

SPECIAL MEDICFILL OPEN ENROLLMENT EDUCATION SESSION

State of Delaware Special Medicfill January 2025





What are the Parts of Medicare

Part A – Hospital insurance helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

Part B – Medical insurance helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services (like screenings, shots or vaccines, and yearly "Wellness" visits)

Special Medicfill Benefits

- No changes to the Special Medicfill benefits for 2025
- Special Medicfill benefits are designed to follow Medicare guidelines and cover both the Medicare Part A and Part B deductibles, and the Part B 20% coinsurance after original Medicare makes their full payment

Special Medicfill Benefit Examples

Medical office visits

 Medicare pays 80% of their allowed charges after the Part B deductible for covered services. Special Medicfill pays the Part B deductible and 20% coinsurance after Medicare's full payment.

Inpatient hospital

 Medicare pays all but the Part A deductible for days 1-60 and Special Medicfill pays the Part A deductible. For days 61-90, Medicare pays all but a fixed coinsurance which is then paid by Special Medicfill after Medicare makes its full payment.

Special Medicfill Benefit Examples

Foreign Travel

- Medicare generally does not cover medical care when you are traveling outside the
 U.S. or it's territories. If emergency care is needed and covered by Medicare, the Special Medicfill pays
 the Part B deductible and 20% coinsurance after Medicare's full payment
- For services outside the U.S. that are not covered by Medicare, the Special Medicfill plan will pay at 20%
 of the applicable Highmark DE traditional allowable, if these services are defined as coverable under
 Medicare policy guidelines
- Members should contact Highmark member services at 1-844-459-6452 for assistance with submitting a foreign travel claim when not covered by Medicare.

Private Duty Nursing

- Medicare does not cover this benefit
- Special Medicfill covers services for a Registered Professional Nurse (RN) for care provided in an acute care facility at 80% of Highmark Delaware's allowable charge, up to a maximum of 240 hours during any 12-month period.

Member Programs

Blues On Call

24/7 nurse help line for answers to a wide variety of health questions.

Phone #: 1-888-BLUE-428 (# is also on member ID Card)

Medicare Insiders

Join our online advisory board and become a Highmark insider. Let us know how we can do better. From surveys to idea sessions, you can share and be heard.

Join online at <u>www.highmarkcommunityinsiders.com</u>

Advanced Care Planning Resources

Access to information and forms needed for members to choose somebody to advocate for them just in case the day comes when they can no longer speak for themselves.

Login to member website at www.myhighmark.com

Member Programs

Blue365

Offering discounts on a variety of health and wellness-related products and services that are traditionally not covered under the health plan, such as hearing aids and gym memberships.

Info available online at www.blue365deals.com

Blue Neighbors

Helping seniors stay connected and building community, one neighbor at a time.

Join at www.highmark.com/plans/medicare/blue-neighbors

HighmarkCommunitySupport.com

Website helps members find free or reduced-cost services in the community and search for local support resources to access food, housing, transportation, utility assistance, medical care, and more.

Preventive Screenings

Preventive care is an easy step retirees can take to stay healthy. Preventive screenings and exams help identify issues early on when they're easier to treat.

Retirees can complete an Annual Wellness Visit via in-person appointment with their PCP.

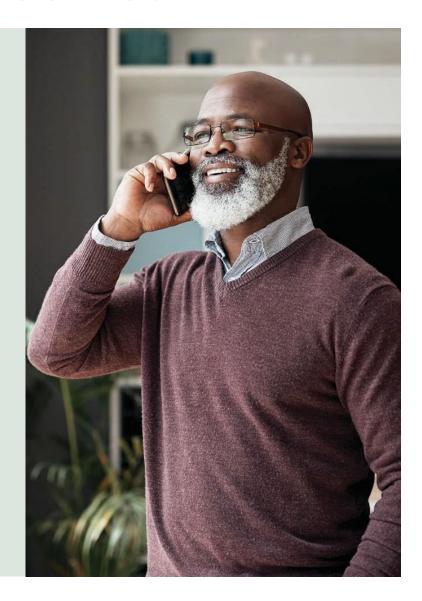
Dedicated Member Service Representatives can assist with setting up appointments for cancer screenings, such as colorectal and/or breast cancer.



