Important SilverScript Information
Información Importante de SilverScript

SilverScript’s pharmacy network includes limited lower-cost, preferred pharmacies in some rural areas of the country. 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 1-833-958-2658 (TTY: 711), 24 hours a day, 7 days a week, or consult the online pharmacy directory at Caremark.com.
November 21, 2020

RxID:  
RxGroup: RXCVSD  
RxBin: 004336  
RxPCN: MEDDADV

Dear ,

The University of Chicago is enrolling you in SilverScript Employer PDP sponsored by The University of Chicago (SilverScript) as your Medicare Part D prescription drug plan beginning January 1, 2021, unless you tell us by December 17, 2020 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, 2021.

Your current Aetna medical plan enrollment will not change. Your current University of Chicago prescription drug plan will be replaced with SilverScript.

If you do not wish to be enrolled in SilverScript, you MUST contact us by December 17, 2020 at 1-833-958-2658, 24 hours a day, 7 days a week. TTY users should call 711.

Please note: This prescription drug coverage is offered in conjunction with your medical coverage. If you choose a Medicare prescription drug plan other than SilverScript, you will lose your medical and prescription drug coverage provided by The University of Chicago.

Watch for your ID card and other materials

After Medicare has confirmed your enrollment in SilverScript, you will receive two separate mailings.

You will receive a welcome kit with more detailed information about SilverScript, including:

- Evidence of Coverage: a booklet that explains the rules you must follow to be covered by this plan and your right to appeal plan decisions about payment or services
- Abridged Formulary (List of Covered Drugs): a list of commonly used drugs covered under the Medicare Part D portion of the plan
- Pharmacy Directory: a list of network pharmacies in your area, including mail-order services, specialty pharmacy, CVS Pharmacy®, and other retail pharmacies

You will receive your new prescription drug ID card near the time you receive your welcome kit. Do not use this ID card until January 1, 2021.
If you do not have your ID card by January 1, 2021, 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.

Your drug coverage

As a part of Medicare Part D, the Plan will provide you with a list of covered drugs called an Abridged Formulary. The Abridged Formulary contains a list of commonly used drugs covered under Medicare Part D and selected by SilverScript.

The University of Chicago is providing additional coverage to your Medicare prescription drug coverage. The additional coverage may cover more than your primary coverage. For more information on your coverage level, please contact SilverScript Customer Care.

If you have prescriptions that require prior authorization, your prior authorization will not transfer to SilverScript. The plan will allow for a temporary supply of up to 31 days of a medication while you get a new prior authorization.

For more information on your benefits, please contact SilverScript Customer Care at 1-833-958-2658, 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 booklet. 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, 2021.

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 booklet from SilverScript when you get it 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.

It is your responsibility to inform SilverScript of any prescription drug coverage that you have or may get in the future. 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.

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 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778, or

• Go to www.socialsecurity.gov/prescriptionhelp, 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.

Please note: This prescription drug coverage is offered in conjunction with your medical coverage. If you choose a Medicare prescription drug plan other than SilverScript, you will lose your medical and prescription drug coverage provided by The University of Chicago.

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 December 17, 2020 at 1-833-958-2658, 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 December 17, 2020, 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 SilverScript 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 SilverScript 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 SilverScript Customer Care at 1-833-958-2658, 24 hours a day, 7 days a week. TTY users should call 711.

Sincerely,

SilverScript® Insurance Company

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.
2021 Summary of Benefits

SilverScript Employer PDP sponsored by The University of Chicago (SilverScript)

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

January 1, 2021 – December 31, 2021
About SilverScript

SilverScript Employer PDP sponsored by The University of Chicago (SilverScript) is a Medicare Part D prescription drug plan with additional coverage provided by The University of Chicago to expand the Part D benefits. “Employer PDP” means that the plan is an employer-provided Medicare Part D prescription drug plan. The plan is offered by SilverScript Insurance Company, which is affiliated with CVS Caremark®.

Plan Costs

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

Monthly Premium

Please contact The University of Chicago for more information about the premium for this plan.

Medicare Part D Drug Payment Stages

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

Stage 1: Deductible Stage

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

Stage 2: Initial Coverage Stage Cost Sharing

During the Initial Coverage Stage, you pay a portion of your drug costs, and the plan pays its portion. The following tables show what you pay until your total yearly drug costs reach $4,130. Total yearly drug costs are the total drug costs paid by both you and SilverScript. You may get your drugs at network retail pharmacies or through the mail-order pharmacy.
Please contact The University of Chicago for more information about the premium for this plan.

This plan does not have a deductible.

