SilverScript®

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Care representative at 1-866-552-6106 (TTY: 711), 24 hours a day, 7 days a week.

Understanding the Benefits

- ☐ Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services that you routinely see a doctor. Visit www.silverscript.com or call 1-866-552-6106 (TTY: 711), 24 hours a day, 7 days a week, to view a copy of the EOC.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2020.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-552-6106 (TTY: 711).

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

2019
Scope of Sales Appointment Confirmation Form

This form is required prior to a one-on-one marketing appointment to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please place a check mark in the box next to the type of product(s) you want the agent to discuss. (See helpful descriptions on the next page.)

- ☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**
- ☐ **Medicare Advantage Plans (Part C) and Cost Plans**
  Medicare Health Maintenance Organization (HMO), Medicare Preferred Provider Organization (PPO) Plan, Medicare Private Fee-For-Service (PFFS) Plan, Medicare Special Needs Plan (SNP), Medicare Medical Savings Account (MSA) Plan, or Medicare Cost Plan
- ☐ **Other Health-Related Plans**
  Dental/Vision/Hearing Products, Supplemental Health Products, Medicare Supplement (Medigap) Products

Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment status, or automatically enroll you in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____ Date: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name:	Agent Phone:
Agent Address:	
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date of Appointment:	
Provide explanation why SOA was not documented prior to meeting (if applicable):	

ATENCIÓN: Si usted habla español u otros idiomas, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711)

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

AGENT: FAX THIS SIDE

Helpful Terms

Stand-alone Medicare Prescription Drug Plans (Part D)

A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans and Medicare Medical Savings Account Plans.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO)—A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan—A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan—A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP)—A Medicare Advantage Plan that has a benefit package designed for people with special healthcare needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan—MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan—In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Med Supp—Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Supplemental Health Products—Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

Dental/Vision/Hearing Products—Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

Agent Instructions

If you are doing a sales presentation to a beneficiary, you MUST have a documented scope of what you will be discussing with the beneficiary prior to the appointment. A beneficiary cannot agree to the scope over the phone and sign the documentation later. Documentation must be in writing in the form of a signed document by the beneficiary. If you are sending an enrollment form for a client to SilverScript® Insurance Company, you must also send this document, signed by the client, to SilverScript as well. During the appointment, you may only discuss the previously agreed upon plan products, or you must create a new SOA.

Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

AGENT: DO NOT FAX THIS SIDE

Scope of Appointment documentation is subject to CMS record retention requirements

Prescription plans designed to **meet your needs.**

SilverScript®

Medicare Prescription Drug Plans

AFFORDABLE

$0

Annual Deductible on ALL Drug Tiers[1]

You start saving on any covered drug in your plan's formulary with your very first prescription.

COMPREHENSIVE

Save more than 50%[2] on over

3,400

Covered Drugs

Brand name, generic, specialty. For maximum savings, choose a **Preferred Network Pharmacy.**[6]

TRUSTED

6 Million[3]

Members in 2018

Millions rely on SilverScript for prescription drug coverage every day.

CONVENIENT

67,000+

Network Pharmacies

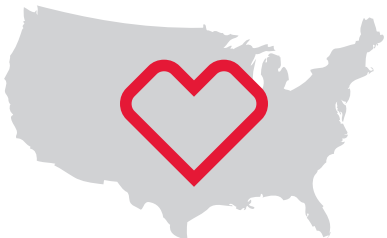
Including more than 26,000 offering preferred cost sharing for SilverScript Choice (PDP)[6] members, and more than 35,000 for SilverScript Plus (PDP)[4] and SilverScript Allure (PDP)[4] members.

STABLE

One of America's Largest

Medicare Part D Insurers[3]

Now in our second decade of specializing in Medicare prescription drug coverage, we offer member-friendly services focused solely on your needs.



VALUE

$0[5] Copay

On 90-day supplies of Tier 1 drugs delivered to your door by CVS Caremark Mail Service Pharmacy™[7], with no cost for standard shipping.

3 Comprehensive Prescription Drug Plans

SilverScript **Choice (PDP)**

Comprehensive coverage with low copays, our lowest premiums, a nationwide network and savings at preferred pharmacies[6]. As our most popular plan, Choice might be the right plan for you too.

SilverScript **Plus (PDP)**[4]

Benefits in the Medicare coverage gap, even lower copays, and greater savings at preferred pharmacies.

SilverScript **Allure (PDP)**[4]

Peace of mind and help managing your drug costs with lower out-of-pocket costs on many brand-name drugs.

Learn more about why millions of people trust SilverScript

Your SilverScript agent can answer your questions and help you choose the SilverScript plan that will meet your health needs.

I am happy to provide guidance and answer your questions.

Serving you is my highest priority. Feel free to call me at your convenience.

Call _____ at _____

(Licensed Insurance Agent/Broker Name) *(Phone Number)*

[1]SilverScript Choice has a $100 deductible on Tier 3–5 drugs in CO, GA, and TX; a $415 deductible on Tier 3-5 drugs in AZ and SC; and a $415 deductible on all Tiers in AK.

[2]Choice preferred savings of more than 50% are not available in DC, DE, HI, IL, MD, NM, NV, and VA. Percent savings based on SilverScript preferred vs. standard pharmacy copays. Savings may vary by state, drug tier and coverage stage. Call Customer Care for specific pricing of your medications.

[3]CMS Monthly Enrollment by Plan report, August 2018. http://go.cms.gov/mapddata

[4]SilverScript Plus and Allure plans not available in Alaska.

[5]Choice and Allure Members: $0 copays available on 90-day supplies of Tier 1 drugs through CVS Caremark Mail Service Pharmacy during the Initial Coverage stage. Plus and Allure are not available in AK. Plus Members: $0 copays available on 90-day supplies of Tier 1 and 2 drugs through CVS Caremark Mail Service Pharmacy during the Initial Coverage and Coverage Gap stages. Savings may vary for those receiving Extra Help.

[6]Alaska Choice plan has a standard pharmacy network only.

[7]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.

This information is not a complete description of benefits. Call 1-866-235-5660 (TTY: 711) 24 hours a day, 7 days a week for more information.

This is not a complete listing of plans available in your service area. For a complete listing please contact 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week or consult www.medicare.gov.

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

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

SilverScript Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY: 711) 24 hours a day, 7 days a week.
ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711), las 24 horas del día, los 7 días de la semana.
小贴士: 如果您说中文，欢迎使用免费语言协助服务。请拨1-866-235-5660 (TTY: 711)。一周7天，每天24小时随时受理。

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All about prescriptions.
All about you.

SilverScript®

2019 Plan Decision Guide

Your guide to making an informed Medicare Part D choice

Specializing in Medicare Part D so you don't have to.

Whether you're new to Medicare Part D or are looking for better drug coverage for your current prescription needs, SilverScript (PDP) has plans to fit your lifestyle and your budget. Unlike some Medicare insurers, Part D is the only coverage we offer. That's why SilverScript is your prescription for peace of mind. As you learn more about us, you'll understand why more than 6 million[1] people with Medicare count on SilverScript to make their prescriptions more affordable.

Making prescription drug coverage better.

A proud member of the CVS Health® family, SilverScript is America's largest[1] Medicare Part D prescription drug plan insurer. When you enroll with us, you're joining millions of people with Medicare who enjoy:

- Affordable coverage—low copays and coinsurance, plus a $0 annual deductible on all drugs.[2]
- Broad pharmacy network—With more than 67,000 pharmacies, there's a good chance the pharmacy you use is in our network.
- 24/7 Customer Care—our commitment to always go the extra mile to ensure you find the peace of mind you're looking for.

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

Y0080_72213_AGT_2019_M Approved 19-PDG-AG

Prescription plans designed to meet your needs.

SilverScript **Choice (PDP)**

Comprehensive coverage with low copays, our lowest premiums, a nationwide network and savings at preferred pharmacies[3].

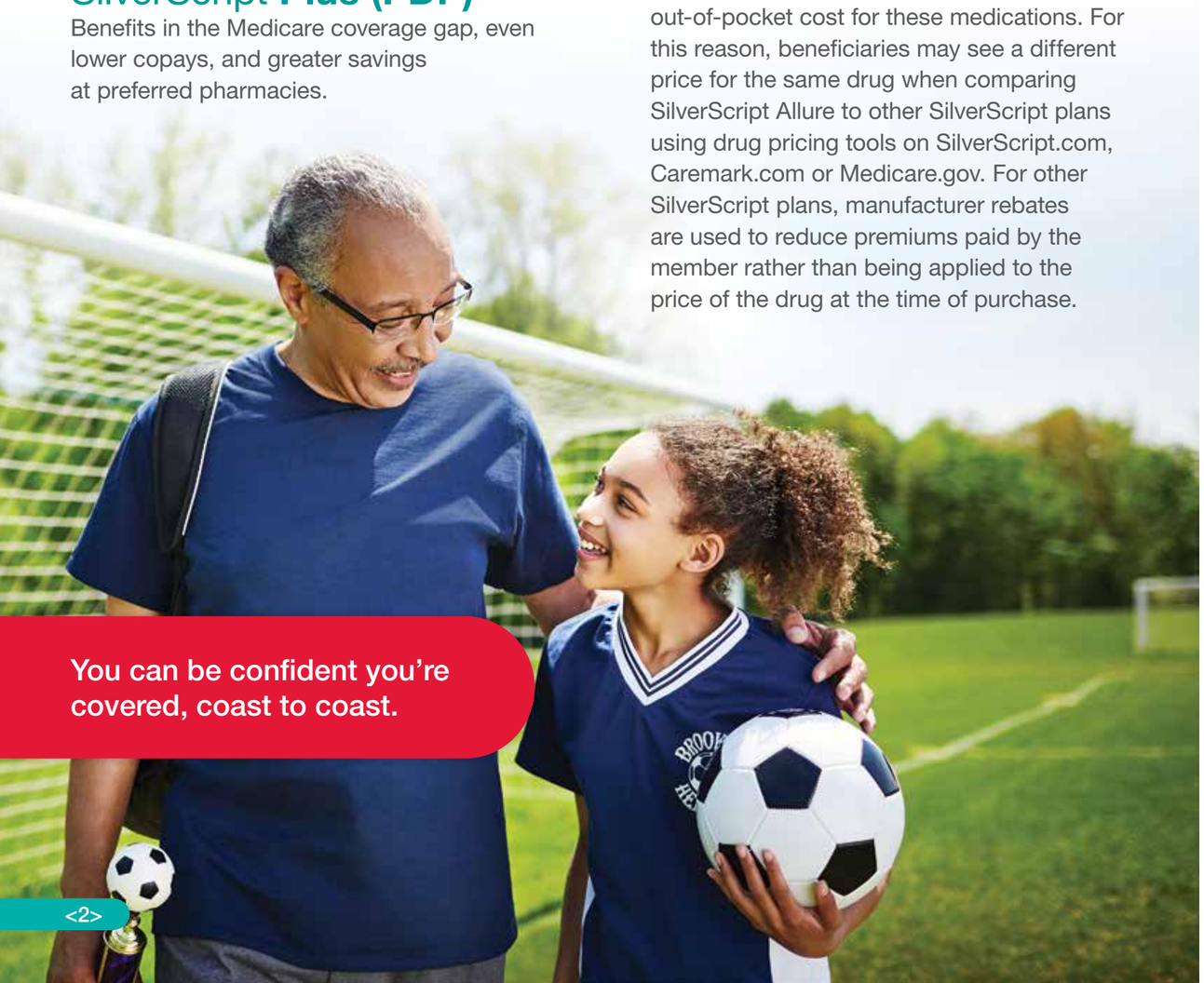
As our most popular plan, Choice might be the right plan for you too.