Dedicated Member Service Team

Our dedicated member service team provides exceptional service and is available at 1-844-459-6452, Monday through Friday, 8:00am to 8:00pm to help you with:

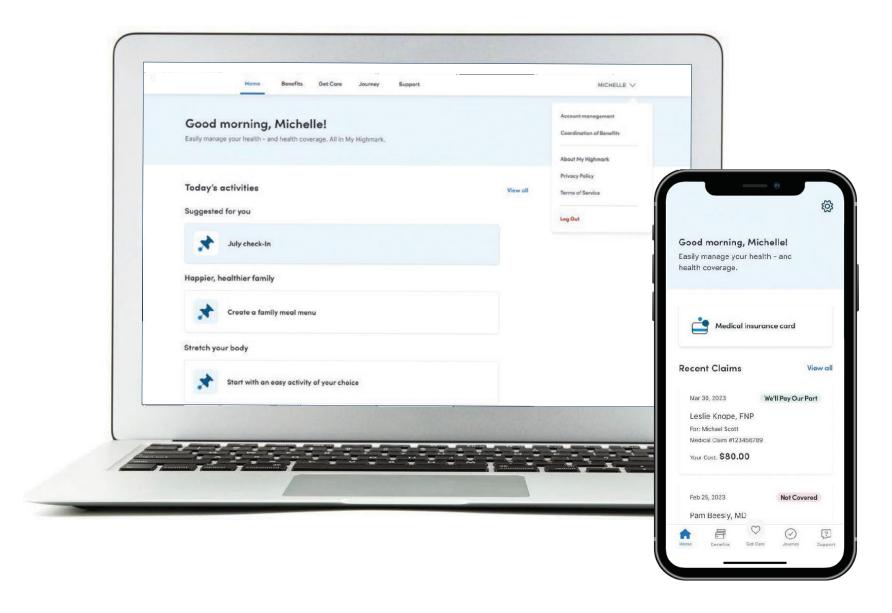
- Addressing coverage and claims questions
- Help finding providers
- Assistance with scheduling appointments
- Medical record transfer support



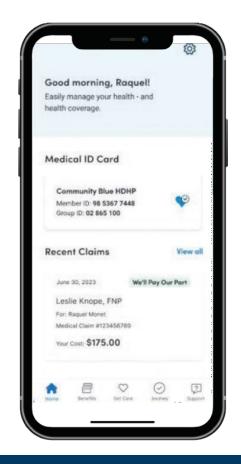
MyHighmark Member Portal

- Visit Member Website: www.myhighmark.com
- Or Download Member Smart Phone App:
 - Apple iPhone App Store: My Highmark App
 - Android Google Play: My Highmark

