

# SilverScript®

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



PSHB

## 2025 Summary of Benefits

### **SilverScript (EGWP) Employer PDP sponsored by NALC Health Benefit Plan PSHB (SilverScript (EGWP))**

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

January 1, 2025 – December 31, 2025



## **About SilverScript (EGWP)**

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

## **Plan Costs**

This section includes information about your monthly premium, annual deductible (if any), and cost-sharing amounts during the Initial and Catastrophic Coverage Stages for SilverScript (EGWP).

## **Monthly Premium**

Please contact NALC Health Benefit Plan PSHB for more information about the premium for this plan.

## **Medicare Part D Drug Payment Stages**

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

### **Stage 1: Deductible Stage**

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

### **Stage 2: Initial Coverage Stage Cost Sharing**

During the Initial Coverage Stage, you pay a portion of your drug costs, and the plan pays its portion. The following tables show what you pay until your out-of-pocket covered Part D drug costs reach \$2,000. You may get your drugs at network retail pharmacies or through the mail-order pharmacy.

<b>2025 SilverScript (EGWP) Summary of Prescription Drug Benefits for NALC Health Benefit Plan PSHB</b>			
<b>Monthly Premium</b>	Please contact NALC Health Benefit Plan PSHB for more information about the premium for this plan.		
<b>Deductible</b>	This plan does not have a deductible.		
<b>Your share of the cost when you get a 30-day supply of a covered Part D prescription drug:</b>			
	<b>Network Retail Pharmacy</b> (Up to a 30-day supply available at <b>any</b> network pharmacy)	<b>Mail-Order Pharmacy</b> (Up to a 30-day supply)	<b>Long-Term Care (LTC) Pharmacy</b> (Up to a 31-day supply)
<b>Tier 1: Generic</b>	10% of total cost	\$7.00	10% of total cost
<b>Tier 2: Preferred Brand</b>	20% of total cost	\$50.00	20% of total cost
<b>Tier 3: Non-Preferred Brand</b>	40% of total cost	\$75.00	40% of total cost
<b>Tier 4: Specialty (High Cost)</b>	\$200.00	\$200.00	\$200.00
<b>Your share of the cost when you get a long-term supply (up to 90 days) of a covered Part D prescription drug:</b>			
	<b>Preferred Network Retail Pharmacy</b> (Up to a 90-day supply)	<b>Standard Network Retail Pharmacy</b> (Up to a 90-day supply)	<b>Mail-Order Pharmacy</b> (Up to a 90-day supply)
<b>Tier 1: Generic</b>	\$10.00	10% of total cost	\$10.00
<b>Tier 2: Preferred Brand</b>	\$75.00	20% of total cost	\$75.00
<b>Tier 3: Non-Preferred Brand</b>	\$110.00	40% of total cost	\$110.00
<b>Tier 4: Specialty (High Cost)</b>	\$400.00	\$400.00	\$400.00

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

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

### **Stage 3: Catastrophic Coverage Stage Cost Sharing**

During this payment stage, you pay nothing for your covered Part D drugs.

For excluded drugs covered under the additional coverage provided by NALC Health Benefit Plan PSHB, you will continue to pay the same cost sharing amount during the Catastrophic Coverage stage.

## **NALC Health Benefit Plan PSHB Annual Maximum Out-of-Pocket (MOOP)**

Maximum Out-of-Pocket (MOOP) — The most a person will pay in a year for deductibles and copayments/coinsurance for covered benefits. This amount can vary by plan.

After you reach your individual or family maximum out-of-pocket costs of \$2,000 (individual) / \$4,000 (family), NALC Health Benefit Plan PSHB will pay the rest of your annual drug costs.

## **Who can join?**

To join SilverScript (EGWP), you must be eligible for coverage provided by NALC Health Benefit Plan PSHB, be entitled to Medicare Part A and/or be enrolled in Medicare Part B, be a United States citizen or be lawfully present in the United States and live in our service area. SilverScript (EGWP) is available in the United States and its territories.

## **Which drugs are covered?**

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

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

## **How will I determine my drug costs?**

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

## **Which pharmacies can I use?**

More than 60,000 pharmacies nationwide make up the pharmacy network. These include retail, mail-order, long-term care and home infusion pharmacies. To find a network pharmacy near your home or where you are traveling in the United States or its territories, call Customer Care or use our online pharmacy locator tool on [Caremark.com](https://www.caremark.com).

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

**Through the additional coverage provided by NALC Health Benefit Plan PSHB, you may be able to save on your maintenance prescription drugs by changing your 30-day supply to a 90-day supply at any CVS Pharmacy®, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location. These pharmacies are called “preferred network retail pharmacies.”**

If you’re currently taking any long-term prescription drugs, you can continue to fill your 30-day supplies. However, you may save by changing your 30-day supply to a lower-cost 90-day supply. Filling one 90-day supply may cost you less than three 30-day supplies of the same prescription drug.

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

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

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

For questions about maintenance drugs with additional coverage provided by NALC Health Benefit Plan PSHB, including the cost to fill these drugs, please contact Customer Care.

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

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

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

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

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

The typical number of business days after the mail-order pharmacy receives an order to receive your shipment is up to 10 days. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered “mail-order pharmacies.” Therefore, most specialty drugs are not available at the mail-order cost share. Enrollees have the option to sign up for automated mail-order delivery.

SilverScript (EGWP) Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal.

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## Important Plan Information Información Importante Sobre el Plan

### SilverScript (EGWP) Customer Care

<b>CALL</b>	1-833-272-9886  Calls to this number are free, 24 hours a day, 7 days a week.  Customer Care also has free language interpreter services available for non-English speakers.
<b>TTY</b>	711  This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.  Calls to this number are free, 24 hours a day, 7 days a week.
<b>FAX</b>	1-866-552-6205
<b>WRITE</b>	SilverScript Insurance Company P.O. Box 30016 Pittsburgh, PA 15222-0330