

SilverScript[®]

P.O. Box 30006, Pittsburgh, PA 15222-0330



2024 Summary of Benefits

SilverScript Employer PDP sponsored by STRS Ohio (SilverScript) for STRS Ohio retired teachers and family members

*A Medicare Prescription Drug Plan (PDP) offered by SilverScript[®] Insurance
Company with a Medicare contract*

January 1, 2024 – December 31, 2024

About SilverScript

SilverScript Employer PDP sponsored by STRS Ohio (SilverScript) is a Medicare Part D prescription drug plan with additional coverage provided by STRS Ohio to expand the Part D benefits. The plan is offered by SilverScript Insurance Company, which is affiliated with CVS Caremark®.

Plan Costs

This section includes information about your monthly premium, annual deductible (if any), and cost-sharing amounts during the Initial Coverage Stage for SilverScript. Although most members do not reach the Coverage Gap Stage (Stage 3) or the Catastrophic Coverage Stage (Stage 4) during the plan year, a summary of your costs in those stages is also included.

Monthly Premium

Please contact STRS Ohio for more information about the premium for this plan.

Medicare Part D Drug Payment Stages

All Medicare Part D prescription drug plans have drug payment stages where drug costs may vary. You move through each stage based on the amount either you or the plan spend on prescription drugs. See the following section for information on the Medicare Part D drug payment stages. The Part D *Explanation of Benefits (EOB)* and other plan materials include additional information on the four drug payment stages.

Stage 1: Annual Deductible Stage

Annual deductible of \$275.00. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.

Stage 2: Initial Coverage Stage Cost Sharing

During the Initial Coverage Stage, you pay a portion of your drug costs, and the plan pays its portion. The following tables show what you pay until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and SilverScript. You may get your drugs at network retail pharmacies or through the mail-order pharmacy.

2024 SilverScript Summary of Prescription Drug Benefits for STRS Ohio			
Monthly Premium	Please contact STRS Ohio for more information about the premium for this plan.		
Annual Deductible	Annual deductible of \$275.00. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.		
Your share of the cost when you get a 31-day supply of a covered Part D prescription drug:			
	Network Retail Pharmacy (Up to a 31-day supply available at any network pharmacy)	Mail-Order Pharmacy (Up to a 31-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$10.00	\$25.00	\$10.00
Tier 2: Preferred Brand	\$30.00	\$75.00	\$30.00
Tier 3: Non-Preferred Brand	\$75.00	\$187.50	\$75.00
Tier 4: Specialty (High Cost)	8% of total cost Maximum \$450.00	8% of total cost Maximum \$450.00	8% of total cost Maximum \$450.00
Your share of the cost when you get a long-term supply (up to 90 days) of a covered Part D prescription drug:			
	Preferred Network Retail Pharmacy (Up to a 90-day supply)	Standard Network Retail Pharmacy (Up to a 90-day supply)	Mail-Order Pharmacy (Up to a 90-day supply)
Tier 1: Generic	\$25.00	\$30.00	\$25.00
Tier 2: Preferred Brand	\$75.00	\$90.00	\$75.00
Tier 3: Non-Preferred Brand	\$187.50	\$225.00	\$187.50
Tier 4: Specialty (High Cost)	8% of total cost Maximum \$1,350.00	8% of total cost Maximum \$1,350.00	8% of total cost Maximum \$1,350.00

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Please note, if you go to an out-of-network pharmacy, you will be reimbursed the cost of the drug less your cost share.

Stage 3: Coverage Gap Stage Cost Sharing

The coverage gap begins after the total yearly drug costs (including what the plan has paid and what you have paid) reaches \$5,030.

Due to the additional coverage provided by STRS Ohio, you have the same copayments or coinsurance that you had during the Initial Coverage Stage. Therefore, you may see no change in your copayment and/or coinsurance until you qualify for catastrophic coverage.

