

**SILVERSCRIPT'S MEDICARE PART D  
PRESCRIPTION DRUG PLAN (PDP) FOR 2018**

Effective January 1, 2018, Medicare-eligible PGCPS retirees, and/or their Medicare-eligible dependents who have prescription drug coverage with CVS/Caremark sponsored by PGCPS will have their prescription drug coverage provided under the Medicare Part D plan called SilverScript Prescription Drug Plan (PDP) and administered by SilverScript® Insurance Company (SilverScript), a CVS/Caremark™ company.

**If you wish to continue your PGCPS sponsored prescription coverage, you do not need to do anything.**

Medicare eligible participants will automatically be enrolled into the SilverScript prescription drug plan (PDP). In November, participants that are enrolled in the SilverScript PDP will receive a letter from SilverScript advising them that they may “opt out” of the SilverScript PDP.

Please be aware that **if you opt out and cancel coverage, effective January 1, 2018, you will not have prescription drug coverage through PGCPS.**

**If you wish to have prescription drug coverage provided by PGCPS do not opt out of the SilverScript PDP.**

NOTE: Medicare-eligible Kaiser Permanente Health Plan retirees and their covered Medicare-eligible dependents **will not** be affected by this change.

To help you understand more about this upcoming transition, we have prepared the following questions and answers outline below.

***About SilverScript***

*Q. Is SilverScript a Medicare Part D Plan?*

A. Yes, SilverScript is a Medicare Part D plan that is being offered to PGCPS Medicare eligible retirees, dependents of retirees, and/or survivors.

*Q. How will the SilverScript PDP work?*

A. There will be two plan components working together as a single plan that will be administered by SilverScript:

- A component that will provide Federal government-approved Medicare Part D prescription benefits (known as an “Employer Group Waiver Plan” or “EGWP”), and
- A second component (often referred to as a “wrap” or “wraparound”) designed to maintain current coverage levels offered to PGCPS Medicare-eligible retirees and their

Medicare-eligible dependents, ensuring there is no break in coverage if/when a member reaches the Medicare Part D coverage limitation (donut hole).

**PGCPS' Prescription Plan is now a Medicare Part D EGWP Plan**

*Q. Why is this change to SilverScript plan being made?*

A. In an effort to better manage the rising cost of prescription drug coverage without changing member co-pays, PGCPS has decided to transition to the SilverScript plan to gain access to subsidies from both the Federal Government and brand name drug manufacturers. These subsidies will help contain prescription drug costs for Medicare-eligible individuals over the long term, thereby helping keep your prescription drug coverage affordable.

***Eligibility***

*Q. Who will be automatically enrolled in the SilverScript PDP for 2018?*

A. Individuals that:

- Have prescription drug coverage through the CVS/Caremark *and*
  - are Medicare-eligible retirees, Medicare-eligible dependents of retirees, or Medicare-eligible survivors, *and*
  - are enrolled in Medicare Parts A and/or B.

*Note:* Non-Medicare eligible plan participants will continue to be enrolled in the current CVS/Caremark plan.

*Q. Who will not be enrolled in SilverScript?*

A. Individuals who are:

- Active PGCPS employees and their enrolled dependents;
- PGCPS retirees, dependents or survivors who are not yet Medicare eligible;
- Retirees, dependents or survivors who do not have prescription coverage provided by PGCPS;
- PGCPS employees or retirees that are enrolled in the Kaiser Permanente Health Plan, regardless of Medicare eligibility; *and*
- Retirees and dependents residing outside the United States and its territories.

*Q. Will only those retirees/dependents age 65 and over be enrolled in SilverScript?*

A. No. Enrollment is based on Medicare eligibility, not age. This means that retirees and their covered dependents under age 65 that are eligible for Medicare (and are enrolled in Medicare Parts A and/or B) will be enrolled in the SilverScript plan.

*Q. My family has “split coverage,” meaning that one or more of my covered family members is Medicare eligible and one or more is not Medicare eligible. Will the SilverScript plan apply to all of us, or only to those who are Medicare-eligible?*

A. The SilverScript plan will apply only to those individuals who are eligible for Medicare and enrolled in Medicare Parts A and/or B.

Individuals who are not eligible for Medicare will continue to have their benefits administered by CVS/Caremark.

*Q. I am retired and will be turning age 65 in 2018 and will become eligible for Medicare; what will happen to my prescription plan coverage?*

A. Prior to becoming eligible for Medicare, you will receive information from PGCPs about your benefits and how they will coordinate with Medicare. You must enroll in Medicare Parts A and B when eligible, and you must provide PGCPs with your Medicare ID card or your letter from Social Security indicating your Medicare effective date as soon as you receive it. At that point, PGCPs will begin the process of enrolling you in the SilverScript plan. That process may take up to 60 days to complete. In the meantime, you will continue to be enrolled in the CVS/Caremark plan.