SilverScript **Plus (PDP)**[4]

Benefits in the Medicare coverage gap, even lower copays, and greater savings at preferred pharmacies.

SilverScript **Allure (PDP)**[4]

SilverScript Allure is a Medicare Part D Prescription Drug Plan that applies a portion of pharmaceutical manufacturer rebates earned on certain brand drugs directly to the drug's price when the prescription is purchased. This passes savings on to members by reducing the price for these select drugs, thereby lowering the member's out-of-pocket cost for these medications. For this reason, beneficiaries may see a different price for the same drug when comparing SilverScript Allure to other SilverScript plans using drug pricing tools on SilverScript.com, Caremark.com or Medicare.gov. For other SilverScript plans, manufacturer rebates are used to reduce premiums paid by the member rather than being applied to the price of the drug at the time of purchase.



You can be confident you're covered, coast to coast.

Discover the plan that's right for you.

See their savings side-by-side

SilverScript plans help our members save on prescription costs. But what's most important to you? See the savings they offer you, side by side.

	Choice	Plus[4]	Allure[4]
$0 deductible	Yes, on all drugs[2]	Yes, on all drugs	Yes, on all drugs
Preferred pharmacies[3]	26,000+	35,000+	35,000+
Savings[5] with preferred copays	Up to 50%[5]	Up to 80%	Up to 80%
$0 copays[6] with mail service[7]	Tier 1 drugs	Tier 1 and 2 drugs	Tier 1 drugs
16% savings[8] with mail service	Tier 2 and 3 drugs*	Tier 3 drugs	Tier 2 drugs

Why SilverScript may make sense for you.

Finding the right Medicare Part D plan isn't always easy. But you've done your research and looked at many coverage options. Now it's time to choose the plan that works best for your needs and your budget. It's time for SilverScript.

27,000 or more preferred network pharmacies[3], helping you maximize your savings.

3,400 Medicare prescription drugs—brand name, generic and specialty.

24/7 Customer Care. Like having your own personal Part D consultant, on call, anytime!

$0 annual deductible.[2] We start sharing costs with you on your very first prescription.

*Alaska Choice plan: Tier 2 drugs.

Three Comprehensive Part D Plans, Including Two Plans with Enhanced Benefits.

Designed to protect your health and your savings.

SilverScript **Choice**

You get low premiums, low copays, additional savings at preferred pharmacies and the convenience of a nationwide pharmacy network.

ANNUAL DEDUCTIBLE

$0 DEDUCTIBLE*

INITIAL COVERAGE

SilverScript Choice is a $0 deductible plan, meaning your initial coverage stage begins the day your plan takes effect.

YOUR COPAYS ($) AND COINSURANCE (%)

	Preferred Pharmacy[3]		Standard Pharmacy		CVS Caremark Mail Service Pharmacy[7]	
					Preferred	Standard
drug tiers	**30-day**	**90-day**	**30-day**	**90-day**	**90-day**	**90-day**
Tier 1	$3–$9	$9–$27	$7–$10	$21–$30	$0	$21–$30
Tier 2	$10–$19	$30–$57	$19 or $20	$57 or $60	$25–$47.50	$57 or $60
Tier 3	$34–$46	$102–$138	$46 or $47	$138 or $141	$85–$115	$138 or $141
Tier 4	34%–49%	34%–49%	49% or 50%	49% or 50%	34%–49%	49% or 50%
Tier 5	31% or 33%	N/A	31% or 33%	N/A	N/A	N/A

COVERAGE GAP (DONUT HOLE)

You leave initial coverage and enter the Medicare coverage gap when you reach $3,820 in total yearly drug costs (not including monthly premiums).

Generic drugs You pay 37% of the cost

Brand drugs You pay 25% of the cost

CATASTROPHIC COVERAGE (AFTER DONUT HOLE)

You enter catastrophic coverage when you spend $5,100 out of pocket (not including monthly premiums).

Generic drugs You pay the greater of 5% coinsurance or $3.40 copay

All other drugs You pay the greater of 5% coinsurance or $8.50 copay

*Alaska Choice plan has a $415 deductible and copays/coinsurance of $1/$4/18%/37%/25% (Tiers 1-5). Arizona and South Carolina Choice plans have a $415 deductible (Tiers 3-5), preferred copays/coinsurance of $1/$5/$19 or $20/34% or 35%/25% (Tiers 1-5), and standard copays/coinsurance of $6/$14 or $15/$34 or $35/39% or 40%/25% (Tiers 1-5). Colorado, Georgia and Texas Choice plans have a $100 deductible (Tiers 3-5), preferred copays/coinsurance of $3/$13 or $14/$42 or $43/42% or 47%/31% (Tiers 1-5), and standard copays/coinsurance of $7/$20/$47/50%/31% (Tiers 1-5).

SilverScript **Plus***

You get additional benefits in the Medicare coverage gap, even lower copays than Choice, and greater savings at preferred pharmacies.

ANNUAL DEDUCTIBLE

$0 DEDUCTIBLE

INITIAL COVERAGE

SilverScript Plus is a $0 deductible plan, meaning your initial coverage stage begins the day your plan takes effect.

YOUR COPAYS ($) AND COINSURANCE (%)

	Preferred Pharmacy		Standard Pharmacy		CVS Caremark Mail Service Pharmacy[7]	
					Preferred	Standard
drug tiers	**30-day**	**90-day**	**30-day**	**90-day**	**90-day**	**90-day**
Tier 1	$1	$3	$10	$30	$0	$30
Tier 2	$5 or $10	$15 or $30	$20	$60	$0	$60
Tier 3	$31, $33, $35, or $42	$93, $99, $105, or $126	$47	$141	$77.50, $82.50, $87.50, or $105	$141
Tier 4	40%	40%	50%	50%	40%	50%
Tier 5	33%	N/A	33%	N/A	N/A	N/A

COVERAGE GAP (DONUT HOLE)

You leave initial coverage and enter the Medicare coverage gap when you reach $3,820 in total yearly drug costs (not including monthly premiums).

	30-day	90-day	30-day	90-day	90-day	90-day
Tier 1	$1	$3	$10	$30	$0	$30
Tier 2	$5 or $10	$15 or $30	$20	$60	$0	$60

Tiers 3, 4 and 5

Generic drugs You pay 37% of the cost

Brand drugs You pay 25% of the cost

CATASTROPHIC COVERAGE (AFTER DONUT HOLE)

You enter catastrophic coverage when you spend $5,100 out of pocket (not including monthly premiums).

Generic drugs You pay the greater of 5% coinsurance or $3.40 copay

All other drugs You pay the greater of 5% coinsurance or $8.50 copay

*Plus plan not available in Alaska.

Savings on Many Brand Name Drugs.

At retail and mail service pharmacies.

SilverScript **Allure***

You'll have peace of mind and appreciate help managing your drug costs with lower out-of-pocket costs on many brand name drugs.

ANNUAL DEDUCTIBLE

$0 DEDUCTIBLE

INITIAL COVERAGE

SilverScript Allure is a $0 deductible plan, meaning your initial coverage stage begins the day your plan takes effect.

	YOUR COPAYS ($) AND COINSURANCE (%)					
	Preferred Pharmacy		Standard Pharmacy		CVS Caremark Mail Service Pharmacy[7]	
					Preferred	Standard
drug tiers	**30-day**	**90-day**	**30-day**	**90-day**	**90-day**	**90-day**
Tier 1	$1	$3	$10	$30	$0	$30
Tier 2	$5	$15	$20	$60	$12.50	$60
Tier 3	20%	20%	25%	25%	20%	25%
Tier 4	40%	40%	50%	50%	40%	50%
Tier 5	33%	N/A	33%	N/A	N/A	N/A

COVERAGE GAP (DONUT HOLE)

You leave initial coverage and enter the Medicare coverage gap when you reach $3,820 in total yearly drug costs (not including monthly premiums).

Generic drugs You pay 37% of the cost

Brand drugs You pay 25% of the cost

CATASTROPHIC COVERAGE (AFTER DONUT HOLE)

You enter catastrophic coverage when you spend $5,100 out of pocket (not including monthly premiums).

