

# 2017 Summary of Benefits

**SilverScript Choice (PDP) | SilverScript Plus (PDP)**

January 1, 2017 – December 31, 2017

**All Regions except Alaska & Hawaii**

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



**SilverScript®**



## Summary of Benefits

January 1, 2017 - December 31, 2017

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*.”

### Who can join?

To join SilverScript, 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 all states and the District of Columbia.

SilverScript Plus (PDP) is available in all states and the District of Columbia, except 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](http://www.silverscript.com). Or, call us and we will send you a copy of the formulary.

### How will I determine my drug costs?

*The amount you pay depends on which tier your drug is in, which pharmacy you use, and what stage of the benefit you have reached.*

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you.

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](http://www.silverscript.com), or contact Customer Care at the number listed below.

### Which pharmacies can I use?

We have a network of pharmacies, and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You also have the option of using our mail-service pharmacy. CVS Caremark Mail-Service Pharmacy is our preferred mail-service pharmacy. In certain circumstances, such as an emergency, you may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy. You can look up a network pharmacy anywhere in the U.S. using the online Pharmacy Locator tool on our website at [www.silverscript.com](http://www.silverscript.com). Or, call us and we will send you a copy of the pharmacy directory.

## **For More Information**

If you have any questions about our plans or would like more information, please call SilverScript Customer Care at 1-866-235-5660 (TTY users should call 711), 24 hours a day, 7 days a week. Or visit [www.silverscript.com](http://www.silverscript.com).

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 <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.

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

The typical number of days after the mail-service 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.

This document is available in other formats such as Braille and large print. This information is available for free in other languages. Please call our Customer Care number at 1-866-235-5660 (TTY: 711), 24 hours a day, 7 days a week. Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Cuidado al Cliente al 1-866-235-5660 (teléfono de texto (TTY): 711), las 24 horas del día, los 7 días de la semana.

# Summary of Benefits

January 1, 2017 - December 31, 2017

## Monthly Plan Premium

You must continue to pay your Medicare Part B premium.

SilverScript Choice (PDP)			
Alabama	\$28.90	Nebraska	\$31.30
Arizona	\$29.70	Nevada	\$39.40
Arkansas	\$15.70	New Hampshire	\$32.10
California	\$29.90	New Jersey	\$39.50
Colorado	\$32.00	New Mexico	\$19.50
Connecticut	\$32.30	New York	\$30.80
Delaware	\$33.90	North Carolina	\$29.30
District of Columbia	\$33.90	North Dakota	\$31.30
Florida	\$28.90	Ohio	\$27.40
Georgia	\$22.80	Oklahoma	\$28.10
Idaho	\$33.80	Oregon	\$32.30
Illinois	\$28.40	Pennsylvania	\$28.50
Indiana	\$26.60	Rhode Island	\$32.30
Iowa	\$31.30	South Carolina	\$25.20
Kansas	\$27.20	South Dakota	\$31.30
Kentucky	\$26.60	Tennessee	\$28.90
Louisiana	\$24.20	Texas	\$27.50
Maine	\$32.10	Utah	\$33.80
Maryland	\$33.90	Vermont	\$32.30
Massachusetts	\$32.30	Virginia	\$30.80
Michigan	\$33.50	Washington	\$32.30
Minnesota	\$31.30	West Virginia	\$28.50
Mississippi	\$25.00	Wisconsin	\$36.70
Missouri	\$26.10	Wyoming	\$31.30
Montana	\$31.30		

SilverScript Plus (PDP)			
Alabama	\$68.90	Nebraska	\$73.30
Arizona	\$75.90	Nevada	\$72.20
Arkansas	\$51.60	New Hampshire	\$73.00
California	\$83.70	New Jersey	\$88.60
Colorado	\$79.90	New Mexico	\$43.80
Connecticut	\$67.90	New York	\$75.70
Delaware	\$81.90	North Carolina	\$68.70
District of Columbia	\$81.90	North Dakota	\$73.30
Florida	\$75.00	Ohio	\$71.40
Georgia	\$55.10	Oklahoma	\$71.90
Idaho	\$84.80	Oregon	\$72.90
Illinois	\$85.40	Pennsylvania	\$77.90
Indiana	\$62.40	Rhode Island	\$67.90
Iowa	\$73.30	South Carolina	\$63.00
Kansas	\$77.30	South Dakota	\$73.30
Kentucky	\$62.40	Tennessee	\$68.90
Louisiana	\$64.20	Texas	\$56.30
Maine	\$73.00	Utah	\$84.80
Maryland	\$81.90	Vermont	\$67.90
Massachusetts	\$67.90	Virginia	\$74.20
Michigan	\$70.20	Washington	\$72.90
Minnesota	\$73.30	West Virginia	\$77.90
Mississippi	\$61.30	Wisconsin	\$72.50
Missouri	\$67.10	Wyoming	\$73.30
Montana	\$73.30		

## Stage 1: Annual Deductible

SilverScript Choice (PDP)
This plan does not have a deductible.