*Q. I am Medicare-eligible but have prescription coverage through my spouse’s plan and am not enrolled in the PGCPs prescription plan. Will I be automatically enrolled in the SilverScript plan?*

A. No, only those who are Medicare-eligible individuals who currently have prescription plan coverage under CVS/Caremark through PGCPs (excluding retirees enrolled in the Kaiser Permanente plan) will be enrolled.

*Q. I am retired, under the age of 65, approved for Disability Medicare and enrolled in Part A. Will I be automatically enrolled in the SilverScript plan?*

A. Yes, since you are Medicare-eligible, you will be automatically enrolled in the SilverScript plan.

***What You Need to Do (or Not Do)***

*Q. Do I need to do anything before, during or after Open Enrollment?*

A. If you are currently Medicare-eligible and enrolled in Medicare Parts A and/or B, enrolled in the CVS/Caremark plan with PGCPs and want to keep your prescription coverage, you do not need to do anything. The change to the SilverScript plan will be automatic. After Open Enrollment closes, PGCPs will begin the process of enrolling you in SilverScript for a January 1, 2018 effective date.

Note: If you are eligible for Medicare, but not currently enrolled in Medicare Parts A and/or B, **you must** enroll in both parts (call 1-800-MEDICARE) immediately. You must be enrolled in Medicare Parts A and/or B to be eligible for coverage under the SilverScript plan. Failure to enroll in Medicare Parts A and B could result in the loss of your PGCPs sponsored SilverScript prescription drug coverage.

*Q. I am currently covered by the CVS/Caremark prescription plan with PGCPs. Do I need to enroll in a Medicare Part D plan on my own?*

A. No. You **should not** enroll in an individual Medicare Part D plan. If you enroll in an individual Medicare Part D plan, your coverage through PGCPs will automatically be cancelled because the Federal government does not allow coverage under two Medicare Part D plans.

*Q. Can I opt out of the SilverScript plan and keep my current CVS/Caremark plan?*

A. No. The SilverScript plan will be the only plan available to Medicare-eligible retirees and their covered Medicare eligible dependents (except for retirees enrolled in the Kaiser Permanente Health Plan). If you elect to opt out of the SilverScript PDP, you will no longer have prescription coverage with PGCPs.

*Q. Can I cancel my PGCPs prescription coverage before 2018 and enroll in a standard Medicare Part D Prescription Drug Plan that is not offered by PGCPs?*

A. Yes, but remember that the PGCPs plan includes a second component to help maintain current coverage levels (i.e., the “Wrap”) that will provide benefits above and beyond the standard government-approved Medicare Part D prescription benefits. The benefits of this second component will not be available to you if you enroll in a plan not offered through PGCPs.

*Q. Should I fill my prescriptions before the January 1, 2018 transfer to the SilverScript plan occurs?*

A. Yes, this is recommended if, in December, you have prescriptions that are eligible for refill.

*Q. After the transfer to the SilverScript plan occurs on January 1, 2018, is there anything I will need to do differently when filling a prescription, besides presenting my new SilverScript ID card at retail pharmacies?*

A. If you have refills remaining as of December 31, 2017, they will automatically transfer to the SilverScript PDP for 2018. However, if you have no refills remaining, you will be required to obtain a new prescription from your doctor (even if you have prescriptions automatically refilled).

### ***Rates / Premiums and Subsidies***

*Q. Will my percentage of the plan premium change due to the transition to the SilverScript plan?*

A. No. Retirees and Surviving Spouses and Surviving Dependents will continue to pay 20% of the cost of the prescription premium.

*Q. Where can I find the 2018 monthly rates?*

A. The Open Enrollment packet mailed to homes in early October will contain the 2018 rates. You will also be able to find the rates on the PGCPs website.

*Q. Is there a subsidy available for low income retirees?*

A. Yes, under certain circumstances, covered members may be eligible for a Low Income Subsidy. Low income status is determined by either the Social Security Administration (SSA) or the State Medicaid office. Generally, those eligible include individuals with income less than 150% of Federal Poverty Level. For more details, visit the SSA website at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call 1-800-772-1213 (TTY 1-800-325-0778).

