

SilverScript Employer PDP sponsored by State of Delaware (SilverScript)

Annual Notice of Changes for 2024

You are currently enrolled as a member of SilverScript. Next year, there may be changes to the plan's costs and benefits. **Please see page 1 for a Summary of Important Costs, including premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules, please review the *Evidence of Coverage*, which is located at SilverScriptEmployerPDP.MemberDoc.com. You can review the *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

- **You have from October 16 until October 27 to make changes to your SilverScript coverage for next year.**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.

Review the changes to our drug coverage, including prior authorization requirements and costs

Think about how much you will spend on premiums, deductibles, and cost sharing

- Check the changes in the 2024 Drug List to make sure the drugs you currently take are still covered.

- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website, or review the list in the back of your *Medicare & You 2024* handbook.

- Once you narrow your choice to a preferred plan, confirm your costs and coverage.

3. CHOOSE: Decide whether you want to change your plan

If you don't join another plan by **October 27, 2023**, you will stay enrolled in SilverScript.

To change to a **different plan**, you can switch plans between **October 16** and **October 27**.

Your new coverage will start on **January 1, 2024**. This will end your current enrollment with SilverScript.

Additional Resources

This document is available for free in Spanish.

Please contact Customer Care at 1-844-757-0448 for additional information. (TTY users should call 711.) Hours are 24 hours a day, 7 days a week. This call is free.

This information is available in a different format, including braille, large print, and audio.

Please call Customer Care if you need plan information in another format.

About SilverScript

When this document says “we,” “us,” or “our,” it means SilverScript® Insurance Company.

When it says “plan” or “our plan,” it means SilverScript.

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.

Disclaimers

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

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.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for SilverScript in several important areas. **Please note this is only a summary of changes.**

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium* *Your premium may be higher or lower. See Section 1.1 for details.</p>	Please contact State of Delaware for more information about the premium for this plan.	Please contact State of Delaware for more information about the premium for this plan.
<p>Part D prescription drug coverage (See Section 1.3 for details.) You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</p>	<p>You have no deductible.</p> <p>Your share of the cost during the Initial Coverage Stage:</p> <p>Network Retail Pharmacy (31-day) Generic: \$8.00 Preferred Brand: \$28.00 Non-Preferred Brand: \$50.00</p> <p>Network Retail Pharmacy (90-day) Generic: \$16.00 Preferred Brand: \$56.00 Non-Preferred Brand: \$100.00</p> <p>Mail Order (90-day) Generic: \$16.00 Preferred Brand: \$56.00 Non-Preferred Brand: \$100.00</p>	<p>You have no deductible.</p> <p>Your share of the cost during the Initial Coverage Stage:</p> <p>Network Retail Pharmacy (31-day) Generic: \$10.00 Preferred Brand: \$32.00 Non-Preferred Brand: \$60.00</p> <p>Network Retail Pharmacy (90-day) Generic: \$20.00 Preferred Brand: \$64.00 Non-Preferred Brand: \$120.00</p> <p>Mail Order (90-day) Generic: \$20.00 Preferred Brand: \$64.00 Non-Preferred Brand: \$120.00</p>

Cost	2023 (this year)	2024 (next year)
	<p>Your share of the cost during the Catastrophic Coverage Stage:</p> <p>During this payment stage, the plan pays most of the cost for your covered drugs.</p> <p>You pay 5% of the cost for a covered drug but not greater than the cost share amounts listed in the Initial Coverage Stage.</p>	<p>Your share of the cost during the Catastrophic Coverage Stage:</p> <p>During this payment stage, the plan pays the full cost for your covered Part D drugs.</p> <p>You may have cost sharing for drugs that are covered under the additional coverage provided by State of Delaware.</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly plan premium. (You must also continue to pay your Medicare Part B premium, if applicable, unless it is paid for you by Medicaid.)	Please contact State of Delaware for more information about the premium for this plan.	Please contact State of Delaware for more information about the premium for this plan.

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more. Chapter 1 in the *Evidence of Coverage* explains the Part D late enrollment penalty.
 - State of Delaware has elected to pay for your Part D late enrollment penalty on your plan, if applicable. However, if you join another plan, your Part D late enrollment penalty may not be covered and you may be responsible for paying your Part D late enrollment penalty.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage. This additional amount is called the Part D Income Related Monthly Adjustment Amount (Part D–IRMAA). Chapter 1 in the *Evidence of Coverage* explains Part D–IRMAA.
- Your monthly premium may be less if you are receiving “Extra Help” with your prescription drug costs. Please see Section 5 regarding “Extra Help” from Medicare.

Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Please reference Chapter 3 in the *Evidence of Coverage* which explains how to locate and fill prescriptions at network pharmacies.

There may be changes to our network of pharmacies for next year. Updated *Pharmacy Directory* information can be found using the pharmacy locator tool at [Caremark.com](https://www.caremark.com). You may also call Customer Care for updated pharmacy information. **Please review a copy of your 2024 Pharmacy Directory located at [SilverScriptEmployerPDP.MemberDoc.com](https://www.silverscript.com/MemberDoc) to see which pharmacies are in our network.**

It is important that you know that we have made changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Customer Care so we may assist.

Section 1.3 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically and located at [SilverScriptEmployerPDP.MemberDoc.com](https://www.silver-script.com/members/memberdoc.com). It does not include drugs that you can get due to the additional coverage provided by State of Delaware. If you don’t see your drug on this list, it might still be covered.