Generic drugs You pay the greater of 5% coinsurance or $3.40 copay

All other drugs You pay the greater of 5% coinsurance or $8.50 copay

*Allure plan not available in Alaska.

Do you need Extra Help paying for a Medicare plan?

People with limited resources and incomes can get Extra Help from Medicare to pay all or some of their Medicare Part D prescription drug costs.

To find out if you qualify, call the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778) between 7:00 a.m. and 7:00 p.m. EST, Monday through Friday; or visit the Social Security website at www.socialsecurity.gov; or visit your local Social Security office.

If you are eligible for Medicare and Extra Help, you may qualify for a **$0 monthly premium** plan[9] from SilverScript. **Your copays could be as low as $1.25** with Extra Help.

[1] CMS Monthly Enrollment by Contract report, May 2018. http://go.cms.gov/mapddata

[2] SilverScript Choice has a $100 deductible on Tier 3-5 drugs in CO, GA, and TX; a $415 deductible on Tier 3-5 drugs in AZ and SC; and a $415 deductible on all Tiers in AK.

[3] Alaska Choice plan has a standard pharmacy network only.

[4] Plus plan and Allure plan not available in Alaska.

[5] Percent savings based on SilverScript preferred vs. standard pharmacy copays. Savings may vary by state, drug tier and coverage stage. Call Customer Care for specific pricing of your medications. Does not apply to Choice in DC, DE, HI, IL, MD, NM, NV and NM.

[6] $0 copay available on a 90-day supply in the initial coverage stage through CVS Caremark Mail Service Pharmacy for the following: Tier 1 for Choice and Allure, and Tiers 1 and 2 for Plus. Plus plan $0 copay also available in the coverage gap.

[7] 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.

[8] 16% savings based on three 30-day supplies of drugs in the initial coverage stage compared to one 90-day supply from CVS Caremark Mail Service Pharmacy for the following drugs: Tiers 2 and 3 for Choice (Tier 2 for Alaska Choice), Tier 3 for Plus, and Tier 2 for Allure. Cost savings may be lower for those who receive Extra Help.

[9] You must qualify for Medicare and Extra Help from Medicare to be eligible for $0 premiums on your prescription drug coverage. Note: $0 premium plans are not available in Alaska and Nevada.

Benefits Reminders

- This information is not a complete description of benefits. Call 1-800-790-6326 (TTY:711) for more information.
- The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.
- Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY: 711) 24 hours a day, 7 days a week. ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711), las 24 horas del día, los 7 días de la semana. 小贴士: 如果您说中文, 欢迎使用免费语言协助服务. 请拨1-866-235-5660 (TTY: 711).一周7天, 每天24小时随时受理.

An Important Message from your Agent

As you consider Part D plans, you'll find that not all plans cost the same, offer the same range of benefits or provide the same services that help simplify your coverage and take the worry out of filling your prescriptions.

As a licensed insurance agent, I can provide guidance that will ensure value, protect your budget and provide peace of mind with every prescription.

Your satisfaction is my goal.
I make my living working with you, and your peace of mind is my success.

Call me today. I'm ready to go to work for you.

Licensed Insurance Agent Name

Phone

Email

SilverScript®

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SilverScript® 2019

Checklist for Agents Submitting SilverScript Medicare Prescription Drug Plan Paper Enrollment Applications

Please follow the checklist below for timely processing of your SilverScript paper enrollment applications:

✓ **Before meeting with the applicant:** You must be in good standing (e.g., active, licensed, appointed per state law, and successfully completed SilverScript® Insurance Company training).

✓ **While meeting with applicant:** Please ensure the following fields are complete, legible and accurate:

- ☐ Plan selection box
- ☐ Election period. Use IEP only when your client has just turned, or is turning 65. If SEP, include the SEP date if applicable.
- ☐ Application Received Date and Requested Effective Coverage Date
- ☐ Beneficiary full name, date of birth and gender
- ☐ Beneficiary Medicare Claim Number (HICN) or Member Benefit Identifier (MBI)
- ☐ Beneficiary permanent address (no PO box)
- ☐ Beneficiary or authorized representative has signed the application. Authorized representative fields are populated, if applicable.

The enrollment effective date for enrollments submitted in the Initial Enrollment Period cannot be selected. The effective date will be the first of the month following the month of enrollment, starting with the month the beneficiary is eligible for Part D.

✓ **Submission Instructions for Paper Enrollment Applications:**

- ☐ **Within 24 hours of application receipt** – Agents are required to data enter their own paper enrollment applications into the enrollment section of the Agent Portal.
- ☐ **Within 24 hours of portal entry** – Agents must submit a copy of all pages of the paper enrollment application and SOA (if SOA is required). Choose one of the following options:
  - **Upload:** Upload a scanned copy of the documents via the agent portal secure mailroom (Silver Mail) at https://www.silverscriptagentportal.com
  - **Email:** Send by encrypted email to enrollmentverification@cvscaremark.com
  - **Fax:** 1-866-552-6205
  - **Mail:** SilverScript Insurance Company
    Attn: Agent Processing
    PO Box 30002
    Pittsburgh PA 15222-0330

Instructions on how to enter enrollments are located in the Reference Materials section of the agent portal. ***Failure to complete this step can result in your enrollment not being processed.***

Electronic Enrollment Application Tools

SilverScript also has electronic enrollment application tools. All of these electronic tools eliminate the need for you to enter application data into the Agent Portal after your clients sign their applications. These tools also eliminate the need for you to send copies of applications to SilverScript for supporting documentation.

- **Electronic Application (eApplication)**—Fill out the application on the Agent Portal to send securely to your client for electronic signature.
- **iPad App**—Use the iPad app to create a completed application. Be sure you and your client both sign the application on the iPad screen. If not completed while online, connect to the Internet as soon as possible to upload.
- **Email Enrollment link**—Use the Agent Portal to send a link that enables your client to self-enroll, while maintaining your status as agent of record.

Visit the Agent Portal for more information about these enrollment tools. Providing the Scope of Appointment is still required. Attach the SOA to the SilverScript Agent Enrollment Confirmation and send it to SilverScript using one of the methods above. See the Agent Portal for information about the SilverScript electronic Scope of Appointment (eSOA), which makes getting the SOA easy and fast.

-For Agent Use Only-

PLEASE TEAR AT PERFORATION AND REMOVE THIS CHECKLIST BEFORE SUBMITTING FORM

2019 SilverScript® Insurance Company

Medicare Prescription Drug Plan Individual Enrollment Form

Please contact SilverScript Insurance Company if you need information in another language or accessible format (e.g. Braille).

Section 1: Please Read This Important Information

Typically, you may enroll in a Medicare Prescription Drug Plan only during the Annual Enrollment Period between October 15 and December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the Annual Enrollment Period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for that reason, which will help us to determine your enrollment period. If we later determine that this information is incorrect, you may be disenrolled.

Reasons for Annual Enrollment Period Eligibility

☐ I am enrolling between 10/15/18—12/7/18 the current Annual Enrollment Period.

Reasons for Initial Enrollment Period Eligibility

☐ I am new to Medicare. ☐ I previously had Medicare but am now turning 65.

Reasons for Special Enrollment Period Eligibility (Select reason and enter date if applicable)

☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on ☐☐/☐☐/☐☐☐☐.

☐ I recently was released from incarceration. I was released on ☐☐/☐☐/☐☐☐☐.

☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on ☐☐/☐☐/☐☐☐☐.

☐ I recently obtained lawful presence status in the United States. I got this status on ☐☐/☐☐/☐☐☐☐.

☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on ☐☐/☐☐/☐☐☐☐.

☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on ☐☐/☐☐/☐☐☐☐.

☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

☐ I live in or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on ☐☐/☐☐/☐☐☐☐.

☐ I recently left a PACE program on ☐☐/☐☐/☐☐☐☐.

☐ I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). I lost my drug coverage on ☐☐/☐☐/☐☐☐☐.

☐ I am leaving employer or union coverage on ☐☐/☐☐/☐☐☐☐.

☐ I belong to a pharmacy assistance program provided by my state.

☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on ☐☐/☐☐/☐☐☐☐.

☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

☐ None of these statements apply to me. Please contact SilverScript Insurance Company at 1-855-771-9286, 24 hours a day, 7 days a week. (TTY users call 711).

Section 2: To Enroll in SilverScript Prescription Drug Plan, Provide the Following Information

Please check the SilverScript plan in which you wish to enroll.

- ☐ SilverScript Choice (PDP)
- ☐ SilverScript Plus (PDP)
- ☐ SilverScript Allure (PDP)

Requested Coverage Effective Date

__/__/____

The effective date for enrollees in their Initial Enrollment Period will either be the first of the month following enrollment submission or the first of the month the enrollee is eligible for Part D, whichever is later.

Section 3: Complete the Information Below Exactly as it Appears on Your Medicare Card

Use your Medicare card to complete this section.

Please fill in these blanks so they match your red, white and blue Medicare card.
– OR –
Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A or Part B (or both) to join a Medicare Prescription Drug Plan.

Last Name _____ Suffix ___

First Name _____ MI ___

Medicare Number _____

Effective Date
Is Entitled to
Hospital Insurance (Part A) __/__/____

Medical Insurance (Part B) __/__/____

Please Provide the Following Information

Birth Date M M / D D / Y Y Y Y

Sex
- ☐ M
- ☐ F

Primary Phone Number ( ) –

Cell Phone Number ( ) –

Permanent Residence / Long-term Care Facility Address (PO Box is not allowed)

Street Number _____ Street Name _____

Apt/Suite/Unit _____

City _____

County _____ **State** ___ **ZIP Code** _____ – ____

Long-term Care Facility Name _____

Mailing Street Address (only if different from your Permanent Residence Address):

Street Number _____ Street Name _____

Apt/Suite/Unit _____

City _____

County _____ **State** ___ **ZIP Code** _____ – ____

E-mail Address (optional) _____

Section 4: Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by automatic deduction from your monthly Social Security or Railroad Retirement Board benefit check, automatic bank draft withdrawal, credit card, or by mail.