SilverScript Plus (PDP)
This plan does not have a deductible.

## Stage 2: Initial Coverage Stage

You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail-order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Standard Retail Cost-Sharing	Tier	SilverScript Choice (PDP)		SilverScript Plus (PDP)	
		One-month supply	Three-month supply	One-month supply	Three-month supply
	<b>Tier 1</b> (Preferred Generic)	Please refer to Cost-Sharing Table #1 to find out the cost-sharing in your area		\$10.00 copay	\$30.00 copay
	<b>Tier 2</b> (Generic)	Please refer to Cost-Sharing Table #1 to find out the cost-sharing in your area		\$20.00 copay	\$60.00 copay
	<b>Tier 3</b> (Preferred Brand)	Please refer to Cost-Sharing Table #1 to find out the cost-sharing in your area		\$47.00 copay	\$141.00 copay
	<b>Tier 4</b> (Non-Preferred Drug)	Please refer to Cost-Sharing Table #1 to find out the cost-sharing in your area		50% of the cost	50% of the cost
	<b>Tier 5</b> (Specialty Tier)	33% of the cost	Not offered	33% of the cost	Not offered
Preferred Retail Cost-Sharing	Tier	One-month supply	Three-month supply	One-month supply	Three-month supply
	<b>Tier 1</b> (Preferred Generic)	Not offered		\$0.00 copay	\$0.00 copay
	<b>Tier 2</b> (Generic)	Not offered		\$3.00 copay	\$7.50 copay
	<b>Tier 3</b> (Preferred Brand)	Not offered		Please refer to Cost-Sharing Table #2 to find out the cost-sharing in your area	
	<b>Tier 4</b> (Non-Preferred Drug)	Not offered		Please refer to Cost-Sharing Table #2 to find out the cost-sharing in your area	
	<b>Tier 5</b> (Specialty Tier)	Not offered		33% of the cost	Not offered

## Stage 2: Initial Coverage Stage

**Preferred  
Mail Order  
Cost-Sharing**

Tier	SilverScript Choice (PDP)		SilverScript Plus (PDP)	
	One-month supply	Three-month supply	One-month supply	Three-month supply
<b>Tier 1</b> (Preferred Generic)	Please refer to Cost-Sharing Table #1 to find out the cost-sharing in your area		\$0.00 copay	\$0.00 copay
<b>Tier 2</b> (Generic)	Please refer to Cost-Sharing Table #1 to find out the cost-sharing in your area		\$3.00 copay	\$0.00 copay
<b>Tier 3</b> (Preferred Brand)	Please refer to Cost-Sharing Table #1 to find out the cost-sharing in your area		Please refer to Cost-Sharing Table #2 to find out the cost-sharing in your area	
<b>Tier 4</b> (Non-Preferred Drug)	Please refer to Cost-Sharing Table #1 to find out the cost-sharing in your area		Please refer to Cost-Sharing Table #2 to find out the cost-sharing in your area	
<b>Tier 5</b> (Specialty Tier)	33% of the cost	Not offered	33% of the cost	Not offered

## Stage 3: Coverage Gap Stage

You enter the coverage gap (also called the “donut hole”) after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,700. Not everyone will reach the coverage gap stage. With the standard Medicare gap coverage, you pay 40% of the drug cost for covered brand name drugs and 51% of the drug cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap.

SilverScript Choice (PDP)	SilverScript Plus (PDP)
After you enter the coverage gap, you pay the standard Medicare gap coverage described above for covered drugs on all tiers.	After you enter the coverage gap, the plan continues to provide some prescription drug coverage for certain drugs. For drugs on Tier 1 and Tier 2, you pay the amount listed in the chart below.  For covered drugs on all other tiers, you pay the standard Medicare gap coverage described above.

