



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

2022 Summary of Benefits

SilverScript Employer PDP sponsored by Health Net (SilverScript)

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

July 1, 2022 – June 30, 2023

About SilverScript

SilverScript Employer PDP sponsored by Health Net (SilverScript) is a Medicare Part D prescription drug plan. “Employer PDP” means that the plan is an employer-provided Medicare Part D prescription drug plan. 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 Health Net 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: Deductible Stage

Because you have no deductible, this payment stage does not apply to you.

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 \$4,430. 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.

2022 SilverScript Summary of Prescription Drug Benefits for Health Net			
Monthly Premium	Please contact Health Net for more information about the premium for this plan.		
Deductible	This plan does not have a deductible.		
Your share of the cost when you get a 30-day supply of a covered Part D prescription drug:			
	Network Retail Pharmacy (Up to a 30-day supply)	Mail-Order Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$10.00	\$10.00	\$10.00
Tier 2: Preferred Brand	\$20.00	\$20.00	\$20.00
Tier 3: Non-Preferred Brand	\$35.00	\$35.00	\$35.00
Tier 4: Specialty (High Cost)	25% of total cost	25% of total cost	25% of total cost
Your share of the cost when you get a long-term supply (up to 90 days) of a covered Part D prescription drug:			
	Network Retail Pharmacy (Up to a 90-day supply)	Mail-Order Pharmacy (Up to a 90-day supply)	
Tier 1: Generic	\$30.00	\$20.00	
Tier 2: Preferred Brand	\$60.00	\$40.00	
Tier 3: Non-Preferred Brand	\$105.00	\$70.00	
Tier 4: Specialty (High Cost)	N/A	N/A	

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 \$4,430.

Due to the additional coverage provided by Health Net, 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.

Your share of the cost when you get a 30-day supply of a covered Part D prescription drug:			
	Network Retail Pharmacy (Up to a 30-day supply)	Mail-Order Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generics	\$10.00	\$10.00	\$10.00
Tier 2: Preferred Brands	\$20.00	\$20.00	\$20.00
Tier 3: Non-Preferred Brands	\$35.00	\$35.00	\$35.00
Tier 4: High Cost	25% of total cost	25% of total cost	25% of total cost
Your share of the cost when you get a <i>long-term</i> supply (up to 90 days) of a covered Part D prescription drug:			
	Network Retail Pharmacy (Up to a 90-day supply)	Mail-Order Pharmacy (Up to a 90-day supply)	
Tier 1: Generics	\$30.00	\$20.00	
Tier 2: Preferred Brands	\$60.00	\$40.00	
Tier 3: Non-Preferred Brands	\$105.00	\$70.00	
Tier 4: High Cost	N/A	N/A	

Stage 4: Catastrophic Coverage Stage Cost Sharing

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of:

- 5% of the drug cost or \$3.95 for generic drugs (or drugs treated as generic)
- 5% of the drug cost or \$9.85 for all other drugs.

Who can join?

To join SilverScript, you must be eligible for coverage provided by Health Net, 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 (phone numbers are printed on the back cover of this booklet). You may also request a copy of the complete plan formulary.

SilverScript does not cover prescription drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover prescription drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Part D prescription drug plan benefit and that are on our drug list.

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 66,000 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 (phone numbers are printed on the back cover of this booklet).

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.

Please note: After the mail-order pharmacy receives an order, it typically takes up to 10 days for you to receive your prescription drug. You have the option to sign up for automated mail-order delivery.

This booklet provides a summary of what SilverScript covers and what you will pay. To get a complete list of our benefits, please call Customer Care (phone numbers are printed on the back cover of this booklet) 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 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.

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 INFORMATION: 2022 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



SILVERSCRIPT INSURANCE COMPANY (S5601)

For 2022, SILVERSCRIPT INSURANCE COMPANY (S5601) received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆

Health Services Rating: Not Offered

Drug Services Rating: ★★★★★☆

**Some plans do not have enough data to rate performance.*

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

Feedback from members about the plan's service and care

The number of members who left or stayed with the plan

The number of complaints Medicare got about the plan

Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well our plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact SILVERSCRIPT INSURANCE COMPANY 7 days a week from October 1 – March 31, 7 a.m. to 11 p.m., CST, or 5 days a week (M-F) from April 1 – September 30, 7 a.m. to 11 p.m., CST, at 1-833-526-2445 (toll-free) or 711 (TTY).

Current members please call 24 Hours a day Local time, 7 days a week, 1-866-235-5660 (toll-free) or 711 (TTY).

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Important Plan Information Información Importante Sobre el Plan

SilverScript Customer Care

CALL	1-888-648-9626 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