Please select a premium payment option. (If you don't select an option, you will receive a monthly bill.)

☐ **Automatic Deduction from Social Security benefit check**

☐ **Automatic Deduction from Railroad Retirement Board benefit check**

SilverScript will deduct your monthly premium from your Social Security check (or Railroad Retirement Board for those who qualify) automatically. Your request for Automatic Deduction will be submitted for the next available payment cycle. **Please Note:** This may take two or more months to begin once approved by Centers for Medicare and Medicaid Services, and will not cover any premiums for which we have already sent you an invoice, so please continue to pay your premium invoice as long as you receive it. Do not select this option if another entity (such as an Employer Group or State Pharmaceutical Assistance Program) is paying part of your premium. If Social Security/the Railroad Retirement Board does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

☐ **Automatic Bank Draft Withdrawal from Checking or Savings Account**

SilverScript will withdraw your premium from your bank account automatically. To sign up, please include a VOIDED check or savings account direct deposit form from your bank with your enrollment form.

Your request for premium deduction will be submitted for the next available payment cycle. It may take one or more months for your deduction to begin. Please continue to pay your premium invoice as long as you receive it. If this request is received without a VOIDED check or savings account direct deposit form, your Automatic Bank Draft Withdrawal may not be processed.

By selecting Automatic Bank Withdrawal, I authorize the bank or financial organization on the enclosed check to pay my premium through electronic bank withdrawal payable to SilverScript Insurance Company. I authorize the deduction of up to $300 per month to settle my current balance due. The bank or other financial organization will be fully protected in honoring these payments until written notice from me canceling this request is received at the address listed at the end of this form.

Account Holder Signature _____

☐ **Monthly payments by check.** You will be mailed a premium invoice each month. **Do not send payment with this enrollment form.**

Note, the option to pay using a **Credit Card** can be started after your enrollment in the plan. You can call us toll free once your enrollment in the plan is active, at: 1-866-824-4055, 24 hours a day, 7 days a week. TTY users call 711.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty.

Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at **www.socialsecurity.gov/prescriptionhelp**. If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security or Railroad Retirement Board benefit check or be billed directly by Medicare. Do NOT pay the Part D-IRMAA extra amount to SilverScript Insurance Company.

Section 5: Please Read and Answer These Important Questions

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State Pharmaceutical Assistance Programs.

Will you have other prescription drug coverage in addition to SilverScript Prescription Drug Plan?

☐ Yes ☐ No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage. The shaded line shows how this may appear on your card.

Plan Name	Effective Date	Term Date	RxBin	RxPCN	RxGroup	RxID#
ABC Insurance	10/01/2009	12/31/2018	123456	0049876912	ABC1234	123456789

¿Le gustaría recibir esta información en español? ☐ Yes ☐ No

If you need information in an alternate language or accessible format, such as Braille, audio tape or large print, please contact SilverScript Insurance Company at 1-855-771-9286, 24 hours a day, 7 days a week. (TTY users call 711).

Would you like to receive paperless Explanation of Benefit (EOB) statements?

We'll send you a monthly email alert to view your statement. You can print it only if you need to – keep the clutter down and your information secure.

☐ Yes, I want to receive my EOB statements electronically

☐ No, I want to receive my EOB statements in the mail

The Explanation of Benefits (EOB) is a record of your prescription claims that have been processed for the month. The EOB statement shows each prescription's cost, the amount your plan has paid toward its cost, and the amount for which you're responsible. You can change your preference on caremark.com at any time.

If you choose to receive paperless Explanation of Benefit statements, you will need to create an account on Caremark.com. In addition to viewing your EOB statements online, Caremark.com will give you the ability to track your prescription costs and order mail service prescriptions.

STOP Section 6: Please Read This Important Information STOP

If you are a member of a Medicare Advantage Plan (such as an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining SilverScript PDP, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

If you currently have health coverage from an employer or union, joining SilverScript PDP could affect your employer or union health benefits. You could lose your employer or union health coverage if you join SilverScript PDP. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Section 7: Please Read Terms and Sign on Page 6

By completing this enrollment form, I agree to the following:

SilverScript PDP is a Medicare drug plan and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform SilverScript of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare Prescription Drug Plan at a time – if I am currently in a Medicare Prescription Drug Plan, my enrollment in SilverScript will end that enrollment. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment Period (October 15 – December 7), unless I qualify for certain special circumstances.

SilverScript serves a specific service area. If I move out of the area that SilverScript serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies, except in an emergency when I cannot reasonably use SilverScript network pharmacies. Once I am a member of SilverScript, I have the right to appeal plan decisions about payment or services if I disagree. I will read the *Evidence of Coverage* document from SilverScript when I get it to know which rules I must follow to get coverage.

I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with SilverScript, he or she may be paid based on my enrollment in SilverScript.

Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.

Release of Information

By joining this Medicare Prescription Drug Plan, I acknowledge that SilverScript PDP will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that SilverScript will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under state law where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that:

1) This person is authorized under state law to complete this enrollment and

2) Documentation of this authority is available upon request by Medicare.

Applicant's Signature

Your Signature

Today's Date ☐☐/☐☐/☐☐☐☐

Print Name *(please print)*

Section 8: Power of Attorney/Authorized Representative

If you are legally authorized to represent the enrollee, you must provide the following information (not for agent use)

Name

Address

City **State** **ZIP Code**

Phone Number ☐☐☐ – ☐☐☐ – ☐☐☐☐

Relationship to Enrollee ☐ Child ☐ Friend ☐ Spouse ☐ Other

Signature **Today's Date** ☐☐/☐☐/☐☐☐☐

☐ Please check if authorized representative should receive duplicate copy of plan materials.

When you've completed your Enrollment Form, sign, date, and mail it in the enclosed postage-paid envelope. If you do not use the postage paid envelope, include the proper postage and mail to:

SilverScript Insurance Company
PO Box 30001
Pittsburgh PA 15222-0330

Note: this mailing address is not applicable for agent-submitted applications.

SilverScript Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY: 711) 24 hours a day, 7 days a week.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711), las 24 horas del día, los 7 días de la semana.

小贴士: 如果您说中文，欢迎使用免费语言协助服务。请拨1-866-235-5660 (TTY: 711)。
一周7天，每天24小时随时受理。

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

To be Completed by Agent/Prescription Drug Plan Only

AGENT INSTRUCTIONS:

Complete Both of the 2 Steps Below for Successful Enrollment:

Step 1: You must enter the enrollment application into the agent portal within 24 hours of receiving the application from the beneficiary. **Instructions on how to enter enrollments are located in the Reference Materials section of the agent portal.**

– Failure to complete this step can result in your enrollment not being processed.

Step 2: Please send all pages of the signed, completed application and the Scope of Appointment to SilverScript Insurance Company within 24 hours of portal entry. Choose one of the following options:

☐ **Upload:** Upload a scanned copy of the documents via the agent portal secure mailroom

☐ **Email:** enrollmentverification@CVScaremark.com

☐ **Fax to:** 1-866-552-6205

☐ **Mail:** SilverScript Insurance Company
Attn: Agent Processing
PO Box 30002
Pittsburgh PA 15222-0330

Application Received Date | | / | | / | | | | |

Agent ID # _____

Agent Name *(please print)* _____ **Agent Signature** _____

_____

Agent Portal Application Confirmation # _____

_____

SCOPE OF APPOINTMENT (You must check one).

☐ A Scope of Appointment is included with this enrollment form.

☐ Scope of Appointment was NOT completed because the agent did not have an individual or one-on-one marketing appointment (whether in person, telephonically or otherwise) with the applicant.

Go Paperless

View your Explanation of Benefits (EOB) Online

Reduce clutter and keep your personal information secure by viewing your EOB online. Sign up to receive your EOBs electronically, and SilverScript will stop mailing a paper EOB to your home. Instead, you will receive an email reminder when your EOB is available to view online. To get started, register for your password-protected Caremark.com account. A message may appear with instructions as soon as you log in, or you can simply click *Plan & Benefits,* then click *Explanation of Benefits (EOB) Statements* and click the checkbox at the bottom of the page. You can go back to paper EOBs by mail at any time by changing your profile.

I am happy to provide guidance and answer your questions.

Serving you is my highest priority. Feel free to call me at your convenience.

Call _____ at _____

(Licensed Insurance Agent Name) *(Phone Number)*

[1] The Alaska SilverScript Choice plan does not have a Preferred Pharmacy Network.

[2] Percent savings based on SilverScript preferred vs. standard pharmacy copays. Savings may vary by state, drug tier and coverage stage. Call Customer Care for specific pricing of your medications. Plus and Allure plans not available in AK.

[3] 16% savings available on 90-day supplies of Tier 2 and 3 drugs through CVS Caremark Mail Service Pharmacy during the Initial Coverage stage, compared to three 30-day supplies (Tier 2 only for Alaska Choice and for Allure members). Savings may vary for those receiving Extra Help.

[4] SilverScript Plus and Allure plans not available in Alaska.

[5] 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. If your mail order drugs do not arrive within the estimated time frame please contact us toll-free at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users call 711.

[6] Georgia Plus plan members will receive an annual premium payment booklet instead of a monthly premium invoice.

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

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Enrollment in SilverScript depends on contract renewal.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY: 711) 24 hours a day, 7 days a week. ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711), las 24 horas del día, los 7 días de la semana. 小贴士: 如果您说中文, 欢 迎使用免费语言协助服务. 请拨1-866-235-5660 (TTY: 711).一周7天, 每天24小时随时受理.

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Your Member ID Card and Welcome Kit

Welcome to the SilverScript (PDP) family!

Your Member ID Card

Your Member ID card will be mailed separately from your Welcome Kit. Begin using it to fill prescriptions on the day your coverage takes effect. For your convenience, a toll-free number for SilverScript Customer Care is printed on the back of your card.