### Stage 3: Coverage Gap Stage

		SilverScript Choice (PDP)		SilverScript Plus (PDP)	
		One-month supply	Three-month supply	One-month supply	Three-month supply
<b>Standard Retail Cost-Sharing</b>	<b>Tier</b>				
	<b>Tier 1</b> (Preferred Generic)	Standard gap coverage		\$10.00 copay	\$30.00 copay
	<b>Tier 2</b> (Generic)	Standard gap coverage		\$20.00 copay	\$60.00 copay
<b>Preferred Retail Cost-Sharing</b>	<b>Tier</b>				
	<b>Tier 1</b> (Preferred Generic)	Standard gap coverage		\$0.00 copay	\$0.00 copay
	<b>Tier 2</b> (Generic)	Standard gap coverage		\$3.00 copay	\$7.50 copay

		SilverScript Choice (PDP)		SilverScript Plus (PDP)	
		One-month supply	Three-month supply	One-month supply	Three-month supply
<b>Preferred Mail Order Cost-Sharing</b>	<b>Tier</b>				
	<b>Tier 1</b> (Preferred Generic)	Standard gap coverage		\$0.00 copay	\$0.00 copay
	<b>Tier 2</b> (Generic)	Standard gap coverage		\$3.00 copay	\$0.00 copay

### 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 \$4,950, you pay the greater of:

- 5% of the cost, or
- \$3.30 copay for generic drugs (including brand drugs treated as generic) and \$8.25 copay for all other drugs.

**Cost-Sharing Table #1 – SilverScript Choice (PDP) – Initial Coverage Stage**

**When you fill your prescription at a standard in-network retail pharmacy or from the CVS Caremark Mail-Service Pharmacy**

		Tier 1 (Preferred Generic)		Tier 2 (Generic)		Tier 3 (Preferred Brand)		Tier 4 (Non-Preferred Drug)		Tier 5 (Specialty Tier)	
State		Up to a one-month supply	Up to a three-month supply	Up to a one-month supply	Up to a three-month supply	Up to a one-month supply	Up to a three-month supply	Up to a one-month supply	Up to a three-month supply	Up to a one-month supply	Up to a three-month supply
Alabama	Retail: Mail:	\$3.00	\$7.50 \$0.00*	\$13.00	\$32.50	\$45.00	\$112.50	50%	50%	33%	N/A
Arizona	Retail: Mail:	\$7.00	\$21.00 \$17.50*	\$20.00	\$60.00 \$50.00*	\$47.00	\$141.00 \$117.50*	50%	50%	33%	N/A
Arkansas		\$3.00	\$7.50	\$13.00	\$32.50	\$46.00	\$115.00	50%	50%	33%	N/A
California		\$3.00	\$7.50	\$17.00	\$42.50	\$47.00	\$117.50	48%	48%	33%	N/A
Colorado		\$3.00	\$7.50	\$20.00	\$50.00	\$47.00	\$117.50	50%	50%	33%	N/A
Connecticut		\$3.00	\$7.50	\$13.00	\$32.50	\$42.00	\$105.00	44%	44%	33%	N/A
Delaware		\$3.00	\$7.50	\$19.00	\$47.50	\$47.00	\$117.50	50%	50%	33%	N/A
District of Columbia		\$3.00	\$7.50	\$19.00	\$47.50	\$47.00	\$117.50	50%	50%	33%	N/A
Florida		\$4.00	\$10.00	\$20.00	\$50.00	\$47.00	\$117.50	50%	50%	33%	N/A
Georgia		\$3.00	\$7.50	\$13.00	\$32.50	\$46.00	\$115.00	50%	50%	33%	N/A
Idaho		\$3.00	\$7.50	\$14.00	\$35.00	\$45.00	\$112.50	50%	50%	33%	N/A
Illinois		\$3.00	\$7.50	\$18.00	\$45.00	\$46.00	\$115.00	50%	50%	33%	N/A
Indiana		\$3.00	\$7.50	\$14.00	\$35.00	\$45.00	\$112.50	50%	50%	33%	N/A
Iowa		\$3.00	\$7.50	\$14.00	\$35.00	\$42.00	\$105.00	48%	48%	33%	N/A
Kansas		\$3.00	\$7.50	\$14.00	\$35.00	\$45.00	\$112.50	50%	50%	33%	N/A
Kentucky		\$3.00	\$7.50	\$14.00	\$35.00	\$45.00	\$112.50	50%	50%	33%	N/A
Louisiana		\$3.00	\$7.50	\$12.00	\$30.00	\$43.00	\$107.50	47%	47%	33%	N/A
Maine		\$3.00	\$7.50	\$17.00	\$42.50	\$46.00	\$115.00	50%	50%	33%	N/A
Maryland		\$3.00	\$7.50	\$19.00	\$47.50	\$47.00	\$117.50	50%	50%	33%	N/A
Massachusetts		\$3.00	\$7.50	\$13.00	\$32.50	\$42.00	\$105.00	44%	44%	33%	N/A
Michigan		\$3.00	\$7.50	\$14.00	\$35.00	\$45.00	\$112.50	49%	49%	33%	N/A
Minnesota		\$3.00	\$7.50	\$14.00	\$35.00	\$42.00	\$105.00	48%	48%	33%	N/A
Mississippi		\$3.00	\$7.50	\$14.00	\$35.00	\$45.00	\$112.50	50%	50%	33%	N/A
Missouri	Retail: Mail:	\$3.00	\$7.50 \$0.00*	\$12.00	\$30.00	\$43.00	\$107.50	47%	47%	33%	N/A