*Q. Can you explain the extra amount high income retirees are required to pay?*

A. Similar to Medicare Part B guidelines, Medicare Part D requires that Part D plan participants who are determined to be high income retirees be charged an Income Related Monthly Adjustment Amount or "IRMAA". This IRMAA charge will apply because the SilverScript plan is a Medicare Part D plan. The Social Security Administration (SSA) determines who is considered a high income retiree based on tax status and yearly income as reported on IRS tax returns from two years ago. The IRMAA charge will be deducted directly from the member's Social Security check. Retirees not currently collecting Social Security benefits will be billed directly. To keep their coverage, high income retirees in the SilverScript plan must pay this amount to SSA.

In 2018, monthly IRMAA charges will range from \$13.00 to \$74.80 per person and are based on modified adjusted gross income (MAGI).

<b>If your filing status and Modified Adjusted Gross Income (MAGI) in 2016 was:</b>			
<b>File individual tax return</b>	<b>File joint tax return</b>	<b>File married &amp; separate tax return</b>	<b>You pay (in 2018)</b>
\$85,000 or less	\$170,000 or less	\$85,000 or less	your plan premium
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	not applicable	\$13.00 + your plan premium
above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	not applicable	\$33.60 + your plan premium
above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	above \$85,000 up to \$129,000	\$54.20 + your plan premium
above \$214,000	above \$428,000	above \$129,000	\$77.80 + your plan premium

***Plan Benefits***

*Q. Will the retail or mail order copays change?*

A. There will be no co-pay increase resulting from the change to the SilverScript plan.

*Q. Can I continue to use a retail pharmacy other than a CVS pharmacy?*

A. Yes, you may use over 68,000 participating pharmacies currently available to you such as *CVS, Giant, Safeway, Target, Walgreens, and Walmart.*

*Q. Will I still be able to save money by using Maintenance Choice for my maintenance medications?*

A. Yes, for maintenance medications (long-term medications taken regularly for chronic conditions, such as high blood pressure, high cholesterol or diabetes, or long-term therapy), you will still be able to fill up to a 90-day prescription at either a CVS pharmacy retail location or through CVS Caremark Mail Service Pharmacy and pay only one mail order copay for a 90-day supply.

In addition, you may fill a 90-day prescription at a retail pharmacy other than a CVS pharmacy, however, your total copay will equal three 30-day copays.

*Q. Will there be a different formulary for the SilverScript plan?*

A. No. You will continue to use the CVS/Caremark Preferred Drug List (PDL).

However, the Medicare Part D part of the SilverScript plan also uses a CMS formulary; you may receive CMS required mailings regarding this formulary stating that certain drugs are not covered. In most cases you may **disregard these CMS letters** because the wrap feature will pick up coverage of those medications because it uses the same, more comprehensive formulary used by the current CVS/Caremark Commercial plan.

*Q. Will the same prescription drugs be covered?*

A. Yes. However, the Preferred Drug List is subject to change throughout the year just as it is today.

*Q. Will my prescriptions with prior authorizations (called “letters of medical necessity”) transfer to the SilverScript plan?*

A. **NO.** If you have a prior authorization in place for a medication, you must obtain a new approval from the plan. If you are taking a medication that requires a prior authorization, it will be covered for a limited time period during the transition from the CVS/Caremark plan to the SilverScript plan to allow you time to get a new prior authorization approved.

### ***SilverScript ID Cards***

*Q. Will I use the same ID card (my current CVS/Caremark card) at the retail pharmacy?*

A. No. In early to mid-December, SilverScript ID cards will be mailed to all PGCPs participants that are successfully enrolled in the plan. The SilverScript ID card must be used beginning on or after January 1, 2018. Prior to January 1, you may continue to use your current CVS/Caremark card. Future enrollees will receive new ID cards prior to the effective date of their SilverScript PDP coverage.

*Q. If I have “split family” coverage, will we use different cards?*

A. Yes. If you have split family coverage (meaning that one or more of your covered family members is Medicare-eligible and one or more is not), those who are Medicare-eligible will receive the new SilverScript ID card. Those who are not Medicare-eligible will continue to use the current CVS/Caremark card with the retiree’s name and ID.

### ***Online CVS/Caremark Accounts***

*Q. I registered online so that I can see my CVS/Caremark account (plan benefits, claims, etc.). Will my account automatically transfer over?*

A. Yes. Details of how to access your account information will be provided by SilverScript when you receive your enrollment confirmation materials. Please read these materials carefully when you receive them.

***For More Information***

*Q. How can I learn more about this change?*

A. You may contact the Benefits Team via e-mail at [pgcps.benefits@pgcps.org](mailto:pgcps.benefits@pgcps.org) or 301-952-6600. SilverScript will have a dedicated Customer Care line available for questions once PGCPs provides them with the initial enrollment file. Beginning on October 27, 2017, you may contact Customer Care at: 844-449-8738.