2017 Summary of Benefits

Prescription Drug Benefit for Harvard Pilgrim Medicare Enhance, Health New England MedPlus, Tufts Health Plan Medicare Complement and UniCare State Indemnity Plan/Medicare Extension (OME) members.

**SilverScript Employer PDP sponsored by The Group Insurance Commission**

A Medicare Prescription Drug Plan (PDP) offered by SilverScript® Insurance Company  
with a Medicare contract

January 1, 2017 – December 31, 2017

**SECTION I – Introduction to Summary of Benefits**

SilverScript Employer PDP sponsored by The Group Insurance Commission (GIC) is a Medicare-approved Part D prescription drug plan with additional coverage provided by the GIC to expand the Part D benefits. “Employer PDP” means that the plan is an employer-provided prescription drug plan. The Plan is offered by SilverScript® Insurance Company which is affiliated with CVS Caremark®, the GIC’s pharmacy benefit manager for Harvard Pilgrim Medicare Enhance, Health New England MedPlus, Tufts Health Plan Medicare Complement and UniCare State Indemnity Plan/Medicare Extension (OME) members.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage* or view it online at gic.silverscript.com.

**You have choices about how to get your Medicare prescription drug benefits**

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options:

* **SilverScript Employer PDP sponsored by The Group Insurance Commission** as the prescription drug coverage for members of the GIC’s Harvard Pilgrim Medicare Enhance, Health New England MedPlus, Tufts Health Plan Medicare Complement and UniCare State Indemnity Plan/Medicare Extension (OME).
* One of the GIC’s other Medicare plans
* Individual coverage through a non-GIC Medicare Part D prescription drug plan
* Individual coverage through a non-GIC Medicare Advantage Plan (like an HMO or PPO) or a non-GIC Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.

You make the choice. However, **if you decide to enroll in the Harvard Pilgrim Medicare Enhance, Health New England MedPlus, Tufts Health Plan Medicare Complement or UniCare State Indemnity Plan/Medicare Extension (OME), but choose not to be enrolled in SilverScript Employer PDP sponsored by The Group Insurance Commission, you will lose your GIC medical, prescription drug, and behavioral health coverage.**

**Tips for comparing your Medicare choices**

This Summary of Benefits booklet gives you a summary of what SilverScriptcovers and what you pay.

* If you want to compare SilverScript with other Medicare health plan prescription drug programs, ask the other plans for their Summary of Benefits booklets.
* You can find information about non-GIC Medicare plans in your area by using the *Medicare Plan Finder* on Medicare website. Go to <http://www.medicare.gov> and click “find health & drug plans.” There you can find information about costs, coverage, and quality ratings for Medicare plans.
* If you would like to know more about the coverage and costs of Original Medicare, review the 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.
* For the details about the Medicare Part D portion of your plan, please call SilverScript Customer Care at 1-877-876-7214 to have the *Evidence of Coverage* mailed to you or view it online at [www.gic.silverscript.com](http://www.gic.silverscript.com). TTY users should call 711.

**Information in this booklet**

* Things to Know About SilverScript
* Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
* Prescription Drug Benefits

**Things to Know About SilverScript**

**SilverScript Phone Numbers and Website**

* Call toll-free 1-877-876-7214. TTY users should call 711.
* Our website: gic.silverscript.com.

**Hours of Operation**

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

**Who can join?**

To join SilverScript, you must

* Be eligible for Medicare Part A for free, and enrolled in Medicare Part B, and
* Be a United States citizen or are lawfully present in the United States, and
* Live in our service area which is the United States and its territories, and
* Meet any additional requirements established by the GIC.

**Which drugs are covered?**

The plan will send you a list of commonly used prescription drugs selected by SilverScript and **covered under the Medicare Part D portion of the plan**. This list of drugs is called a *Formulary.*

You may review the complete plan formulary and any restrictions on our website at gic.silverscript.com. Or call SilverScript Customer Care, and we will send you a copy of the formulary. This formulary does not include drugs covered through the additional coverage provided by the GIC. To find out if your drug that isn’t listed on the formulary is covered by the extra coverage provided by the GIC, contact SilverScript.

