

# SilverScript®

## 2022 SilverScript Employer PDP Prescription Drug Plan Exclusively for YOU as an EUTF Retiree

SilverScript® Insurance Company and the Hawaii Employer Union Benefits Trust Fund (EUTF plan) are teaming up to provide you with a Medicare Part D prescription drug benefit. The information below is a brief summary of your prescription drug benefits for the plan year starting 1/1/2022.

### 2022 SilverScript Plan Design for EUTF Retirees

Annual Deductible	N/A	
Prescription Benefit Tier	Network Retail Pharmacy (30 day supply)	Network Retail Pharmacy or CVS Caremark Mail Service Pharmacy™ (90 day supply)
<b>Initial Coverage</b>	<i>The plan pays its share of the cost of your drugs and you pay your share of the cost. You will remain in this Initial Coverage Level until your payments for the year plus the plan's payments for the year reach \$4,430.</i>	
Generic Drugs	\$5.00	\$10.00
Preferred Brand Drugs	\$15.00	\$30.00
Non-Preferred Brand Drugs	\$30.00	\$60.00
Specialty Drugs*	You pay 20% of the total cost up to \$250 max per fill with an annual maximum of \$2,000	N/A
* Specialty drugs are only dispensed up to a 30-day supply unless dispensed in an unbreakable package. Specialty drugs are only available through a Specialty Pharmacy, they are not available at standard Mail Order Pharmacies.		
<b>Coverage Gap</b>	<i>EUTF will provide consistent coverage through the Coverage Gap, therefore you will see no change in copays until you qualify for Catastrophic Coverage.</i>	
<b>Catastrophic Coverage</b>	<i>After your yearly out-of-pocket drug costs reach \$7,050, you pay <b>the greater of:</b></i>	
Generics (including brand drugs treated as generic)	\$3.95	or 5%
All other drugs	\$9.85	or 5%

More info can be found at [EUTF.SilverScript.com](http://EUTF.SilverScript.com)

## **Get Coverage Wherever You Go!**

More than 65,000 pharmacies nationwide make up the pharmacy network. These include retail, mail service, long-term care, home infusion, and Indian Health and Indian Tribal pharmacies. You must use a network pharmacy in order to receive full benefit coverage on your prescriptions. If you need a prescription before you receive your *Pharmacy Directory*, just call your pharmacy to make sure they are in our network. If your pharmacy is not in our network, please contact SilverScript Customer Care at the number below, we are always happy to help.

## **Savings. Safety. Service.**

We are committed to helping you get the most out of your SilverScript plan—and that means providing you with information that will save you money on your prescription drugs.

## **Benefits of getting your prescriptions from the plan's mail service pharmacy.**

- Enjoy the ease of having a prescription delivered to the location of your choice – home, office, etc.
- Greater convenience with mail service of a 90-day supply of medication – including free standard shipping available anywhere in the U.S. 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.
- A toll-free hotline to speak with a registered pharmacist about any questions or concerns you may have.
- Online and refill-by-phone services to order your prescription refills 24 hours a day, 7 days per week.

Your satisfaction is important to us. If you have any questions about your SilverScript prescription drug benefit, please call SilverScript Customer Care at 1-877-878-5715, 24 hours a day, 7 days a week. TTY users should call 711. Or visit our website at [EUTF.SilverScript.com](http://EUTF.SilverScript.com) for general plan-related information. You may also visit our Customer Service Office at:

Pauahi Tower

1001 Bishop Street, Suite 704 Honolulu, HI 96813

Hours of Operation: Monday – Friday, 7:45 – 4:30 (closed on State observed holidays)

## **Out of Network Coverage**

For out-of-network paper claims, you will be reimbursed at 100% of the submitted charges less the appropriate cost share in accordance with your plans out of network benefit. Your non-specialty cost share is your copay + 20% coinsurance. The high cost tier prescription cost share is your copay + 50% coinsurance.

## **You can receive your Explanation of Benefits (EOB) Online!**

Opt in to go paperless and you will receive an email when your new statement is ready to view, instead of receiving a paper copy in the mail.

- View up to 36 months of your EOBs, organized by date in one location
- Reduce clutter by downloading and printing only the statements you need
- Keep your prescription information secure – no shredding necessary

To get started, visit [Caremark.com](http://Caremark.com) to register and set your account profile preferences to paperless EOB's. You can opt out at any time.

If you have dual coverage and have questions as to how Medicare Part D coordinates with other benefits, contact SilverScript Customer Care.

Your privacy is important to us. SilverScript employees are trained regarding the appropriate way to handle your private health information.

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

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.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY: 711), 24 hours a day, 7 days a week. ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al

1-866-235-5660 (TTY: 711), las 24 horas del día, los 7 días de la semana. 小贴士: 如果您说中文, 欢迎使用免费语言协助服务。请拨1-866-235-5660 (TTY: 711)。一周7天, 每天24小时随时受理。