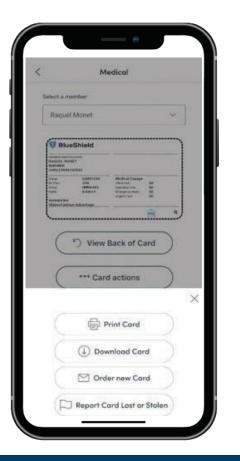
MyHighmark Home Page



Virtual ID Card





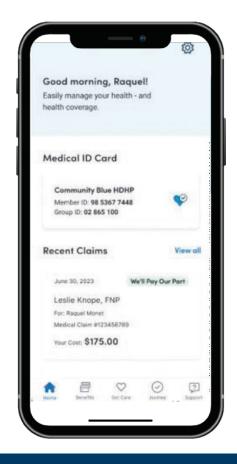


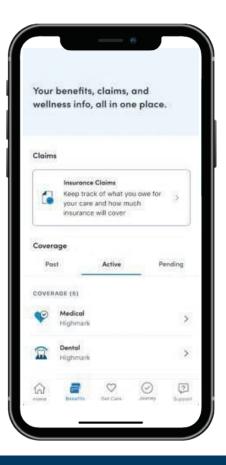


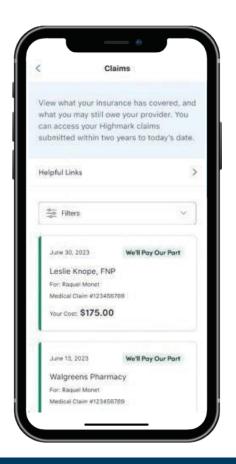




How to Access Recent Claims













Helpful Reminders

- No changes to the Special Medicfill benefits for 2025
- Special Medicfill follows Medicare guidelines
- Members do not have to obtain a prior authorization
- When members choose a provider who accepts Medicare assignment, payments are made directly to providers and the providers cannot balance bill members
- My Highmark member portal can be used to order new ID cards, view benefits,
 and view recent claims

Resources

- Member Services
 - Phone Number: 1-844-459-6452
 - Hours: Monday Friday, 8AM-8PM
- Member Website: <u>www.myhighmark.com</u>
- Member Smart Phone App:
 - Apple iPhone App Store: My Highmark App
 - Android Google Play: My Highmark



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Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association:

Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company. Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.

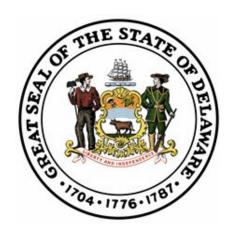
Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield.

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WesternNY:Highmark Western and Northeastern New YorkInc. d/b/a Highmark Blue Cross Blue Shield.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

SilverScript®



SilverScript Employer PDP sponsored by State of Delaware



Agenda



SilverScript Plan Benefits and Design

2025 Medicare Part D Updates

Plan Design & Formulary Basics

Transform Diabetes Care

Digital Engagement

Questions/Answers



SilverScript Part D Rx Plan Benefits



Richer benefits than individual Part D plans



Predictable copays

No large out-of-pocket costs for brand or specialty drugs

Additional drug coverage of Non-Part D medications



Access to a broad network of pharmacies (over 66,000)

90-day supply option through CVS Caremark® Mail Service Pharmacy or retail pharmacies

No requirement to use CVS Pharmacy® locations



Medicare Part D Update for 1/1/2025

Medicare is reducing the Medicare Standard Part D Benefit from 4 phases, to 3. There will no longer be a Coverage Gap (aka Donut hole)





2025 SilverScript Updates

NEW for 2025

\$2,000 true out of pocket (TrOOP)

- When you spend \$2,000 out of pocket, all drugs change to \$0 cost share
- This is an enhancement from 2024 which was \$2,100

M3P (Medicare Prescription Payment Plan)

- You have the option to opt into the program to spread your cost share out over the course of the remaining calendar year
- Applies only to Medicare Part D eligible medications
- Example: If you have a \$32 copay for a drug in March, you can pay \$0 at the point of sale and pay \$3.55 each month for the rest of the calendar year (\$32/9 remaining months)



SilverScript Plan Design (no changes from 2024)

| Tier Number & Name | Network Retail Pharmacy (Up to a 31-day supply) | Network Retail or Mail-Order Pharmacy (Up to a 90-day supply) |
|--------------------------------|---|---|
| Tier 1: Generic | \$10.00 | \$20.00 |
| Tier 2: Preferred Brand | \$32.00 | \$64.00 |
| Tier 3: Non-Preferred Brand | \$60.00 | \$120.00 |



SilverScript Formulary Basics

What is the SilverScript Formulary?

- A formulary is a list of covered drugs.
- It includes brand and generic drugs.
- It uses tiers to indicate your share of the cost.

Can the Formulary change?

- Most changes in the formulary happen on January 1.
- SilverScript follows Medicare rules in making any changes.
- We may add or remove drugs during the year, move them to different cost-sharing tiers, or add new restrictions.

What if my drug is not on the Formulary?

- Contact Customer Care first to ask if your drug is covered.
- SilverScript covers at least 2 drugs in the most commonly prescribed categories and classes.
- Ask us how to make an exception and cover your drug.