**The formulary may change throughout the year.** Drugs may be added, removed or restrictions may be added or changed. These restrictions include:

* **Quantity Limits (QL)**

For certain drugs, SilverScript limits the amount of the drug that it will cover.

* **Prior Authorization (PA)**

SilverScript requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before we fill your prescription. If you don’t get approval, SilverScript will not cover the drug.

* **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 both treat your medical condition, SilverScript will not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript will then cover Drug B.

**How will I determine my drug costs?**

SilverScript groups each medication into one of three tiers:

* **Generic drugs (Tier 1)** – most cost effective drugs to buy. The active ingredients in generic drugs are exactly the same as the active ingredients in brand drugs whose patents have expired. They are required by the Food and Drug Administration (FDA) to be as safe and effective as the brand drug.
* **Preferred Brand drugs (Tier 2)** – brand drugs that do not have a generic equivalent and are included on a preferred drug list. They are usually available at a lower cost than Non-Preferred Brand drugs.
* **Non-Preferred Brand drugs (Tier 3)** – brand drugs that are not on a preferred drug list and usually are a high cost.

You will need to use your formulary to find out the tier for your drug or if there are any restrictions on your drug, as well as to determine your cost. The amount you pay depends on the drug's tier and whether you are in the Initial Coverage, Coverage Gap, or Catastrophic Coverage stage. If the actual cost of a drug is less than your normal copay for that drug, you will pay the actual cost, not the higher copay amount.

**Additional drugs covered by the GIC**

The GIC provides additional coverage to cover drugs that are not included on the SilverScript formulary, as well as certain drugs not covered under Medicare Part D, such as:

* Prescription drugs for anorexia, weight loss, or weight gain
* Prescription drugs for the symptomatic relief of cough or cold
* Prescription vitamins and mineral products not covered by Part D
* Prescription drugs for treatment of sexual or erectile dysfunction
* Certain diabetic drugs and supplies not covered by Part D
* Prescription drugs for tobacco cessation
* Part B products, such as oral chemotherapy agents.

These drugs are not subject to SilverScript appeals and exceptions process and the cost of these drugs will not count towards your Medicare out-of-pocket costs or Medicare total drug costs. There may be other drugs covered by the additional coverage from the GIC. Contact SilverScript Customer Care for details.

**Which pharmacies can I use?**

The plan has a network of pharmacies, including retail, mail-order, long-term care, and home infusion pharmacies. You must use a SilverScript network pharmacy, unless it is an emergency or non-routine circumstance.

SilverScript has preferred network retail pharmacies where you can get up to a 90-day supply of your maintenance medications for the same copay as mail-order. You will also be able to get up to a 90-day supply of your maintenance medication at non-preferred network retail pharmacies, but the copay will be three times the retail 30-day supply copay.

Please note: After the mail order pharmacy receives an order, it takes up to 10 days for you to receive the shipment of your prescription drug.

The pharmacies in our network can change at any time. To find a preferred or non-preferred network pharmacy near your home or where you are traveling in the United States or its territories, use the pharmacy locator tool on the website at gic.silverscript.com or call SilverScript Customer Care at 1-877-876-7214, 24 hours a day, 7 days a week. TTY users should call 711.

You may use an out-of-network pharmacy only in an emergency or non-routine circumstance. If you use an out-of-network pharmacy, you may be required to pay the full cost of the drug at the pharmacy. In this case, you must complete a paper claim and send it to SilverScript to request reimbursement. You are responsible for your copay and will be reimbursed the plan’s share of the cost.

If you may need to get your prescription filled while you are traveling outside the country, contact SilverScript Customer Care **before** you leave the U.S. You can request a vacation override for up to a 90-day supply of your medication. If you are traveling outside of the country and have an emergency drug expense, submit your itemized receipt with the completed SilverScript claim form to the GIC at P.O. Box 8747, Boston, MA 02114.

*Please note:* Veterans Affairs (VA) pharmacies are not permitted to be included in Medicare Part D pharmacy networks. The federal government does not allow you to receive benefits from more than one government program at the same time.

If you are eligible for VA benefits, you may still use VA pharmacies under your VA benefits. However, the cost of those medications and what you pay out-of-pocket will not count toward your Medicare out-of-pocket costs or Medicare total drug costs. Each time you get a prescription filled, you can compare your GIC benefit through SilverScript to your VA benefit to determine the best option for you.