\* In these states you will pay a lower copayment for a long term supply of drugs on these tiers at our preferred mail-service pharmacy.

**Cost-Sharing Table #1 – SilverScript Choice (PDP) – Initial Coverage Stage**

**When you fill your prescription at a standard in-network retail pharmacy or from the CVS Caremark Mail-Service Pharmacy**

State	Tier 1 (Preferred Generic)		Tier 2 (Generic)		Tier 3 (Preferred Brand)		Tier 4 (Non-Preferred Drug)		Tier 5 (Specialty Tier)	
	Up to a one-month supply	Up to a three-month supply	Up to a one-month supply	Up to a three-month supply	Up to a one-month supply	Up to a three-month supply	Up to a one-month supply	Up to a three-month supply	Up to a one-month supply	Up to a three-month supply
Montana	\$3.00	\$7.50	\$14.00	\$35.00	\$42.00	\$105.00	48%	48%	33%	N/A
Nebraska	\$3.00	\$7.50	\$14.00	\$35.00	\$42.00	\$105.00	48%	48%	33%	N/A
Nevada	\$7.00	\$17.50	\$20.00	\$50.00	\$47.00	\$117.50	50%	50%	33%	N/A
New Hampshire	\$3.00	\$7.50	\$17.00	\$42.50	\$46.00	\$115.00	50%	50%	33%	N/A
New Jersey	\$3.00	\$7.50	\$15.00	\$37.50	\$47.00	\$117.50	49%	49%	33%	N/A
New Mexico	\$3.00	\$7.50	\$15.00	\$37.50	\$47.00	\$117.50	50%	50%	33%	N/A
New York	\$3.00	\$7.50	\$13.00	\$32.50	\$46.00	\$115.00	48%	48%	33%	N/A
North Carolina	\$3.00	\$7.50	\$14.00	\$35.00	\$45.00	\$112.50	50%	50%	33%	N/A
North Dakota	\$3.00	\$7.50	\$14.00	\$35.00	\$42.00	\$105.00	48%	48%	33%	N/A
Ohio	Retail: Mail: \$3.00	\$7.50 \$0.00*	\$17.00	\$42.50	\$46.00	\$115.00	49%	49%	33%	N/A
Oklahoma	\$3.00	\$7.50	\$12.00	\$30.00	\$43.00	\$107.50	49%	49%	33%	N/A
Oregon	\$3.00	\$7.50	\$12.00	\$30.00	\$44.00	\$110.00	48%	48%	33%	N/A
Pennsylvania	\$3.00	\$7.50	\$13.00	\$32.50	\$45.00	\$112.50	50%	50%	33%	N/A
Rhode Island	\$3.00	\$7.50	\$13.00	\$32.50	\$42.00	\$105.00	44%	44%	33%	N/A
South Carolina	\$3.00	\$7.50	\$17.00	\$42.50	\$47.00	\$117.50	50%	50%	33%	N/A
South Dakota	\$3.00	\$7.50	\$14.00	\$35.00	\$42.00	\$105.00	48%	48%	33%	N/A
Tennessee	Retail: Mail: \$3.00	\$7.50 \$0.00*	\$13.00	\$32.50	\$45.00	\$112.50	50%	50%	33%	N/A
Texas	\$3.00	\$7.50	\$20.00	\$50.00	\$47.00	\$117.50	50%	50%	33%	N/A
Utah	\$3.00	\$7.50	\$14.00	\$35.00	\$45.00	\$112.50	50%	50%	33%	N/A
Vermont	\$3.00	\$7.50	\$13.00	\$32.50	\$42.00	\$105.00	44%	44%	33%	N/A
Virginia	\$3.00	\$7.50	\$18.00	\$45.00	\$47.00	\$117.50	50%	50%	33%	N/A
Washington	\$3.00	\$7.50	\$12.00	\$30.00	\$44.00	\$110.00	48%	48%	33%	N/A
West Virginia	\$3.00	\$7.50	\$13.00	\$32.50	\$45.00	\$112.50	50%	50%	33%	N/A
Wisconsin	\$3.00	\$7.50	\$12.00	\$30.00	\$43.00	\$107.50	46%	46%	33%	N/A
Wyoming	\$3.00	\$7.50	\$14.00	\$35.00	\$42.00	\$105.00	48%	48%	33%	N/A

\* In these states you will pay a lower copayment for a long term supply of drugs on these tiers at our preferred mail-service pharmacy.