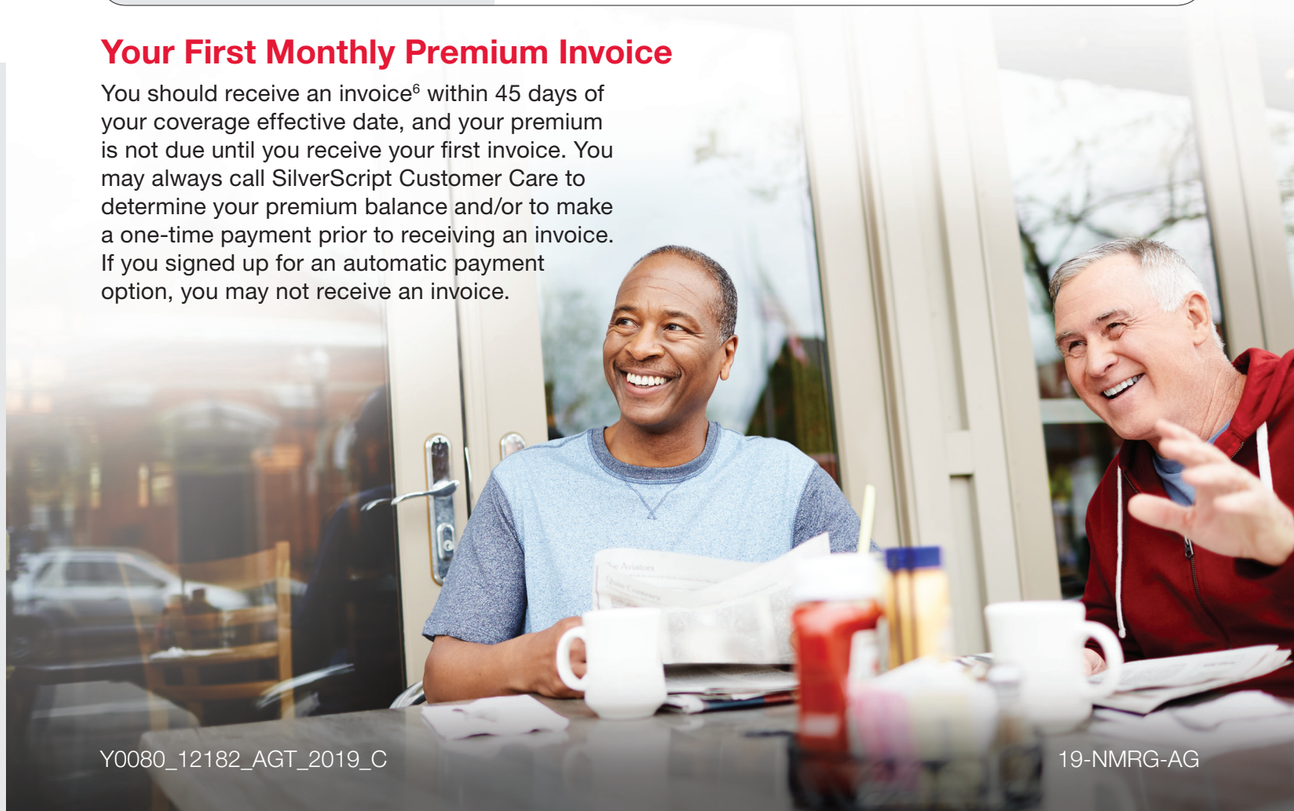
Your Welcome Kit

Below is a list of Welcome Kit contents that you will receive and a brief description of each. Please keep your Welcome Kit documents handy throughout the year for future reference.

2019 Pharmacy Directory	A partial list of the network pharmacies in your area.
2019 Abridged Formulary	A partial list of covered drugs, including applicable tier and restriction information.
2019 Mail Service Order Form	A form you can use to start mail service pharmacy deliveries.
2019 Evidence of Coverage	A guide to using your plan benefits and getting the most value from your coverage, as well as your rights and responsibilities as our member.

Your First Monthly Premium Invoice

You should receive an invoice[6] within 45 days of your coverage effective date, and your premium is not due until you receive your first invoice. You may always call SilverScript Customer Care to determine your premium balance and/or to make a one-time payment prior to receiving an invoice. If you signed up for an automatic payment option, you may not receive an invoice.



Retail Pharmacy Networks

Save more than 50% when you choose a Preferred Network Pharmacy[1]

You can save more than 50%[2] by choosing to fill prescriptions at a Preferred Network Pharmacy. Plus members save an additional 16%[3] when they order 90-day supplies of eligible medications from CVS Caremark Mail Service Pharmacy.[5]

SilverScript Choice (PDP)
Preferred Pharmacy Network
More than 26,000 pharmacies,
including all CVS Pharmacy locations and thousands of regional and local independent pharmacies.

SilverScript Plus (PDP)[4] and SilverScript Allure (PDP)[4]
Preferred Pharmacy Network
More than 35,000 pharmacies,
including all CVS Pharmacy locations, Walgreens and thousands of regional and local independent pharmacies. SilverScript Plus/Allure members can save up to 80% with preferred copays at thousands of preferred pharmacies.

You can find Standard and Preferred pharmacy locations by using the *Pharmacy Locator* on SilverScript.com, or in the 2019 Pharmacy Directory included in your Welcome Kit (P indicates a Preferred Network Pharmacy).

It's easy to transfer your prescriptions and begin saving

Right now, before you need a refill, is the best time to transfer your prescriptions to a Preferred Network Pharmacy and avoid gaps in your treatment as your new coverage begins. To start the transfer:

1. Call or visit the Preferred Network Pharmacy where you would like to fill your prescriptions.
2. Provide the Preferred Pharmacy with the name and phone number of your current pharmacy or the name and phone number of your prescriber.
3. Sit back while your new pharmacist handles the rest!

Getting Started

Visit your local pharmacy or call 1-800-287-1566 to speak with a specialist who will handle all the transfer details for you. Specialists will be available Monday through Friday, 9:00 am to 9:00 pm EST and on Saturday, 10:00 am to 6:30 pm EST. (TTY: 711)

Point-of-Service Discounts

Pricing tools reflect SilverScript Allure point-of-service discounts.

SilverScript Allure (PDP)[4] is a Point-of-Service rebate plan.

SilverScript Allure is a Medicare Part D Prescription Drug Plan that applies a portion of pharmaceutical manufacturer rebates earned on certain brand drugs directly to the drug's price when the prescription is purchased. This passes savings on to members by reducing the price for these select drugs, thereby lowering the member's out-of-pocket cost for these medications. For this reason, beneficiaries may see a different price for the same drug when comparing SilverScript Allure to other SilverScript plans using drug pricing tools on SilverScript.com, Caremark.com or Medicare.gov. For other SilverScript plans, manufacturer rebates are used to reduce premiums paid by the member rather than being applied to the price of the drug at the time of purchase.

NOTE: The drug costs displayed for Allure on the pricing tools are estimates to reflect the Point-of-Service discounts that will be applied at the pharmacy.

Get started with 90-day refills by mail today.[5]

Call Customer Care toll free at 1-866-235-5660 (TTY: 711), 24 hours a day, 7 days a week, and our representatives will help you get started. Be sure to have your medications nearby when you make your call.

Easy Premium Payment Options

Choose worry-free automatic premium payments

Automatic premium payments are convenient and effortless. Choose any of our three automated payment options and say goodbye to checks, postage and due dates. For your convenience, you can choose to have your payment:

- Deducted from your Social Security or Railroad Retirement Board payments.
- Withdrawn directly from your checking or savings account.
- Charged to your credit or debit card account.

To get started with automatic premium payments, call us toll free at 1-855-651-4856, 24 hours a day, 7 days a week, and speak with one of our Customer Care representatives. (TTY: 711)

If you prefer to continue receiving your monthly invoice[6] by mail, you can make a one-time online payment at SilverScript.com, pay by cash, credit card or debit card at any CVS Pharmacy®* or pay your bill with a check or money order by mail.

Premium Bill FAQs

Q. When can I expect to receive my first premium invoice?
Your first invoice[6] may take up to 45 days after your coverage effective date to arrive. Your payment is not due until you receive your invoice.

Q. When are premium payments due?
All plan premium payments are due on the 1st of each month. If you select one of our convenient automatic premium payments through your bank account or credit card, your payment will be processed between the 8th and 10th of each month.

Q. I signed up for automatic payments, but I received an invoice in the mail. What should I do?
Please continue to pay your premium invoices until you stop receiving them. It may take a month or more for automatic payments to begin.

*Service not available at CVS Pharmacy at Target® locations.

SilverScript - S5601

2018 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, SilverScript received the following Overall Star Rating from Medicare:

★★★★
4 Stars

We received the following Summary Star Rating for SilverScript's health/drug plan services:

Health Plan Services:	Not Offered
Drug Plan Services:	★★★★ 4 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 24 Hours a day Local time, 7 days a week at 866-552-6106 (toll-free) or 711 (TTY).

Current members please call 866-235-5660 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY: 711). ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

SilverScript®

Medicare Part D
Prescription Claim Form

○ This prescription was covered by a manufacturer patient assistance program

Important!

* Always allow up to 30 days from the time you receive the response to allow for mail time plus claims processing.
* Keep a copy of all documents submitted for your records.
* Do not staple or tape receipts or attachments to this from.

STEP 1 Card Holder/Patient Information

This section must be fully completed to ensure proper reimbursement of your claim.

Card Holder Information

Identification Number (refer to your prescription card)

Group No./Group Name

Name *(Last Name)* *(First Name)* *(MI)*

Address

City State Zip

Patient Information-Use a separate claim form for each patient.

