idaho provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call SilverScript Customer Care (phone numbers are printed on the back cover of this booklet). The SilverScript formularies do not include any drugs that may be available to you through the additional coverage provided by The University of Idaho.

### How will I determine my drug costs?

SilverScript groups each medication into one of three tiers. 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.

### Which pharmacies can I use?

More than 66,000 pharmacies nationwide make up the pharmacy network. These include retail, mail-order, long-term care and home infusion pharmacies. To find a network pharmacy near your home or where you are traveling in the United States or its territories, call SilverScript Customer Care (phone numbers are printed on the back cover of this booklet).

You generally must use a network pharmacy in order to receive full benefit coverage on your prescriptions. You may get drugs from an out-of-network pharmacy in an emergency, but you may have to pay the full cost (rather than your normal share of the cost) at the time you fill your prescription. If you use an out-of-network pharmacy, we will reimburse you your total cost minus your copay amount for the drug. You must submit a paper claim in order to be reimbursed.

*Please note:* After the mail-order pharmacy receives an order, it typically takes up to 10 days for you to receive your prescription drug. You have the option to sign up for automated mail-order delivery.

## For more information

This booklet provides a summary of what SilverScript covers and what you will pay. To get a complete list of our benefits, please call SilverScript Customer Care (phone numbers are printed on the back cover of this booklet) and ask for the *Evidence of Coverage*.

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.

The typical number of business days after the mail-order 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.

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 30016, Pittsburgh, PA 15222-0330. 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 po kayo ng Tagalog, magagamit ninyo ang mga serbisyong tulong sa wika ng walang bayad. Tawagan po ninyo ang Customer Care sa numero na nasa inyong 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

### 2019 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 2019, SilverScript received the following Overall Star Rating from Medicare:

★ ★ ★ ↴  
3.5 Stars

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

Health Plan Services: Not Offered

Drug Plan Services: ★ ★ ★ ↴  
3.5 Stars

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](http://www.medicare.gov).

You may also contact us 24 Hours a day Local time, 7 days a week at 1-866-552-6106 (toll-free) or 711 (TTY).

Current members please call 1-866-235-5660 (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.

ATENCIÓN: Si usted habla español u 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

### SilverScript Customer Care

<b>CALL</b>	1-855-539-4715  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