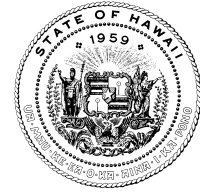


# SilverScript®

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



## 2023 Summary of Benefits

**SilverScript Employer PDP sponsored by Hawaii Employer-Union Health Benefits Trust Fund (EUTF Plan) (SilverScript)**

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

January 1, 2023 – December 31, 2023



## **About SilverScript**

SilverScript Employer PDP sponsored by Hawaii Employer-Union Health Benefits Trust Fund (EUTF Plan) (SilverScript) is a Medicare Part D prescription drug plan with additional coverage provided by Hawaii Employer-Union Health Benefits Trust Fund (EUTF Plan) to expand the Part D benefits. 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 Hawaii Employer-Union Health Benefits Trust Fund (EUTF Plan) 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: 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 \$4,660. 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.

| <b>2023 SilverScript Summary of Prescription Drug Benefits for Hawaii Employer-Union Health Benefits Trust Fund (EUTF Plan)</b> |                                                                                                                                   |                                                       |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|
| <b>Monthly Premium</b>                                                                                                          | Please contact Hawaii Employer-Union Health Benefits Trust Fund (EUTF Plan) for more information about the premium for this plan. |                                                       |                                                                 |
| <b>Deductible</b>                                                                                                               | This plan does not have a deductible.                                                                                             |                                                       |                                                                 |
| <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><br>(Up to a 30-day supply)                                                                         | <b>Mail-Order Pharmacy</b><br>(Up to a 30-day supply) | <b>Long-Term Care (LTC) Pharmacy</b><br>(Up to a 31-day supply) |
| <b>Tier 1: Generic</b>                                                                                                          | \$5.00                                                                                                                            | \$5.00                                                | \$5.00                                                          |
| <b>Tier 2: Preferred Brand</b>                                                                                                  | \$15.00                                                                                                                           | \$15.00                                               | \$15.00                                                         |
| <b>Tier 3: Non-Preferred Brand</b>                                                                                              | \$30.00                                                                                                                           | \$30.00                                               | \$30.00                                                         |
| <b>Tier 4: Specialty (High Cost)</b>                                                                                            | 20% of total cost<br>Maximum \$250/fill                                                                                           | 20% of total cost<br>Maximum \$250/fill               | 20% of total cost<br>Maximum \$250/fill                         |
| <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><br>(Up to a 90-day supply)                                                                         | <b>Mail-Order Pharmacy</b><br>(Up to a 90-day supply) |                                                                 |
| <b>Tier 1: Generic</b>                                                                                                          | \$10.00                                                                                                                           | \$10.00                                               |                                                                 |
| <b>Tier 2: Preferred Brand</b>                                                                                                  | \$30.00                                                                                                                           | \$30.00                                               |                                                                 |
| <b>Tier 3: Non-Preferred Brand</b>                                                                                              | \$60.00                                                                                                                           | \$60.00                                               |                                                                 |
| <b>Tier 4: Specialty (High Cost)</b>                                                                                            | N/A                                                                                                                               | N/A                                                   |                                                                 |

Please note, if you go to an out-of-network pharmacy, you will be reimbursed the cost of the drug less your cost share.

### **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 \$4,660.

Due to the additional coverage provided by Hawaii Employer-Union Health Benefits Trust Fund (EUTF Plan), 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 \$7,400 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.

### **Hawaii Employer-Union Health Benefits Trust Fund (EUTF Plan) Annual Maximum Out-of-Pocket (MOOP)**

Maximum Out-of-Pocket (MOOP) — The most a person will pay in a year for deductibles and copayments/coinsurance for covered benefits. This amount can vary by plan.

After you reach your individual maximum out-of-pocket costs of \$2,000 (Specialty Drugs Only), Hawaii Employer-Union Health Benefits Trust Fund (EUTF Plan) will pay the rest of your annual drug costs.

### **Who can join?**

To join SilverScript, you must be eligible for coverage provided by Hawaii Employer-Union Health Benefits Trust Fund (EUTF Plan), 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 Customer Care. You may also request a copy of the complete plan formulary.

**Please note:** Hawaii Employer-Union Health Benefits Trust Fund (EUTF Plan) 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. The SilverScript formularies do not include any drugs that may be available to you through the additional coverage provided by Hawaii Employer-Union Health Benefits Trust Fund (EUTF Plan).

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

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 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, or use our online pharmacy locator tool on [eutf.silverscript.com](http://eutf.silverscript.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, 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.

This document provides a summary of what SilverScript covers and what you will pay. To get a complete list of our benefits, please call Customer Care 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.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

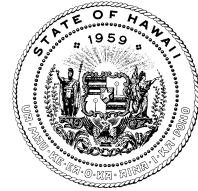
The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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®

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## Important Plan Information Información Importante Sobre el Plan

### SilverScript Customer Care

|              |                                                                                                                                                                                                 |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CALL</b>  | 1-877-878-5715<br>Calls to this number are free, 24 hours a day, 7 days a week.<br>Customer Care also has free language interpreter services available for non-English speakers.                |
| <b>TTY</b>   | 711<br>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.<br>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<br>P.O. Box 30016<br>Pittsburgh, PA 15222-0330                                                                                                                   |