

## **About Aetna Medicare Rx offered by SilverScript**

Aetna Medicare Rx offered by SilverScript Employer PDP sponsored by Town of Palmer is a Medicare Part D prescription drug plan with any additional coverage to expand the Part D benefits provided by Town of Palmer. 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 Aetna Medicare Rx offered by 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**

Your coverage is provided through a contract with your former employer/union/trust. Your plan benefits administrator will let you know about your plan premium, if any.

### **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: Deductible Stage**

Because you have no deductible, this payment stage does not apply to you.

#### **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 \$4,430. Total yearly drug costs are the total drug costs paid by both you and Aetna Medicare Rx offered by SilverScript. You may get your drugs at network retail pharmacies or through the mail-order pharmacy.

## 2022 Aetna Medicare Rx offered by SilverScript Summary of Prescription Drug Benefits for Town of Palmer

<b>Monthly Premium</b>	Your plan benefits administrator will let you know about your plan premium, if any.
Formulary	GRP Open 2 Plus (4 Tier)
Network	P1
<b>Deductible</b>	This plan does not have a deductible.

### Initial Coverage Stage

**Your share of the cost when you get a one-month supply of a covered Part D prescription drug:**

	<b>Standard Network Retail Pharmacy</b> (Up to a 30-day supply)	<b>Preferred 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: Generic</b>	\$10	\$9	\$10
<b>Tier 2: Preferred Brand</b>	\$20	\$20	\$20
<b>Tier 3: Non-Preferred Brand</b>	\$35	\$35	\$35
<b>Tier 4: Specialty</b>	\$35	\$35	\$35

**Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:**

	<b>Standard Network Retail Pharmacy</b> (Up to a 90-day supply)	<b>Preferred Network Retail Pharmacy</b> (Up to a 90-day supply)	<b>Mail-Order Pharmacy</b> (Up to a 90-day supply)
<b>Tier 1: Generic</b>	\$20	\$18	\$18
<b>Tier 2: Preferred Brand</b>	\$40	\$40	\$40
<b>Tier 3: Non-Preferred Brand</b>	\$70	\$70	\$70
<b>Tier 4: Specialty</b>	N/A	N/A	N/A

### 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 \$4,430.

Due to the additional coverage provided by Town of Palmer, 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.

<b>Coverage Gap Stage</b>			
<b>Your share of the cost when you get a one-month supply of a covered Part D prescription drug:</b>			
	<b>Standard Network Retail Pharmacy</b> (Up to a 30-day supply)	<b>Preferred 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: Generic</b>	\$10	\$9	\$10
<b>Tier 2: Preferred Brand</b>	\$20	\$20	\$20
<b>Tier 3: Non-Preferred Brand</b>	\$35	\$35	\$35
<b>Tier 4: Specialty</b>	\$35	\$35	\$35
<b>Your share of the cost when you get a <i>long-term</i> supply of a covered Part D prescription drug:</b>			
	<b>Standard Network Retail Pharmacy</b> (Up to a 90-day supply)	<b>Preferred Network Retail Pharmacy</b> (Up to a 90-day supply)	<b>Mail-Order Pharmacy</b> (Up to a 90-day supply)
<b>Tier 1: Generic</b>	\$20	\$18	\$18
<b>Tier 2: Preferred Brand</b>	\$40	\$40	\$40
<b>Tier 3: Non-Preferred Brand</b>	\$70	\$70	\$70
<b>Tier 4: Specialty</b>	N/A	N/A	N/A

### 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 \$7,050, you pay 5% of the cost for a covered drug but not greater than the cost-share amounts listed in the Initial Coverage Stage section above.

#### Who can join?

To join Aetna Medicare Rx offered by SilverScript, you must be eligible for coverage provided by Town of Palmer, 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. Aetna Medicare Rx offered by SilverScript is available in the United States.

## 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 Customer Care (phone numbers are printed on the back cover of this booklet). You may also request a copy of the complete plan formulary or access it online at [MyDocumentSource.MemberDoc.com](http://MyDocumentSource.MemberDoc.com).

**Please note:** Town of Palmer 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 Customer Care (phone numbers are printed on the back cover of this booklet).

The following categories are included in your non-Part D supplemental benefit:

- Erectile Dysfunction

To view the medications in these categories, visit [aetnamedicare.com/SupplementalBenefitPDP](http://aetnamedicare.com/SupplementalBenefitPDP).

Generic drugs are paid at the lowest generic cost share, and brand drugs are paid at the Preferred Brand cost share. Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include step therapy, prior authorization or quantity limitations.

## How will I determine my drug costs?

Aetna Medicare Rx offered by SilverScript groups each medication into one of four 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 with over 23,000 preferred 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 Customer Care (phone numbers are printed on the back cover of this booklet), or visit [Caremark.com](http://Caremark.com).

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 in an emergency, 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. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

## For more information

This booklet provides a summary of what Aetna Medicare Rx offered by SilverScript covers and what you will pay. To get a complete list of our benefits, please call 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 [www.medicare.gov](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.

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

Aetna Medicare Rx offered by SilverScript's pharmacy network includes limited lower-cost, preferred pharmacies in suburban areas of Arizona, Illinois, West Virginia; urban areas of Kansas, Michigan, and Missouri; and rural areas of Michigan. 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 1-855-334-5057 (TTY: 711), 24 hours a day, 7 days a week, or consult the online pharmacy directory at Caremark.com.

Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

Aetna and CVS Pharmacy® are part of the CVS Health® family of companies.

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If there is a difference between this document and the *Evidence of Coverage (EOC)*, the EOC is considered correct.

Aetna Medicare Rx offered by SilverScript's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna Medicare Rx offered by SilverScript based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna Medicare Rx offered by SilverScript reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

Aetna Medicare Rx offered by SilverScript is a group standalone Medicare Prescription Drug Plan (PDP). This plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the plan depends on Medicare contract renewal.

# SilverScript®

P.O. Box 30006, Pittsburgh, PA 15222-0330



## Important Plan Information

### Aetna Medicare Rx offered by SilverScript Customer Care

<b>CALL</b>	1-855-334-5057 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 30016 Pittsburgh, PA 15222-0330