The additional coverage provided by State of Delaware covers certain prescription drugs not covered under Medicare Part D; these may not appear in your formulary.

If you have questions, please call the number on your member ID card or visit Caremark.com to use the online drug search tool.



SilverScript Formulary Basics

Are there any restrictions on my drug coverage?

- ➤ Some covered drugs may have additional requirements or limits.
- >You can find out if your drug has any additional requirements or limits by looking in the formulary.

Prior Authorization (PA)

You or your prescriber must request approval from us first.

Quantity Limit (QL)

Some drugs have a limitation on the amount of the drug we will cover.

Step Therapy (ST)

You'll need to try certain drugs for your condition before we will cover another drug for that condition.

Ask us how to make an exception request and cover your drug by calling Customer Care at the number on your member ID card, or you can review your 2025 Evidence of Coverage.



Transform Diabetes Care (TDC)

What is the Transform Diabetes Care (TDC) program?



- ❖TDC is a chronic condition care management program that helps members achieve reduction in A1C via:
 - Glucose monitoring
 - Medication optimization
 - Preventive screenings
 - Medication adherence
- *Eligible members will be contacted by us through letters and phone calls regarding the program and interventions we identify.
- ❖ Free diabetic meters are available, call us at the number on your member ID card.
- ❖ Diabetic supplies are included at \$0 for the State of Delaware's SilverScript members.
- Bundle your diabetic medications together and pay a single copay when you use a network retail or mail order pharmacy.

To ensure the lowest copayment, make sure to ask the pharmacy to process all diabetic medications on the same day with the lowest cost generic first.



Digital Experience



Use the CVS Caremark App or visit Caremark.com



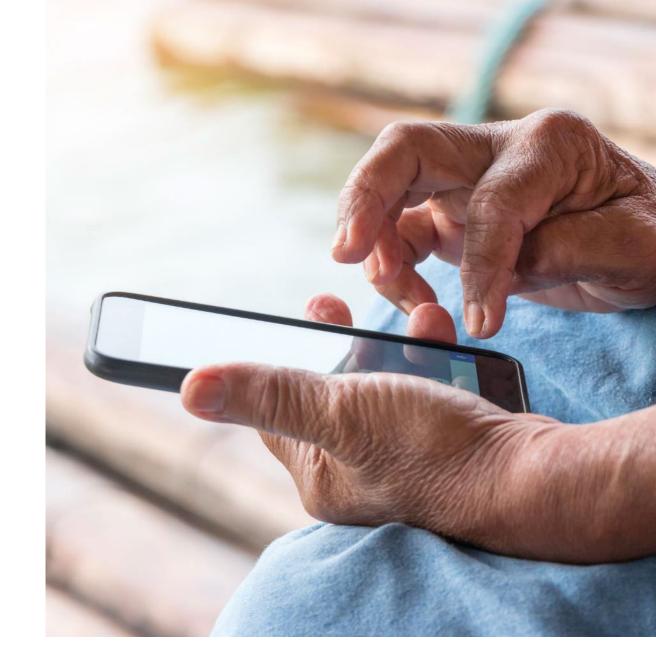
Find your plan materials online at

MyDocumentSource.MemberDoc.com

All you need is your member ID and zip code

Some of our digital tools include:

- Pharmacy Locator tool
- Order tracking for your prescriptions
- Check drug cost
- View documents online or request paper copies





Questions?



If you have specific questions regarding your SilverScript coverage, give us a call!

You can reach us at 1-844-757-0448 (also located on your member ID card).

SilverScript Customer Care is available 24 hours a day, 7 days a week.



SilverScript®



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For more information about Aetna plans, refer to our website.

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



QUESTIONS?

- The panel will answer any general questions about the Special Medicfill Medicare Supplement Plan or the SilverScript Prescription Plan.
- Reminder: For your privacy, personal questions will be directed to one of the following:
 - Highmark Delaware: I-844-459-6452
 - SilverScript: I-844-757-0448
 - State of Delaware Office of Pensions: I-800-722-7300