PRESCRIPTION DRUG PLAN

Description of Benefits

SilverScript Employer PDP sponsored by the Group Insurance Commission

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

For questions about any of the information in this prescription drug brochure, please contact SilverScript at 877-876-7214.

Administered by
SilverScript®

Prescription Drug Plan

Section I – Introduction

SilverScript Employer PDP sponsored by the Group Insurance Commission (SilverScript) 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 Medicare Enhance Plan members.

This prescription drug brochure gives you a summary of what SilverScript covers and what you pay. It does not list every service that SilverScript covers or list every limitation or exclusion. To get a complete list of services, call SilverScript and ask for the *Evidence of Coverage*.

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 Medicare Enhance Plan/Medicare Extension
- ❑ One of the GIC's other Medicare plans

You make the choice. However, **if you decide to enroll in Medicare Extension but choose <u>not</u> to be enrolled in or are disenrolled from SilverScript Employer PDP sponsored by the GIC, you will lose your GIC medical, prescription drug and behavioral health coverage.**

Information in this prescription drug brochure

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

This document may be available in languages other than English. For additional information, call SilverScript at 877-876-7214, available 24 hours a day, 7 days a week. TTY users should call 711.

Este documento podría estar disponible en un idioma distinto al inglés. Para obtener información adicional, llámenos al 877-876-7214, las 24 horas del día, los 7 días de la semana. Los usuarios de teléfono de texto (TTY) deben llamar al 711.

Things to Know About SilverScript

SilverScript Phone Numbers and Website

- Call toll free 877-876-7214. TTY users should call 711.
- Website: gic.silverscript.com.

Hours of Operation

You can call SilverScript 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 the website at gic.silverscript.com. Or call SilverScript and you will be sent a copy of the formulary. This formulary does not include drugs covered through the additional coverage provided by the GIC.

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. Certain drugs are limited to a 30 day supply. These drugs have "NDS" (for "Non-Extended Day Supply") next to the drug name in the formulary.

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 when used for anorexia, weight loss or weight gain
- Prescription drugs when used for the symptomatic relief of cough or cold
- Prescription vitamins and mineral products not covered by Part D
- Prescription drugs when used 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 for details.

Drugs used to treat opiod use disorder

Generic drugs used to treat opioid use disorder (generic buprenorphine-naloxone, naloxone, and naltrexone products) are covered with no copayment or prior authorization.

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.

The pharmacies in SilverScript's 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 at 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.

Claim forms are available at gic.silverscript.com or by calling 877-876-7214.

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 2018:

How Medicare Part D Stages Work

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	$ 405	$ 0
Initial Coverage	After meeting the deductible, a person pays 25% of the drug cost until he reaches $3,750 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 ▪ 35% brand-name drug cost ▪ 44% generic drug cost	You continue to pay only your GIC copay.

Stage	Standard Medicare Part D Plan <u>without</u> your additional coverage provided by the GIC	SilverScript <u>with</u> your additional coverage provided by the GIC <u>This is what you pay</u>

Catastrophic Coverage	After you reach $5,000 in Medicare Part D out-of-pocket costs, a person pays the **greater of**:
	▪ 5% of the drug cost, or
	▪ $3.35 for generic drugs
	$8.35 for brand-name drugs
		After you reach $5,000 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
		  ▪ $3.35 for generic drugs
		  ▪ $8.35 for brand-name drugs

In calendar year 2018, the standard Medicare Part D plan maximum out-of-pocket expense of $5,000 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.

Please note: Standard Medicare Part D stages and plan changes can occur every year. For further information, please visit http://www.medicare.gov on the web or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For plan changes, please call SilverScript Customer Care at 1-877-876-7214, 24 hours a day, 7 days a week or visit gic.silverscript.com. TTY users should call 711.

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 medical 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.

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 socialsecurity.gov/mediinfo.htm, call 800-772-1213, 7 a.m. to 7 p.m., Monday through Friday, or visit your local Social Security office. TTY users should call 800-325-0778.

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

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

	SilverScript
Initial Coverage	You pay the amounts below until your total yearly drug costs reach $3,750. 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 pay the same as mail order for a 90-day supply of a maintenance medication at **preferred** network retail pharmacies.

	SilverScript		
	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
	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
	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*

*Certain drugs are limited to a 30 day supply. These drugs have “**NDS”** next to them in the formulary.

	SilverScript
Coverage Gap	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.
	SilverScript

Catastrophic Coverage	After you reach $5,000 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
	  ▪ $3.35 copay for generic, including brand drugs treated as generic, or
	$8.35 copay for all other drugs

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.

Multi-Language Insert

Multi-Language Interpreter Services
English: We have free interpreter services to answer any questions you may have about our drug plan. To get an interpreter, just call us at 877-876-7214. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 877-876-7214. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电877-876-7214。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 877-876-7214。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 877-876-7214. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d’interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d’assurance-médicaments. Pour accéder au service d’interprétation, il vous suffit de nous appeler au 877-876-7214. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 877-876-7214 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 877-876-7214. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화877-876-7214 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 877-876-7214. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 877-876-7214 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 877-876-7214 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 877-876-7214. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 877-876-7214. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 877-876-7214. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 877-876-7214. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、877-876-7214 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。