<table>
<thead>
<tr>
<th>Your share of the cost when you get a 31-day supply of a covered Part D prescription drug:</th>
<th>Network Retail Pharmacy (Up to a 31-day supply available at any network pharmacy)</th>
<th>Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Generics)</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>Tier 2 (Preferred Brands)</td>
<td>$30.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Tier 3 (Non-Preferred Brands)</td>
<td>$50.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Tier 4 (High Cost)</td>
<td>$75.00</td>
<td>$75.00</td>
</tr>
</tbody>
</table>

Your share of the cost when you get a long-term supply (up to 90 days) of a covered Part D prescription drug:

<table>
<thead>
<tr>
<th>Preferred Network Retail Pharmacy (Up to a 90-day supply)</th>
<th>Network Retail Pharmacy (Up to a 90-day supply)</th>
<th>Mail-Order Pharmacy (Up to a 90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Generics)</td>
<td>$20.00 (Includes DCAM Pharmacy)</td>
<td>$30.00</td>
</tr>
<tr>
<td>Tier 2 (Preferred Brands)</td>
<td>$60.00 (Includes DCAM Pharmacy)</td>
<td>$90.00</td>
</tr>
<tr>
<td>Tier 3 (Non-Preferred Brands)</td>
<td>$100.00 (Includes DCAM Pharmacy)</td>
<td>$150.00</td>
</tr>
<tr>
<td>Tier 4 (High Cost)</td>
<td>$150.00 (Includes DCAM Pharmacy)</td>
<td>$225.00</td>
</tr>
</tbody>
</table>

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

**Stage 3: Coverage Gap Stage Cost Sharing**

The coverage gap begins after the total yearly drug costs (including what the plan has paid and what you have paid) reaches $4,130.

Due to the additional coverage provided by The University of Chicago, you have the same copayments or coinsurance that you had during the Initial Coverage Stage. Therefore, you may see no change in your copayment and/or coinsurance until you qualify for catastrophic coverage.
Stage 4: Catastrophic Coverage Stage Cost Sharing

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,550, you pay the following for your drugs and the plan will pay the rest:

- **Generics** (or a drug that is treated like a generic)
  For up to a 31-day supply, you pay a $3.70 copayment or 5% of the drug cost, whichever is greater, but no more than $10.00.

- **Preferred Brands**
  For up to a 31-day supply, you pay a $9.20 copayment or 5% of the drug cost, whichever is greater, but no more than $30.00.

- **Non-Preferred Brands**
  For up to a 31-day supply, you pay a $9.20 copayment or 5% of the drug cost, whichever is greater, but no more than $50.00.

Who can join?

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

Which drugs are covered?

To find out if your drug is on the formulary (list of Part D prescription drugs) or about any restrictions, call SilverScript Customer Care (phone numbers are printed on the back cover of this booklet), or use our online pharmacy locator tool on Caremark.com. You may also request a copy of the complete plan formulary.

Please note: The University of Chicago 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 SilverScript Customer Care (phone numbers are printed on the back cover of this booklet), or use our online pharmacy locator tool on Caremark.com. The SilverScript formularies do not include any drugs that may be available to you through the additional coverage provided by The University of Chicago.

How will I determine my drug costs?

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

Which pharmacies can I use?

More than 66,000 pharmacies nationwide make up the pharmacy network. These include retail, mail-order, long-term care and home infusion pharmacies. To find a network pharmacy near your home or where you are traveling in the United States or its territories, call SilverScript Customer Care (phone numbers are printed on the back cover of this booklet).

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

Through the additional coverage provided by The University of Chicago, you may be able to save on your maintenance prescription drugs by changing your 31-day supply to a 90-day supply at any CVS Pharmacy®, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location. These pharmacies are called “preferred network retail pharmacies.”
If you’re currently taking any long-term prescription drugs, you can continue to fill your 31-day supplies. However, you may save by changing your 31-day supply to a lower-cost 90-day supply. Filling one 90-day supply may cost you less than three 31-day supplies of the same prescription drug.

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

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

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

For questions about maintenance drugs with additional coverage provided by The University of Chicago, including the cost to fill these drugs, please contact SilverScript Customer Care (phone numbers are printed on the back cover of this booklet).

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

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

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

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. SilverScript’s pharmacy network includes limited lower-cost, preferred pharmacies in some rural areas of the country. 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 1-833-958-2658 (TTY: 711), 24 hours a day, 7 days a week, or consult the online pharmacy directory at 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.

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.
2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. 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 Ratings that focus 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 2021, SilverScript Insurance Company received the following Overall Star Rating from Medicare.

⭐⭐⭐⭐
3.5 Stars

We received the following Summary Star Ratings for SilverScript Insurance Company’s health/drug plan services:

Health Plan Services: Not Offered

Drug Plan Services: 3.5 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 from October 1 – March 31, 7 a.m. to 11 p.m., CST, 7 days a week, or from April 1 – September 30, 7 a.m. to 11 p.m., CST, 5 days a week (M-F), at 1-833-526-2445 (toll-free) or 711 (TTY).

Current members please call us 24 Hours a day Local time, 7 days a week at 1-866-235-5660 (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.

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.
SilverScript Customer Care

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<tr>
<th><strong>CALL</strong></th>
<th>1-833-958-2658</th>
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<tr>
<td></td>
<td>Calls to this number are free, 24 hours a day, 7 days a week.</td>
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<tr>
<td></td>
<td>SilverScript Customer Care also has free language interpreter services available for non-English speakers.</td>
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<th><strong>TTY</strong></th>
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<td></td>
<td>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</td>
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<td>Calls to this number are free, 24 hours a day, 7 days a week.</td>
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<th><strong>FAX</strong></th>
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<tr>
<th><strong>WRITE</strong></th>
<th>SilverScript Insurance Company</th>
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<tbody>
<tr>
<td></td>
<td>P.O. Box 30016</td>
</tr>
<tr>
<td></td>
<td>Pittsburgh, PA 15222-0330</td>
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