**Section II – Summary of Benefits**

**How Medicare Part D Stages Work**

The **standard Medicare Part D plan** has four stages or benefit levels. This is how these stages work in calendar year 2017:

|  |  |  |
| --- | --- | --- |
| **Stage** | **Standard Medicare Part D Plan without** your additional coverage provided by the GIC | **SilverScript**  **with** your additional coverage provided by the GIC  **This is what you pay** |
| Deductible | $ 400 | $ 0 |
| Initial Coverage | After meeting the deductible, a person pays 25% of the drug cost until he reaches $3,700 in total drug costs | Since you have no deductible, you start in this stage and pay your GIC copay. |
| Coverage Gap | Also called the “donut hole,” this is when a person pays a large portion of the cost, either   * 40% brand-name drug cost * 51% generic drug cost | You continue to pay only your GIC copay. |
| Catastrophic Coverage | After you reach $4,950 in Medicare Part D out-of-pocket costs, a person pays the **greater of**:   * 5% of the drug cost, or * $3.30 for generic drugs * $8.25 for brand-name drugs | After you reach $4,950 in Medicare Part D out-of-pocket costs, you pay the **lower of**:   * Your GIC copay   *or*   * The Medicare Catastrophic Coverage cost-share, the greater of   + 5% of the drug cost, or   + $3.30 for generic drugs   + $8.25 for brand-name drugs |

In calendar year 2017, the standard Medicare Part D plan maximum out-of-pocket expense of $4,950 includes the deductible, any amount you have paid for your copay, any amount you have paid during the coverage gap, any manufacturer discounts on your brand-name drugs in the coverage gap, and any amount paid by Extra Help or other governmental or assistance organizations on your behalf.

Medicare’s maximum out-of-pocket cost does not include the monthly premium, if any, the cost of any prescription drugs not covered by Medicare, any amount paid by SilverScript, or any amount paid through the additional coverage provided by the GIC.

**Your Prescription Drug Benefits – Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services**

|  |  |
| --- | --- |
|  | **SilverScript** |
| **How much is the monthly premium?** | There is no separate prescription drug premium. This benefit is provided as part of your health plan coverage.  If you have any questions about your premium, contact the GIC’s Public Information Unit at 617-727-2310 ext. 1; TTY users: Relay Service 711; available 8:45 a.m. to 5:00 p.m., Monday through Friday.  You must continue to pay your Medicare Part B premium, if applicable. |

If your individual income is over $85,000, or if your income is over $170,000 and you are married filing your taxes jointly, you will be required to pay an income-related additional monthly premium to the federal government in order to maintain your Medicare prescription drug coverage. This premium is adjusted based on your income.

You will receive a letter from Social Security letting you know if you have to pay this extra amount. This letter will explain how they determined the amount you must pay and the actual Income Related Monthly Adjustment Amount (IRMAA).

If you are responsible for an additional premium the extra amount will be deducted automatically from your Social Security check. If your Social Security check is not enough to cover the additional premium, Medicare will send you a bill. You do not pay this amount to the GIC or SilverScript. You send your payment to Medicare.

For more information about the withholdings from your check, visit https://www.ssa.gov/medicare/mediinfo.html, call 1-800-772-1213, 7 a.m. to 7 p.m., Monday through Friday, or visit your local Social Security office. TTY users should call 1-800-325-0778.

For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227).

|  |  |
| --- | --- |
|  | **SilverScript** |
| **How much is the deductible?** | This plan does not have a deductible. |

