

## **SilverScript (EGWP) Employer PDP for MHBP Consumer Option**

# **Annual Notice of Changes for 2025**

You are currently enrolled as a member of SilverScript (EGWP). 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](http://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 November 11 until December 9 to make changes to your SilverScript (EGWP) coverage for next year.**

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### **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 coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the changes in the 2025 Drug List to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of the drugs you take move to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit for 2025.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- 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](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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 **December 9, 2024**, you will stay enrolled in SilverScript (EGWP).
- To change to a **different plan**, you can switch plans between **November 11** and **December 9**. Your new coverage will start on **January 1, 2025**. This will end your current enrollment with SilverScript (EGWP).

#### **Additional Resources**

- This document is available for free in Spanish.
- Please contact Customer Care at 1-833-825-6755 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 (EGWP)**

- When this document says “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it says “plan” or “our plan,” it means SilverScript (EGWP).
- SilverScript (EGWP) 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 2025

The table below compares the 2024 costs and 2025 costs for SilverScript (EGWP) in several important areas. **Please note this is only a summary of changes.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b> *Your premium may be higher or lower. See Section 1.1 for details.</p>	Please contact MHBP for more information about the premium for this plan.	Please contact MHBP for more information about the premium for this plan.
<p><b>Part D prescription drug coverage</b> (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><b>Your share of the cost during the Initial Coverage Stage:</b></p> <p><b>Network Retail Pharmacy (30-day supply available at any network pharmacy)</b></p> <ul style="list-style-type: none"> <li>• Generic: \$8.00</li> <li>• Preferred Brand: \$45.00</li> <li>• Non-Preferred Brand: \$70.00</li> <li>• Specialty (High Cost): 25% of total cost Maximum \$225.00</li> </ul> <p><b>Preferred Network Retail Pharmacy (90-day)</b></p> <ul style="list-style-type: none"> <li>• Generic: \$15.00</li> <li>• Preferred Brand: \$70.00</li> <li>• Non-Preferred Brand: \$110.00</li> <li>• Specialty (High Cost): 25% of total cost Maximum \$425.00</li> </ul> <p><b>Standard Network Retail Pharmacy (90-day)</b></p> <ul style="list-style-type: none"> <li>• Generic: \$15.00</li> <li>• Preferred Brand: \$70.00</li> <li>• Non-Preferred Brand: \$110.00</li> <li>• Specialty (High Cost): 25% of total cost Maximum \$425.00</li> </ul>	<p>You have no deductible.</p> <p><b>Your share of the cost during the Initial Coverage Stage:</b></p> <p><b>Network Retail Pharmacy (30-day)</b></p> <ul style="list-style-type: none"> <li>• Generic: \$8.00</li> <li>• Preferred Brand: \$45.00</li> <li>• Non-Preferred Brand: \$70.00</li> <li>• Specialty (High Cost): 25% of total cost Maximum \$225.00</li> </ul> <p><b>Network Retail Pharmacy (90-day)</b></p> <ul style="list-style-type: none"> <li>• Generic: \$15.00</li> <li>• Preferred Brand: \$70.00</li> <li>• Non-Preferred Brand: \$110.00</li> <li>• Specialty (High Cost): 25% of total cost Maximum \$425.00</li> </ul>

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
	<p><b>Mail Order (90-day)</b></p> <ul style="list-style-type: none"> <li>• Generic: \$15.00</li> <li>• Preferred Brand: \$70.00</li> <li>• Non-Preferred Brand: \$110.00</li> <li>• Specialty (High Cost): 25% of total cost Maximum \$425.00</li> </ul> <p><b>Your share of the cost during the Catastrophic Coverage Stage:</b></p> <p>During this payment stage, the plan pays the full cost for your covered Part D drugs.</p> <ul style="list-style-type: none"> <li>• You may have cost sharing for drugs that are covered under the additional coverage provided by MHBP.</li> </ul>	<p><b>Mail Order (90-day)</b></p> <ul style="list-style-type: none"> <li>• Generic: \$15.00</li> <li>• Preferred Brand: \$70.00</li> <li>• Non-Preferred Brand: \$110.00</li> <li>• Specialty (High Cost): 25% of total cost Maximum \$425.00</li> </ul> <p><b>Your share of the cost during the Catastrophic Coverage Stage:</b></p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p> <p>You may have cost sharing for drugs that are covered under the additional coverage provided by MHBP.</p>

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium.</b> <b>(You must also continue to pay your Medicare Part B premium, if applicable, unless it is paid for you by Medicaid.)</b>	Please contact MHBP for more information about the premium for this plan.	Please contact MHBP 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.
  - MHBP 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 6 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 2025 Pharmacy Directory located at [SilverScriptEmployerPDP.MemberDoc.com](https://www.silver-script.com/MemberDoc.com) to see which pharmacies are in our network.**

It is important that you know that we may make 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.

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## Section 1.3 – Changes to Part D Prescription Drug Coverage

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### 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/MemberDoc.com). It does not include drugs that you can get due to the additional coverage provided by MHBP. 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:** MHBP 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, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 10 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

## Changes to Prescription Drug Benefits and 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.

Beginning in 2025, there are three **drug payment stages:** the Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

### Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<b>Stage 1: Deductible Stage</b>	Because you have no deductible, this payment stage does not apply to you. You will begin in Stage 2. See below for more information.	Because you have no deductible, this payment stage does not apply to you. You will begin in Stage 2. See below for more information.



## Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></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><b>Your share of the cost during the Initial Coverage Stage:</b></p> <p><b>Network Retail Pharmacy (30-day supply available at any network pharmacy)</b></p> <ul style="list-style-type: none"> <li>• Generic: \$8.00</li> <li>• Preferred Brand: \$45.00</li> <li>• Non-Preferred Brand: \$70.00</li> <li>• Specialty (High Cost): 25% of total cost Maximum \$225.00</li> </ul> <p><b>Preferred Network Retail Pharmacy (90-day)</b></p> <ul style="list-style-type: none"> <li>• Generic: \$15.00</li> <li>• Preferred Brand: \$70.00</li> <li>• Non-Preferred Brand: \$110.00</li> <li>• Specialty (High Cost): 25% of total cost Maximum \$425.00</li> </ul> <p><b>Standard Network Retail Pharmacy (90-day)</b></p> <ul style="list-style-type: none"> <li>• Generic: \$15.00</li> <li>• Preferred Brand: \$70.00</li> <li>• Non-Preferred Brand: \$110.00</li> <li>• Specialty (High Cost): 25% of total cost Maximum \$425.00</li> </ul>	<p><b>Your share of the cost during the Initial Coverage Stage:</b></p> <p><b>Network Retail Pharmacy (30-day)</b></p> <ul style="list-style-type: none"> <li>• Generic: \$8.00</li> <li>• Preferred Brand: \$45.00</li> <li>• Non-Preferred Brand: \$70.00</li> <li>• Specialty (High Cost): 25% of total cost Maximum \$225.00</li> </ul> <p><b>Network Retail Pharmacy (90-day)</b></p> <ul style="list-style-type: none"> <li>• Generic: \$15.00</li> <li>• Preferred Brand: \$70.00</li> <li>• Non-Preferred Brand: \$110.00</li> <li>• Specialty (High Cost): 25% of total cost Maximum \$425.00</li> </ul>

Stage	2024 (this year)	2025 (next year)
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	Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).	Once you have paid \$2,000, out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

### Changes to the Catastrophic Coverage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

You will continue to pay the same cost sharing amount for excluded drugs covered under the additional coverage provided by MHBP.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 4, Section 6 in your *Evidence of Coverage*.

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## Section 1.4 – MHBP Annual Maximum Out-of-Pocket (MOOP)

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**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.

Your plan will have a Maximum Out-of-Pocket (MOOP) in 2025. After you reach your individual maximum out-of-pocket costs of \$2,000, MHBP will pay the rest of your annual drug costs.

## SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
<b>Medicare Prescription Payment Plan</b>	Not applicable	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December).</p> <p>To learn more about this payment option, please contact Customer Care at 1-833-825-6755 or visit <a href="https://www.Medicare.gov">Medicare.gov</a>.</p>

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If You Want to Stay in SilverScript (EGWP)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan by December 9, you will automatically stay enrolled in SilverScript (EGWP).

### Section 3.2 – If You Want to Change Plans

We hope to keep you as a member next year, but if you want to change plans for 2025, 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](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5 for contact information), or call Medicare (see Section 7.2).

## **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 (EGWP).
- 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 (EGWP).
  - You will automatically be disenrolled from SilverScript (EGWP) 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 Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (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 (EGWP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from SilverScript (EGWP). If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from SilverScript (EGWP). 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 either:
  - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do so.
  - –OR– 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 4      Deadline for Changing Plans**

You can make a change during the **Annual Enrollment Period for MHBHP from November 11 to December 9**. The change will take effect on January 1, 2025.

### **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*.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## **SECTION 5 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 6 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, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a 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.
- **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, how to enroll in the program, or if you are currently enrolled, how to continue receiving assistance, please call your state’s ADAP (the name and phone numbers for this organization are in the Appendix of your *Evidence of Coverage*). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help**

**you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact Customer Care at 1-833-825-6755 or visit [Medicare.gov](https://www.Medicare.gov).

## **SECTION 7 Questions?**

### **Section 7.1 – Getting Help from SilverScript (EGWP)**

Questions? We're here to help. Please call Customer Care at 1-833-825-6755. 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 2025 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 2025. For details, look in the 2025 *Evidence of Coverage* for SilverScript (EGWP). 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://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*.

#### **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 7.2 – 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](https://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](https://www.medicare.gov/plan-compare).)

**Read *Medicare & You 2025***

You can read the *Medicare & You 2025* 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.

## SilverScript (EGWP) Customer Care

<b>CALL</b>	1-833-825-6755 Calls to this number are free, 24 hours a day, 7 days a week. SilverScript (EGWP) Customer Care also has free language interpreter services available for non-English speakers.
<b>TTY</b>	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.
<b>FAX</b>	1-866-552-6205
<b>WRITE</b>	SilverScript Insurance Company P.O. Box 30016 Pittsburgh, PA 15222-0330
<b>WEBSITE</b>	<a href="http://Caremark.com">Caremark.com</a>