**Cost-Sharing Table #2 – SilverScript Plus (PDP) – Initial Coverage Stage**

**When you fill your prescription at an in-network retail pharmacy or from the CVS Caremark Mail-Service Pharmacy**

See pages 6 - 7 for the cost-sharing for Tiers 1, 2 and 5

State	Tier 3 (Preferred Brand)				Tier 4 (Non-Preferred Drug)			
	Up to a one-month supply		Up to a three-month supply		Up to a one-month supply		Up to a three-month supply	
	Standard Retail	Preferred Retail & Mail	Standard Retail	Preferred Retail & Mail	Standard Retail	Preferred Retail & Mail	Standard Retail	Preferred Retail & Mail
Alabama	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Arizona	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Arkansas	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
California	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Colorado	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Connecticut	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Delaware	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
District of Columbia	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Florida	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Georgia	\$47.00	\$33.00	\$141.00	\$82.50	50%	45%	50%	45%
Idaho	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Illinois	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Indiana	\$47.00	\$33.00	\$141.00	\$82.50	50%	45%	50%	45%
Iowa	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Kansas	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Kentucky	\$47.00	\$33.00	\$141.00	\$82.50	50%	45%	50%	45%
Louisiana	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Maine	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Maryland	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Massachusetts	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Michigan	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Minnesota	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Mississippi	\$47.00	\$33.00	\$141.00	\$82.50	50%	45%	50%	45%
Missouri	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%

**Cost-Sharing Table #2 – SilverScript Plus (PDP) – Initial Coverage Stage**

**When you fill your prescription at an in-network retail pharmacy or from the CVS Caremark Mail-Service Pharmacy**

See pages 6 - 7 for the cost-sharing for Tiers 1, 2 and 5

State	Tier 3 (Preferred Brand)				Tier 4 (Non-Preferred Drug)			
	Up to a one-month supply		Up to a three-month supply		Up to a one-month supply		Up to a three-month supply	
	Standard Retail	Preferred Retail & Mail	Standard Retail	Preferred Retail & Mail	Standard Retail	Preferred Retail & Mail	Standard Retail	Preferred Retail & Mail
Montana	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Nebraska	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Nevada	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
New Hampshire	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
New Jersey	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
New Mexico	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
New York	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
North Carolina	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
North Dakota	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Ohio	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Oklahoma	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Oregon	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Pennsylvania	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Rhode Island	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
South Carolina	\$47.00	\$33.00	\$141.00	\$82.50	50%	45%	50%	45%
South Dakota	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Tennessee	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Texas	\$47.00	\$33.00	\$141.00	\$82.50	50%	45%	50%	45%
Utah	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Vermont	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Virginia	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Washington	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
West Virginia	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Wisconsin	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%
Wyoming	\$47.00	\$27.00	\$141.00	\$67.50	50%	40%	50%	40%

**ENGLISH**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY: 711).

**SPANISH**

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (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1-866-235-5660 (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 1-866-235-5660 (TTY: 711).

**KOREAN**

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-866-235-5660 (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 1-866-235-5660 (TTY: 711).

**RUSSIAN**

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-866-235-5660 (телетайп: 711).

**ARABIC**

ملاحظة: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجاناً من أجلك. اتصل بالرقم 1-866-235-5660 (الهاتف النصي: 711).

**FRENCH CREOLE**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-235-5660 (TTY: 711).

**FRENCH**

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 1-866-235-5660 (TTY: 711).

**POLISH**

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-866-235-5660 (TTY: 711).

**PORTUGUESE**

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-866-235-5660 (TTY: 711).

**ITALIAN**

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-866-235-5660 (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1-866-235-5660 (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 1-866-235-5660 (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 (TTY: 711) 1-866-235-5660 تماس بگیرید.

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 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, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



P.O. Box 52424, Phoenix, AZ 85072-2424

### SilverScript Customer Care

Method	Customer Care – Contact Information
<b>CALL</b>	1-866-235-5660 Calls to this number are free. 24 hours a day, 7 days a week. 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 52067 Phoenix, AZ, 85072-2067
<b>WEBSITE</b>	<a href="http://www.silverscript.com">www.silverscript.com</a>

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