Name *(Last Name)* *(First Name)* *(MI)*

Date of Birth Male Female Phone Number

Relationship to Primary member

Member Spouse Child Other_____

Other Insurance Information

COB (Coordination of Benefits)

Are any of these medicines being taken for an on-the-job injury? ○ Yes ○ No

Is the medicine covered under any other group insurance? ○ Yes ○ No

If yes, is other coverage: ○ Primary ○ Secondary

If other coverage is Primary, include the explanation of benefits (EOB) with this form.

Name of Insurance Company_____ ID#_____

Important! A signature is REQUIRED

NOTICE

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify that I (or my eligible dependent) have received the medicine described herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

X_____

Signature of Plan Participant Date

(Over)

STEP 2 Submission Requirements:

You MUST include all original "pharmacy" receipts in order for your claim to process. "Cash register" receipts will only be accepted for diabetic supplies. The minimum information that must be included on your pharmacy receipts is listed below:

- Patient Name
- Prescription Number
- Medicine NDC number
- Date of Fill
- Metric Quantity
- Total Charge
- Days Supply for your prescription (you need to ask your pharmacist for this "Day Supply" information)
- Pharmacy Name and Address or Pharmacy NABP Number

A valid Prescribing Physician's NPI (National Provider Identification) number is required, please provide:_____

Additional Comments

STEP 3 Mailing Instructions:

Mail to :
CVS Caremark
P.O. Box 52066
Phoenix, AZ 85072-2066

IMPORTANT REMINDER

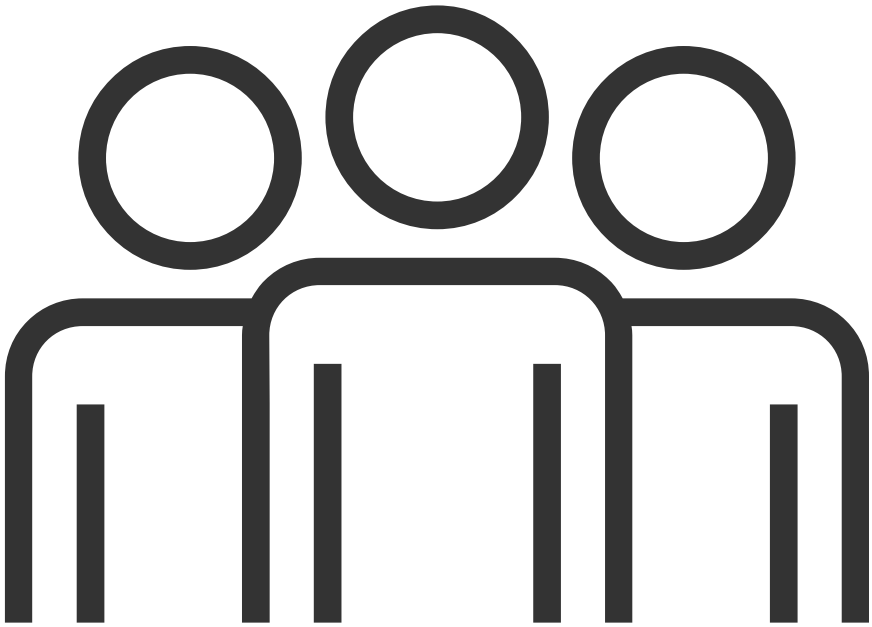
To avoid having to submit a paper claim form:

- Always have your card available at time of purchase.
- Always use pharmacies within your network.
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card.

2019 Summary of Benefits

SilverScript Choice (PDP) | SilverScript Plus (PDP) | SilverScript Allure (PDP)

January 1, 2019 – December 31, 2019



SilverScript®

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

Y0080_52001_SB_2019_M Accepted SB-9110-19

Summary of Benefits

January 1, 2019 - December 31, 2019

The information in this booklet serves as a tool to help you determine which SilverScript Part D Prescription Drug Plan is right for you based on your budget and the prescription drugs you take.

The following pages will show you the different costs with SilverScript's three plans, including:

- Monthly premiums for each state
- Cost-sharing for each drug tier during the Initial Coverage Stage
- Cost-sharing during the Coverage Gap Stage

This Summary of Benefits doesn't list every service we cover or every limitation or exclusion. To get our full list of services, download a copy of the *Evidence of Coverage* from our website at www.silverscript.com, or call us and we'll send you a copy.

Why SilverScript may make sense for you

Remember, no matter which plan you choose, SilverScript members enjoy savings, convenience, and peace of mind with:

$0 deductible[1] on all prescriptions, no matter which tier, in almost all states	**Up to 50%**[2] savings at thousands of preferred pharmacies nationwide	**$0 copays**[3] for 90-day supplies of Tier 1 drugs through mail service[4]

[1] SilverScript Choice (PDP) has a $415 deductible in Alaska; a $100 deductible for drugs on Tiers 3, 4, and 5 in Colorado, Georgia, and Texas; and a $415 deductible for drugs on Tiers 3, 4, and 5 in Arizona and South Carolina.

[2] Percent savings based on SilverScript network pharmacies offering preferred vs. standard cost-sharing. Savings may vary by state, drug tier, and coverage stage. Refer to the tables in this booklet for drug pricing in your state.

[3] During the Initial Coverage Stage, $0 copays for 90-day prescriptions of Tier 1 drugs on the Choice and Allure plans and Tier 1 and 2 drugs on the Plus plan are only available through CVS Caremark Mail Service Pharmacy.

[4] It is typical to receive your Mail Service Pharmacy shipment up to 10 business days from the time your order is placed. Enrollees have the option to sign up for automated mail-order delivery.

Common questions before making your decision

Who can join?

You must be entitled to Medicare Part A and/or be enrolled in Medicare Part B, be a U.S. citizen or be lawfully present in the United States, and live in our service area. Our service area includes the following:

- SilverScript Choice (PDP) is available in all states and the District of Columbia.
- SilverScript Plus (PDP) is available in all states and the District of Columbia, except Alaska.
- SilverScript Allure (PDP) is available in all states and the District of Columbia, except Alaska.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.silverscript.com. Or give us a call and we will send you a copy of the formulary.

How will I determine my drug costs?

The amount you pay depends on the drug tier, the pharmacy you use, and which stage of the benefit you have reached. Each medication is on one of five "tiers." You can use your formulary to identify the drug's tier and how much it will cost you.

There are four benefit stages in your Medicare prescription drug coverage: Deductible Stage, Initial Coverage Stage, Coverage Gap Stage, and Catastrophic Coverage Stage. As you move from stage to stage, the amount you and the plan pay for your drugs may change. For more information about formulary tiers and stages of the benefit, please see the plan's formulary and the *Evidence of Coverage* on our website at www.silverscript.com, or contact Customer Care at 1-866-552-6106 (TTY: 711), 24 hours a day, 7 days a week.

Which pharmacies can I use?

SilverScript has a network of pharmacies, and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies offer preferred cost-sharing. You may pay less for some drugs if you use these pharmacies compared to other network pharmacies that offer standard cost-sharing. You also have the option of using our mail service pharmacy, CVS Caremark Mail Service Pharmacy™. If you must use an out-of-network pharmacy in an emergency or similar situation, you may pay more than you pay at an in-network pharmacy. You can look up your nearest network pharmacies using the online Pharmacy Locator tool on our website at www.silverscript.com. Or call us and we'll send you a copy of the pharmacy directory.

Plan Costs

The following pages contain tables showing you the monthly premium, annual deductible, and cost-sharing during the Initial Coverage Stage for SilverScript Choice (PDP), SilverScript Plus (PDP), and SilverScript Allure (PDP) in each region we offer prescription drug plans. Although most members do not reach Stage 3 (Coverage Gap Stage) or Stage 4 (Catastrophic Coverage Stage) during the plan year, a summary of your costs in these stages can be found below.

Monthly Premium

Monthly plan premiums range in price based on the plan you are in and where you live. The cost-sharing tables on the following pages list the monthly premium amounts for every state. You must continue to pay your Medicare Part B premium.

Stage 1: Annual Deductible Stage

SilverScript offers three prescription drug plans — SilverScript Choice (PDP), SilverScript Plus (PDP), and SilverScript Allure (PDP) — each of which feature a $0 deductible*. The tables on the following pages include the details on the $0 deductible for each state.

*SilverScript Choice has a $0 deductible for Tier 1 and 2 drugs for plans in AZ, CO, GA, SC, and TX. The AK plan has a deductible for all tiers. SilverScript Plus and SilverScript Allure plans do not have a deductible and are not available in AK.

Stage 2: Initial Coverage Stage, Cost-Sharing

During the Initial Coverage Stage, you pay a portion of your drug cost, and the plan pays a portion. The tables on the following pages show what you pay until your total yearly drug costs reach $3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You must get your drugs from retail pharmacies or mail-order pharmacies in our network in order for SilverScript to share the cost of your prescriptions. If you reside in a long-term care facility, you pay the same amount as at a retail pharmacy. You may get drugs from an out-of-network pharmacy in an emergency, but you may pay more than you pay at an in-network pharmacy.

Stage 3: Coverage Gap Stage

The coverage gap (also called the “donut hole”) begins after the total yearly drug costs (including what our plan has paid and what you have paid) reach $3,820.

SilverScript Choice (PDP)

After you enter the coverage gap, you pay 25% of the drug cost for covered brand name drugs and 37% of the drug cost for covered generic drugs until your out-of-pocket costs (not including your premiums) total $5,100, which is the end of the coverage gap. Not everyone will enter the coverage gap.

SilverScript Plus (PDP)

Under this plan, we will continue to provide some prescription drug coverage beyond the standard coverage for certain drugs in the Coverage Gap Stage.

This plan provides coverage in the gap for Tier 1 and 2 drugs when filled at a network pharmacy.

For Tier 1 (Preferred Generic) and Tier 2 (Generic), you will continue to pay the copayment amounts you were paying in the Initial Coverage Stage. Refer to the tables on the following pages for the copayment amounts.