We have made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Please note: State of Delaware provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. There may be instances where your share of the cost may be more or less due to this additional coverage. If you are unsure about your share of the cost or which drugs may or may not be covered, please call Customer Care.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up-to-date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 3 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Care for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have provided a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert, please call Customer Care and ask for the LIS Rider.

There are four drug payment stages.

The following information shows the changes to the first two drug payment stages — the Deductible Stage and the Initial Coverage Stage. Most members do not reach the other two stages — the Coverage Gap Stage or the Catastrophic Coverage Stage. The Coverage Gap Stage and the Catastrophic Coverage Stage are for people with high drug costs.

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Deductible Stage	Because you have no deductible, this payment stage does not apply to you. You will begin Stage 2. See below for more information.	Because you have no deductible, this payment stage does not apply to you. You will begin Stage 2. See below for more information.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>You pay the costs in this table when you fill your prescription at a network retail pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the prescription drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.</p>	<p>Your share of the cost during the Initial Coverage Stage:</p> <p>Network Retail Pharmacy (31-day)</p> <p>Generic: \$8.00</p> <p>Preferred Brand: \$28.00</p> <p>Non-Preferred Brand: \$50.00</p> <p>Network Retail Pharmacy (90-day)</p> <p>Generic: \$16.00</p> <p>Preferred Brand: \$56.00</p> <p>Non-Preferred Brand: \$100.00</p> <p>Mail Order (90-day)</p> <p>Generic: \$16.00</p> <p>Preferred Brand: \$56.00</p> <p>Non-Preferred Brand: \$100.00</p>	<p>Your share of the cost during the Initial Coverage Stage:</p> <p>Network Retail Pharmacy (31-day)</p> <p>Generic: \$10.00</p> <p>Preferred Brand: \$32.00</p> <p>Non-Preferred Brand: \$60.00</p> <p>Network Retail Pharmacy (90-day)</p> <p>Generic: \$20.00</p> <p>Preferred Brand: \$64.00</p> <p>Non-Preferred Brand: \$120.00</p> <p>Mail Order (90-day)</p> <p>Generic: \$20.00</p> <p>Preferred Brand: \$64.00</p> <p>Non-Preferred Brand: \$120.00</p>

Stage	2023 (this year)	2024 (next year)
	Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages — the Coverage Gap Stage and the Catastrophic Coverage Stage — are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under the additional coverage provided by State of Delaware.

State of Delaware 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 or family maximum out-of-pocket costs of \$2,100 (individual) / \$4,200 (family), State of Delaware will pay the rest of your annual drug costs.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If You Want to Stay in SilverScript

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan by October 27, you will automatically stay enrolled in SilverScript.

Section 2.2 – If You Want to Change Plans

We hope to keep you as a member next year, but if you want to change plans for 2024, follow these steps:

Step 1: Learn about and compare your choices

- You can stay in your current prescription drug plan.
- You can join a different Medicare prescription drug plan.
- –OR– You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage.
- –OR– You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4 for contact information), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from SilverScript.
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you will automatically be disenrolled from SilverScript.
 - You will automatically be disenrolled from SilverScript if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep SilverScript for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from SilverScript. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from SilverScript. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- To **change to Original Medicare without a prescription drug plan**, you must:
 - Contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

You can make a change during the **Annual Enrollment Period for State of Delaware from October 16 to October 27**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. A SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. To learn more about the program, check with your state’s SHIP (the name and phone numbers for this organization are in the Appendix of your *Evidence of Coverage*).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

“Extra Help” from Medicare. People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or Part D late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048;
- The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office (applications).

Help from your state’s pharmaceutical assistance program. A State Pharmaceutical Assistance Program (SPAP) helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in the Appendix of your *Evidence of Coverage*).

Prescription cost-sharing assistance for persons with HIV/AIDS. The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through your state’s ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call your state’s ADAP (the name and phone numbers for this organization are in the Appendix of your *Evidence of Coverage*).

SECTION 6 Questions?

Section 6.1 – Getting Help from SilverScript

Questions? We’re here to help. Please call Customer Care at 1-844-757-0448. TTY users should call 711. We are available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year’s benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for SilverScript. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located online at [SilverScriptEmployerPDP.MemberDoc.com](https://www.silver-script.com/MemberDoc.com). You can review the *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at [Caremark.com](https://www.caremark.com). As a reminder, our website has tools to find the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

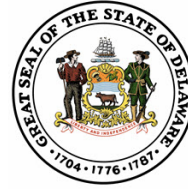
Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare.)

Read *Medicare & You 2024*

You can read the *Medicare & You 2024* handbook. Every year in the fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website <https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf> or 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.

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SilverScript Customer Care

CALL	1-844-757-0448 Calls to this number are free, 24 hours a day, 7 days a week. SilverScript Customer Care also has free language interpreter services available for non-English speakers.
TTY	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.
FAX	1-888-472-1129
WRITE	SilverScript Insurance Company P.O. Box 30016 Pittsburgh, PA 15222-0330
WEBSITE	Caremark.com

State Health Insurance Assistance Program

A State Health Insurance Assistance Program (SHIP) is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. You will find contact information for the SHIP in your state in the Appendix of your *Evidence of Coverage*.