Stage 4: Catastrophic Coverage Stage Cost Sharing

During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

- For excluded drugs covered under our Non-Part D Supplemental Benefit, you'll continue to pay the same cost sharing amount during the Catastrophic Coverage stage. To find out the cost of your drug, use our online drug pricing tool within [Caremark.com](https://www.caremark.com) or call Customer Care at the number on your ID card. If you meet your Max Out of Pocket, then you will pay nothing.

STRS Ohio 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 maximum out-of-pocket costs of \$4,000, STRS Ohio will pay the rest of your annual drug costs.

Who can join?

To join SilverScript, you must be eligible for coverage provided by STRS Ohio, be entitled to Medicare Part A and/or be enrolled in Medicare Part B, be a United States citizen or be lawfully present in the United States and live in our service area. SilverScript is available in the United States and its territories.

Which drugs are covered?

To find out if your drug is on the formulary (list of Part D prescription drugs) or about any restrictions, call Customer Care. You may also request a copy of the complete plan formulary.

Please note: STRS Ohio provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care. The SilverScript formularies do not include any drugs that may be available to you through the additional coverage provided by STRS Ohio.

How will I determine my drug costs?

SilverScript groups each medication into one of four tiers. Use your formulary to find out the tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and whether you are in the Deductible (if any), Initial Coverage, Coverage Gap, or Catastrophic Coverage Stage. As you move from stage to stage, the amount you and the plan pay for your drugs may change. If the actual cost of a drug is less than the normal copayment or coinsurance for that drug, you will pay the actual cost, not the higher copayment or coinsurance.

Which pharmacies can I use?

More than 65,000 pharmacies nationwide make up the pharmacy network. These include retail, mail-order, long-term care and home infusion pharmacies. To find a network pharmacy near your home or where you are traveling in the United States or its territories, call Customer Care, or use our online pharmacy locator tool on <https://info.caremark.com/oe/strsegwpretiree>.

You generally must use a network pharmacy in order to receive full benefit coverage on your prescriptions. You may get drugs from an out-of-network pharmacy in an emergency, but you may have to pay the full cost (rather than your normal share of the cost) at the time you fill your prescription. If you use an out-of-network pharmacy, we will reimburse you your total cost minus your copay amount for the drug. You must submit a paper claim in order to be reimbursed.

Through the additional coverage provided by STRS Ohio, you may be able to save on your maintenance prescription drugs by changing your 31-day supply to a 90-day supply at any CVS Pharmacy®, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location. These pharmacies are called “preferred network retail pharmacies.”

If you're currently taking any long-term prescription drugs, you can continue to fill your 31-day supplies. However, you may save by changing your 31-day supply to a lower-cost 90-day supply. Filling one 90-day supply may cost you less than three 31-day supplies of the same prescription drug.

You can choose from two 90-day supply options for the same low price.

Option 1: Refill at any CVS Pharmacy, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location, and pick up your prescription drugs at your convenience.

Option 2: Refill with CVS Caremark Mail Service Pharmacy and have a 90-day supply of your long-term prescription drugs shipped to your home.

For questions about maintenance drugs with additional coverage provided by STRS Ohio, including the cost to fill these drugs, please contact Customer Care.

This document provides a summary of what SilverScript covers and what you will pay. To get a complete list of our benefits, please call Customer Care and ask for the *Evidence of Coverage*.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at www.medicare.gov or get a copy 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.

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

The SilverScript pharmacy network includes limited lower-cost, preferred pharmacies in Alaska; suburban and rural areas of Idaho, Puerto Rico, Washington, and Wyoming; and rural areas of Arkansas, Colorado, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, Oregon, and Wisconsin. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Care at 1-800-756-6859 (TTY: 711), 24 hours a day, 7 days a week, or consult the online pharmacy directory at <https://info.caremark.com/oe/strsegwpretiree>.

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.

Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

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. For more details on mail order processing, please see Chapter 3 of your *Evidence of Coverage*.

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.

Important Plan Information Información Importante Sobre el Plan

SilverScript Customer Care

CALL	1-800-756-6859 Calls to this number are free, 24 hours a day, 7 days a week. 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