For Tiers 3, 4, and 5, you pay 25% of the drug cost for covered brand name drugs and 37% of the drug cost for covered generic drugs until your out-of-pocket costs (not including your premiums) total $5,100, which is the end of the coverage gap.

SilverScript Allure (PDP)

After you enter the coverage gap, you pay 25% of the drug cost for covered brand name drugs and 37% of the drug cost for covered generic drugs until your out-of-pocket costs (not including your premiums) total $5,100, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Stage 4: Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach $5,100, you pay the greater of:

- 5% of the cost, or
- $3.40 copay for generic drugs (including brand drugs treated as generic) and $8.50 copay for all other drugs.

Find Your State

Find the table with your state-specific pricing on the following pages:

State	Region	Page
Alabama	12	10-11
Alaska	34	26-27
Arizona	28	22-23
Arkansas	19	16-17
California	32	24-25
Colorado	27	20-21
Connecticut	02	4-5
D.C.	05	6-7
Delaware	05	6-7
Florida	11	10-11
Georgia	10	10-11
Hawaii	33	24-25
Idaho	31	24-25
Illinois	17	14-15
Indiana	15	12-13
Iowa	25	20-21
Kansas	24	18-19

State	Region	Page
Kentucky	15	12-13
Louisiana	21	16-17
Maine	01	4-5
Maryland	05	6-7
Massachusetts	02	4-5
Michigan	13	12-13
Minnesota	25	20-21
Mississippi	20	16-17
Missouri	18	14-15
Montana	25	20-21
Nebraska	25	20-21
Nevada	29	22-23
New Hampshire	01	4-5
New Jersey	04	6-7
New Mexico	26	20-21
New York	03	4-5
North Carolina	08	8-9

State	Region	Page
North Dakota	25	20-21
Ohio	14	12-13
Oklahoma	23	18-19
Oregon	30	22-23
Pennsylvania	06	6-7
Rhode Island	02	4-5
South Carolina	09	8-9
South Dakota	25	20-21
Tennessee	12	10-11
Texas	22	18-19
Utah	31	24-25
Vermont	02	4-5
Virginia	07	8-9
Washington	30	22-23
West Virginia	06	6-7
Wisconsin	16	14-15
Wyoming	25	20-21

Cost-Sharing in the Initial Coverage Stage by State

Region 01:
Maine, New Hampshire

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$15.00	$37.50	$10.00	$0.00	$5.00	$12.50	$15.00	$45.00	$10.00
Tier 3: Preferred Brand	$44.00	$110.00	$42.00	$105.00	20%		$44.00	$132.00	$42.00
Tier 4: Non-Preferred Drug	47%		40%		40%		47%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 02:
Connecticut, Massachusetts, Rhode Island, Vermont

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$12.00	$30.00	$5.00	$0.00	$5.00	$12.50	$12.00	$36.00	$5.00
Tier 3: Preferred Brand	$38.00	$95.00	$35.00	$87.50	20%		$38.00	$114.00	$35.00
Tier 4: Non-Preferred Drug	38%		40%		40%		38%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 03:
New York

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$13.00	$32.50	$5.00	$0.00	$5.00	$12.50	$13.00	$39.00	$5.00
Tier 3: Preferred Brand	$42.00	$105.00	$35.00	$87.50	20%		$42.00	$126.00	$35.00
Tier 4: Non-Preferred Drug	45%		40%		40%		45%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$32.00	$53.80	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$30.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$126.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$34.20	$65.50	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$37.90	$73.80	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 04: New Jersey

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$14.00	$35.00	$5.00	$0.00	$5.00	$12.50	$14.00	$42.00	$5.00
Tier 3: Preferred Brand	$43.00	$107.50	$35.00	$87.50	20%		$43.00	$129.00	$35.00
Tier 4: Non-Preferred Drug	47%		40%		40%		47%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 05: Delaware, District of Columbia, Maryland

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$9.00	$0.00	$1.00	$0.00	$1.00	$0.00	$9.00	$27.00	$1.00
Tier 2: Generic	$19.00	$47.50	$5.00	$0.00	$5.00	$12.50	$19.00	$57.00	$5.00
Tier 3: Preferred Brand	$46.00	$115.00	$35.00	$87.50	20%		$46.00	$138.00	$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 06: Pennsylvania, West Virginia

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$14.00	$35.00	$5.00	$0.00	$5.00	$12.50	$14.00	$42.00	$5.00
Tier 3: Preferred Brand	$43.00	$107.50	$35.00	$87.50	20%		$43.00	$129.00	$35.00
Tier 4: Non-Preferred Drug	43%		40%		40%		43%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$35.20	$85.20	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$30.70	$69.30	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$10.00	$30.00	$10.00	$30.00	$10.00	$30.00	$10.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$32.50	$59.10	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 07: Virginia

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$9.00	$0.00	$1.00	$0.00	$1.00	$0.00	$9.00	$27.00	$1.00
Tier 2: Generic	$19.00	$47.50	$5.00	$0.00	$5.00	$12.50	$19.00	$57.00	$5.00
Tier 3: Preferred Brand	$46.00	$115.00	$35.00	$87.50	20%		$46.00	$138.00	$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 08: North Carolina

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$18.00	$45.00	$5.00	$0.00	$5.00	$12.50	$18.00	$54.00	$5.00
Tier 3: Preferred Brand	$45.00	$112.50	$35.00	$87.50	20%		$45.00	$135.00	$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 09: South Carolina

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$1.00	$0.00	$1.00	$0.00	$1.00	$0.00	$1.00	$3.00	$1.00
Tier 2: Generic	$5.00	$12.50	$5.00	$0.00	$5.00	$12.50	$5.00	$15.00	$5.00
Tier 3: Preferred Brand	$20.00	$50.00	$33.00	$82.50	20%		$20.00	$60.00	$33.00
Tier 4: Non-Preferred Drug	35%		40%		40%		35%		40%
Tier 5: Specialty Tier	25%	N/A	33%	N/A	33%	N/A	25%	N/A	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$29.20	$50.40	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$10.00	$30.00	$10.00	$30.00	$10.00	$30.00	$10.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$29.70	$61.20	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$23.50	$52.20	$80.00
Annual Deductible:	$415 (Tiers 3 - 5)	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$6.00	$18.00	$10.00	$30.00	$10.00	$30.00	$6.00	$10.00	$10.00
$15.00	$5.00	$15.00	$15.00	$45.00	$20.00	$60.00	$20.00	$60.00	$15.00	$20.00	$20.00
$99.00	20%		$35.00	$105.00	$47.00	$141.00	25%		$35.00	$47.00	25%
40%	40%		40%		50%		50%		40%	50%	50%
N/A	33%	N/A	25%	N/A	33%	N/A	33%	N/A	25%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 10: Georgia

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$13.00	$32.50	$5.00	$0.00	$5.00	$12.50	$13.00	$39.00	$5.00
Tier 3: Preferred Brand	$42.00	$105.00	$35.00	$87.50	20%		$42.00	$126.00	$35.00
Tier 4: Non-Preferred Drug	42%		40%		40%		42%		40%
Tier 5: Specialty Tier	31%	N/A	33%	N/A	33%	N/A	31%	N/A	33%

Region 11: Florida

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$17.00	$42.50	$5.00	$0.00	$5.00	$12.50	$17.00	$51.00	$5.00
Tier 3: Preferred Brand	$45.00	$112.50	$35.00	$87.50	20%		$45.00	$135.00	$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 12: Alabama, Tennessee

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$15.00	$37.50	$5.00	$0.00	$5.00	$12.50	$15.00	$45.00	$5.00
Tier 3: Preferred Brand	$44.00	$110.00	$35.00	$87.50	20%		$44.00	$132.00	$35.00
Tier 4: Non-Preferred Drug	47%		40%		40%		47%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$25.20	$50.90	$80.00
Annual Deductible:	$100 (Tiers 3 - 5)	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	31%	N/A	33%	N/A	33%	N/A	31%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$28.00	$73.80	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$29.60	$49.50	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 13: Michigan

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$12.00	$30.00	$5.00	$0.00	$5.00	$12.50	$12.00	$36.00	$5.00
Tier 3: Preferred Brand	$39.00	$97.50	$35.00	$87.50	20%		$39.00	$117.00	$35.00
Tier 4: Non-Preferred Drug	39%		40%		40%		39%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 14: Ohio

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$16.00	$40.00	$5.00	$0.00	$5.00	$12.50	$16.00	$48.00	$5.00
Tier 3: Preferred Brand	$44.00	$110.00	$35.00	$87.50	20%		$44.00	$132.00	$35.00
Tier 4: Non-Preferred Drug	47%		40%		40%		47%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 15: Indiana, Kentucky

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$13.00	$32.50	$5.00	$0.00	$5.00	$12.50	$13.00	$39.00	$5.00
Tier 3: Preferred Brand	$41.00	$102.50	$35.00	$87.50	20%		$41.00	$123.00	$35.00
Tier 4: Non-Preferred Drug	44%		40%		40%		44%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$30.80	$46.70	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$31.90	$50.10	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$29.10	$52.10	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 16: Wisconsin

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$10.00	$25.00	$5.00	$0.00	$5.00	$12.50	$10.00	$30.00	$5.00
Tier 3: Preferred Brand	$34.00	$85.00	$33.00	$82.50	20%		$34.00	$102.00	$33.00
Tier 4: Non-Preferred Drug	34%		40%		40%		34%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 17: Illinois

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$9.00	$0.00	$1.00	$0.00	$1.00	$0.00	$9.00	$27.00	$1.00
Tier 2: Generic	$19.00	$47.50	$5.00	$0.00	$5.00	$12.50	$19.00	$57.00	$5.00
Tier 3: Preferred Brand	$46.00	$115.00	$35.00	$87.50	20%		$46.00	$138.00	$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 18: Missouri