|  |  |
| --- | --- |
| **Initial Coverage** | **SilverScript** |
| You pay the amounts below until your total yearly drug costs reach $3,700. Total yearly drug costs are the total drug costs for Part D drugs paid by both you and the plan.  You may get your drugs at network retail pharmacies and mail order pharmacies. Some of our network pharmacies are preferred network retail pharmacies. You will also pay the same as mail order for a 90-day supply of a maintenance medication at preferred network retail pharmacies.  Certain drugs are limited to a 30-day supply. These drugs have “NDS” next to them in the formulary. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **SilverScript** | | | |
| **Tier** | | **Up to a 30-day supply**  **at a retail network pharmacy** | | **Up to a 90-day supply**  **at a preferred retail network pharmacy** | **Up to a 90-day supply at a**  **non-preferred retail network pharmacy** |
| **Tier 1**  Generic | | $10 | | $25 | $30 |
| **Tier 2**  Preferred Brand | | $30 | | $75 | $90 |
| **Tier 3**  Non-Preferred Brand | | $65 | | $165 | $195 |
|  | | | | | |
|  |  | | **SilverScript** | | |
|  | **Tier** | | **Up to a 90-day supply through the**  **mail order pharmacy** | | |
|  | **Tier 1**  Generic | | $25 | | |
|  | **Tier 2**  Preferred Brand | | $75 | | |
|  | **Tier 3**  Non-Preferred Brand | | $165 | | |

|  |  |  |
| --- | --- | --- |
|  |  | **SilverScript** |
|  | **Tier** | **Up to a 34-day supply at a**  **long-term care (LTC) facility** |
|  | **Tier 1**  Generic | $10 |
|  | **Tier 2**  Preferred Brand | $30 |
|  | **Tier 3**  Non-Preferred Brand | $65 |

|  |  |
| --- | --- |
| **Coverage Gap** | **SilverScript** |
| Due to the additional coverage provided by the GIC, you pay the same copay that you paid during the Initial Coverage stage. You will see no change in your copay until you qualify for Catastrophic Coverage. |

|  |  |
| --- | --- |
| **Catastrophic Coverage** | **SilverScript** |
| After you reach $4,950 in Medicare out-of-pocket drug costs for the year, you pay the **lower** of:   * Your GIC copay, or * Medicare’s Catastrophic Coverage, which is the **greater** of * 5% of the cost, or * $3.30 copay for generic, including brand drugs treated as generic, or * $8.25 copay for all other drugs |

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, 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.

This information is available for free in other languages. Please call our SilverScript Customer Care number at 1-877-876-7214 (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 1-877-876-7214 (teléfono de texto (TTY): 711), las 24 horas del día, los 7 días de la semana.

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  
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.

**ENGLISH**  
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-876-7214 (TTY: 711).

**SPANISH**  
ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-877-876-7214 (TTY: 711).

**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 1-877-876-7214   
(TTY: 711)。

**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 số 1-877-876-7214 (TTY: 711).

**KOREAN**  
알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-877-876-7214 (TTY: 711) 로 연락주시기 바랍니다.

**TAGALOG**  
Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang 1-877-876-7214 (TTY: 711).

**RUSSIAN**  
ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-877-876-7214 (телетайп: 711).

**ARABIC**

ملاحظة: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجانًا من أجلك. اتصل بالرقم1-877-876-7214 (الهاتف النصي: 711).

**FRENCH CREOLE**  
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele   
1-877-876-7214 (TTY: 711).

**FRENCH**  
ATTENTION :Si vous parlez français, des services gratuits d’interprétation sont à votre disposition. Veuillez appeler le 1-877-876-7214 (TTY: 711).

**POLISH**  
UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-877-876-7214 (TTY: 711).

**PORTUGUESE**  
ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-877-876-7214 (TTY: 711).

**ITALIAN**  
ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-877-876-7214 (TTY: 711).

**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。電話番号 1-877-876-7214 (TTY: 711) までお問い合わせ下さい。

**GERMAN**  
BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer 1-877-876-7214 (TTY: 711) kostenlos zur Verfügung.

**FARSI**

توجه: چنانچه به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، به صورت رایگان، در اختیار شما قرار خواهد گرفت. با شماره 1-877-876-7214 (TTY: 711) تماس بگیرید.

**2016 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 2016, SilverScript received the following Overall Star Rating from Medicare:

🟊🟊🟊🟊

4 Stars

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

Health Plan Services: Not Offered

🟊🟊🟊🟊

Drug Plan Services: 4 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.

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

Current members please call 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.

This information is available for free in other languages. Please call our SilverScript Customer Care number at 866-235-5660 (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 866-235-5660 (teléfono de texto TTY: 711), las 24 horas del día, los 7 días de la semana.

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**