



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



October 31, 2023

JOHN30 Q SAMPLE30  
555 ANYWHERE ST  
YOUR TOWN, VA 20149

**RxID: GXC000030**  
**RxGroup: RXCVSD**  
**RxBin: 004336**  
**RxPCN: MEDDADV**

Dear JOHN30 SAMPLE30,

NALC Health Benefit Plan is enrolling you in **SilverScript Employer PDP sponsored by NALC Health Benefit Plan (SilverScript)** as your Medicare Part D prescription drug plan beginning January 1, 2024, unless you tell us by **November 26, 2023** that you do not want to be enrolled in our plan.

**You do not have to do anything** if you want to be enrolled in the plan. Your coverage automatically begins on January 1, 2024.

If you are currently enrolled in a different Medicare prescription drug plan or a Medicare Advantage (MA) HMO or PPO plan (Part C), enrolling in SilverScript will cancel your enrollment in the other plan. Please call us if you think you might be enrolled in a different Medicare prescription drug plan or a Medicare Advantage plan.

**If you do not wish to be enrolled in SilverScript, you MUST contact us by November 26, 2023 at 1-833-272-9886, 24 hours a day, 7 days a week. TTY users should call 711.**

### **Watch for your ID card and plan materials**

Provided you do not opt out, your enrollment will be sent to Medicare. After Medicare has confirmed your enrollment in SilverScript, you will receive your essential plan information. These will include:

- Confirmation of Enrollment Letter – A letter that confirms Medicare has approved your enrollment.
- Your Member ID Card – The card you will provide to the pharmacy when filling your prescriptions. Please use your SilverScript card for your prescriptions and your NALC health plan card at your provider's office.
- Low income Subsidy (LIS) Rider (if applicable) – An explanation of any Extra Help you will receive in 2024.

- Online Document Notice – Instructions on how to electronically access your essential plan documents. These include your *Evidence of Coverage*, *Formulary*, and *Pharmacy Directory*.

You will receive your new SilverScript member ID card in a separate mailing. **Do not use this ID card until January 1, 2024.**

**If you do not have your ID card by January 1, 2024**, take this letter to your pharmacist. The codes in the top right-hand corner of the first page of this letter contain the information your pharmacist will need to process your prescriptions. Please contact Customer Care to let us know if you do not receive your card.

## **Your drug coverage**

As a part of Medicare Part D, the plan will provide you with a list of covered drugs called a *Formulary*. The *Formulary* contains only the list of drugs covered under Medicare Part D.

NALC Health Benefit Plan is providing additional coverage to your Medicare prescription drug coverage. The additional coverage may cover more than your Medicare Part D coverage. For more information on your coverage level, please contact Customer Care.

If you have prescriptions that require prior authorization, your prior authorization may not transfer to SilverScript. The plan will allow for a temporary supply of up to 90 days of a medication while you get a new prior authorization.

For more information on your benefits, please contact Customer Care at 1-833-272-9886, available 24 hours a day, 7 days a week. TTY users should call 711.

## **What you need to know as a member of SilverScript**

This mailing includes important information about SilverScript and the coverage it offers, including a *Summary of Benefits* document. Please review this information carefully. **If you want to be enrolled in this Medicare prescription drug plan, you do not have to do anything, and your coverage will automatically begin on January 1, 2024.**

Once you are a member of SilverScript, you have the right to appeal plan decisions about payment or services if you disagree. Read the *Evidence of Coverage* from SilverScript to know which rules you must follow to receive benefits coverage with this Medicare prescription drug plan.

SilverScript is a Medicare prescription drug plan and is in addition to your coverage under Medicare Part A or Part B. Your enrollment in SilverScript does not affect your coverage under Medicare Part A or Part B or your coverage under your NALC health plan. Enrollment in this program will NOT suspend or terminate your FEHB health plan coverage.

You can be in only one Medicare prescription drug plan at a time. If you are currently in a Medicare prescription drug plan, your enrollment in SilverScript will end that enrollment. Enrollment in SilverScript is generally for the entire year. It is your responsibility to inform SilverScript of any prescription drug coverage that you have or may get in the future.

By joining this Medicare prescription drug plan, you acknowledge that SilverScript will release your information to Medicare and other plans as is necessary for treatment, payment, and health care operations. You also acknowledge that SilverScript will release your information, including your prescription drug event data, to Medicare, which may release it for research and other purposes which follow all applicable Federal statutes and regulations.

### **Extra Help from Medicare**

Extra Help is a Medicare program to assist those with limited incomes to pay their premiums and drug costs. To see if you qualify for Extra Help:

- Call 1-800-MEDICARE (1-800-633-4227), available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048, or
- Call Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778, or
- Go to [www.ssa.gov/medicare/part-d-extra-help](http://www.ssa.gov/medicare/part-d-extra-help), or
- Call your State Medicaid Office.

### **If you choose not to be enrolled in SilverScript**

You are not required to be enrolled in this plan. You can also decide to join a different Medicare prescription drug plan. You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, for help in learning how. TTY users should call 1-877-486-2048.

### **What to do if you do not want to be enrolled in SilverScript**

**If you do not wish to be enrolled in SilverScript, you MUST contact us by November 26, 2023 at 1-833-272-9886, 24 hours a day, 7 days a week. TTY users should call 711.**

If you advise us that you do not wish to be enrolled in SilverScript by November 26, 2023, we will send you a confirmation letter advising that you will not be enrolled into the SilverScript Medicare Part D Prescription Drug Plan. If you cancel your enrollment after you have already been enrolled and you have used your SilverScript benefit, you will be responsible for any claim payments made on your behalf by SilverScript. If we do not hear from you, we will process your enrollment in the plan.

### **If you want to leave SilverScript after enrollment**

Medicare limits when you can make changes to your coverage. You may leave this plan only at certain times of the year or under certain special circumstances. To request to leave, call Customer Care.

SilverScript serves a specific area, which includes all of the United States and its territories. If you move out of the country, please call Customer Care to update your information.

Keep in mind that if you leave our plan and do not have or get other Medicare prescription drug coverage, or creditable coverage (coverage as good as Medicare's standard prescription drug coverage), you may have to pay a Part D late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.

## Questions?

If you have any questions about this letter or about your SilverScript coverage, please call Customer Care at 1-833-272-9886, 24 hours a day, 7 days a week. TTY users should call 711.

Sincerely,

SilverScript® Insurance Company

SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal. See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

The SilverScript pharmacy network includes limited lower-cost, preferred pharmacies in Alaska; suburban and rural areas of Idaho, Puerto Rico, Washington, and Wyoming; and rural areas of Arkansas, Colorado, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, Oregon, and Wisconsin. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call SilverScript Customer Care at 1-833-272-9886 (TTY: 711), 24 hours a day, 7 days a week, or consult the online pharmacy directory at [Caremark.com](https://www.caremark.com).

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.