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$12.00	$30.00	$5.00	$0.00	$5.00	$12.50	$12.00	$36.00	$5.00
Tier 3: Preferred Brand	$41.00	$102.50	$35.00	$87.50	20%		$41.00	$123.00	$35.00
Tier 4: Non-Preferred Drug	41%		40%		40%		41%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$36.30	$60.40	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$99.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		49%		50%		50%		49%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$26.80	$83.40	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$10.00	$30.00	$10.00	$30.00	$10.00	$30.00	$10.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$30.00	$51.40	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 19: Arkansas

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$13.00	$32.50	$5.00	$0.00	$5.00	$12.50	$13.00	$39.00	$5.00
Tier 3: Preferred Brand	$43.00	$107.50	$35.00	$87.50	20%		$43.00	$129.00	$35.00
Tier 4: Non-Preferred Drug	46%		40%		40%		46%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 20: Mississippi

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$18.00	$45.00	$5.00	$0.00	$5.00	$12.50	$18.00	$54.00	$5.00
Tier 3: Preferred Brand	$45.00	$112.50	$35.00	$87.50	20%		$45.00	$135.00	$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 21: Louisiana

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$12.00	$30.00	$5.00	$0.00	$5.00	$12.50	$12.00	$36.00	$5.00
Tier 3: Preferred Brand	$42.00	$105.00	$42.00	$105.00	20%		$42.00	$126.00	$42.00
Tier 4: Non-Preferred Drug	42%		40%		40%		42%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$23.20	$51.60	$79.90
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$26.90	$50.60	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$31.50	$60.70	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$126.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 22: Texas

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$13.00	$32.50	$5.00	$0.00	$5.00	$12.50	$13.00	$39.00	$5.00
Tier 3: Preferred Brand	$42.00	$105.00	$35.00	$87.50	20%		$42.00	$126.00	$35.00
Tier 4: Non-Preferred Drug	42%		40%		40%		42%		40%
Tier 5: Specialty Tier	31%	N/A	33%	N/A	33%	N/A	31%	N/A	33%

Region 23: Oklahoma

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$12.00	$30.00	$5.00	$0.00	$5.00	$12.50	$12.00	$36.00	$5.00
Tier 3: Preferred Brand	$42.00	$105.00	$35.00	$87.50	20%		$42.00	$126.00	$35.00
Tier 4: Non-Preferred Drug	42%		40%		40%		42%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 24: Kansas

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$13.00	$32.50	$5.00	$0.00	$5.00	$12.50	$13.00	$39.00	$5.00
Tier 3: Preferred Brand	$43.00	$107.50	$35.00	$87.50	20%		$43.00	$129.00	$35.00
Tier 4: Non-Preferred Drug	43%		40%		40%		43%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$24.50	$51.60	$80.00
Annual Deductible:	$100 (Tiers 3 - 5)	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	31%	N/A	33%	N/A	33%	N/A	31%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$30.20	$66.50	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$32.10	$66.60	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 25:
Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$12.00	$30.00	$5.00	$0.00	$5.00	$12.50	$12.00	$36.00	$5.00
Tier 3: Preferred Brand	$43.00	$107.50	$35.00	$87.50	20%		$43.00	$129.00	$35.00
Tier 4: Non-Preferred Drug	43%		40%		40%		43%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 26:
New Mexico

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$7.00	$0.00	$1.00	$0.00	$1.00	$0.00	$7.00	$21.00	$1.00
Tier 2: Generic	$19.00	$47.50	$10.00	$0.00	$5.00	$12.50	$19.00	$57.00	$10.00
Tier 3: Preferred Brand	$46.00	$115.00	$42.00	$105.00	20%		$46.00	$138.00	$42.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 27:
Colorado

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$14.00	$35.00	$5.00	$0.00	$5.00	$12.50	$14.00	$42.00	$5.00
Tier 3: Preferred Brand	$43.00	$107.50	$35.00	$87.50	20%		$43.00	$129.00	$35.00
Tier 4: Non-Preferred Drug	47%		40%		40%		47%		40%
Tier 5: Specialty Tier	31%	N/A	33%	N/A	33%	N/A	31%	N/A	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$32.30	$68.20	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$24.20	$44.10	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$8.00	$24.00	$10.00	$30.00	$10.00	$30.00	$8.00	$10.00	$10.00
$30.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$126.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$32.20	$78.70	$79.90
Annual Deductible:	$100 (Tiers 3 - 5)	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	31%	N/A	33%	N/A	33%	N/A	31%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 28: Arizona

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$1.00	$0.00	$1.00	$0.00	$1.00	$0.00	$1.00	$3.00	$1.00
Tier 2: Generic	$5.00	$12.50	$5.00	$0.00	$5.00	$12.50	$5.00	$15.00	$5.00
Tier 3: Preferred Brand	$19.00	$47.50	$31.00	$77.50	20%		$19.00	$57.00	$31.00
Tier 4: Non-Preferred Drug	34%		40%		40%		34%		40%
Tier 5: Specialty Tier	25%	N/A	33%	N/A	33%	N/A	25%	N/A	33%

Region 29: Nevada

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$9.00	$0.00	$1.00	$0.00	$1.00	$0.00	$9.00	$27.00	$1.00
Tier 2: Generic	$19.00	$47.50	$5.00	$0.00	$5.00	$12.50	$19.00	$57.00	$5.00
Tier 3: Preferred Brand	$46.00	$115.00	$35.00	$87.50	20%		$46.00	$138.00	$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 30: Oregon, Washington

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$10.00	$25.00	$5.00	$0.00	$5.00	$12.50	$10.00	$30.00	$5.00
Tier 3: Preferred Brand	$34.00	$85.00	$33.00	$82.50	20%		$34.00	$102.00	$33.00
Tier 4: Non-Preferred Drug	34%		40%		40%		34%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$31.20	$79.50	$80.00
Annual Deductible:	$415 (Tiers 3 - 5)	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$6.00	$18.00	$10.00	$30.00	$10.00	$30.00	$6.00	$10.00	$10.00
$15.00	$5.00	$15.00	$14.00	$42.00	$20.00	$60.00	$20.00	$60.00	$14.00	$20.00	$20.00
$93.00	20%		$34.00	$102.00	$47.00	$141.00	25%		$34.00	$47.00	25%
40%	40%		39%		50%		50%		39%	50%	50%
N/A	33%	N/A	25%	N/A	33%	N/A	33%	N/A	25%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$38.40	$65.30	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$10.00	$30.00	$10.00	$30.00	$10.00	$30.00	$10.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$32.50	$65.80	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$19.00	$57.00	$20.00	$60.00	$20.00	$60.00	$19.00	$20.00	$20.00
$99.00	20%		$46.00	$138.00	$47.00	$141.00	25%		$46.00	$47.00	25%
40%	40%		49%		50%		50%		49%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 31: Idaho, Utah

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$14.00	$35.00	$5.00	$0.00	$5.00	$12.50	$14.00	$42.00	$5.00
Tier 3: Preferred Brand	$42.00	$105.00	$35.00	$87.50	20%		$42.00	$126.00	$35.00
Tier 4: Non-Preferred Drug	45%		40%		40%		45%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 32: California

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$3.00	$0.00	$1.00	$0.00	$1.00	$0.00	$3.00	$9.00	$1.00
Tier 2: Generic	$13.00	$32.50	$5.00	$0.00	$5.00	$12.50	$13.00	$39.00	$5.00
Tier 3: Preferred Brand	$42.00	$105.00	$35.00	$87.50	20%		$42.00	$126.00	$35.00
Tier 4: Non-Preferred Drug	45%		40%		40%		45%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 33: Hawaii

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$9.00	$0.00	$1.00	$0.00	$1.00	$0.00	$9.00	$27.00	$1.00
Tier 2: Generic	$19.00	$47.50	$5.00	$0.00	$5.00	$12.50	$19.00	$57.00	$5.00
Tier 3: Preferred Brand	$46.00	$115.00	$35.00	$87.50	20%		$46.00	$138.00	$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$36.10	$71.70	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$34.80	$83.60	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$7.00	$21.00	$10.00	$30.00	$10.00	$30.00	$7.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$24.50	$62.80	$80.00
Annual Deductible:	$0	$0	$0

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
$3.00	$1.00	$3.00	$10.00	$30.00	$10.00	$30.00	$10.00	$30.00	$10.00	$10.00	$10.00
$15.00	$5.00	$15.00	$20.00	$60.00	$20.00	$60.00	$20.00	$60.00	$20.00	$20.00	$20.00
$105.00	20%		$47.00	$141.00	$47.00	$141.00	25%		$47.00	$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 34: Alaska									
	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	$1.00	$0.00	N/A		N/A		Not Offered		N/A
Tier 2: Generic	$4.00	$10.00							
Tier 3: Preferred Brand	18%								
Tier 4: Non-Preferred Drug	37%								
Tier 5: Specialty Tier	25%	N/A							

	SilverScript Choice (PDP)	SilverScript Plus (PDP)	SilverScript Allure (PDP)
Monthly Premium:	$49.50	N/A	N/A
Annual Deductible:	$415	N/A	N/A

Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
N/A	N/A		$1.00	$3.00	N/A		N/A		$1.00	N/A	N/A
			$4.00	$12.00					$4.00		
			18%						18%		
			37%						37%		
			25%	N/A					25%		

For More Information

If you have any questions about our plans or would like more information, please call SilverScript Customer Care at 1-866-552-6106 (TTY users should call 711), 24 hours a day, 7 days a week. Or visit www.silverscript.com.

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 https://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.

This information is not a complete description of benefits. Call 1-866-552-6106 (TTY: 711), 24 hours a day, 7 days a week, for more information.

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

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

SilverScript®

SilverScript Customer Care

Method	Customer Care – Contact Information
CALL	1-866-235-5660 (current members) 1-866-552-6106 (prospective members) Calls to these numbers 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	1-866-552-6205
WRITE	SilverScript Insurance Company P.O. Box 6590 Lee's Summit, MO 64064-6590
WEBSITE	www.silverscript.com