2017 Summary of Benefits

Empire Plan Medicare Rx sponsored by New York State Health Insurance Program (NYSHIP)

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

January 1, 2017 – December 31, 2017
SECTION I – Introduction to Summary of Benefits

This booklet gives you a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and request the Evidence of Coverage.

You have choices about how to get your Medicare prescription drug benefits.

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Empire Plan Medicare Rx.
- Another choice is to get your Prescription Drug Coverage through a Medicare Advantage Plan, like an HMO or PPO (Part C) or another Medicare health plan that offers Medicare Prescription Drug Coverage (Part D). You get all of your Part A, Part B and Part D coverage through these plans.

Be sure you understand how enrolling in another Medicare plan will affect your NYSHIP coverage.

- It is important to understand NYSHIP rules regarding enrollment in Medicare, and how enrolling in another Medicare plan will affect your Empire Plan benefits before you submit a request to enroll in a plan outside of NYSHIP, or submitting a request to cancel your enrollment in Empire Plan Medicare Rx.

If you choose to enroll in a Medicare Prescription Drug Plan or Medicare Advantage Plan outside of NYSHIP, your Empire Plan coverage will end and you will be disenrolled from all Empire Plan health insurance coverage, including medical/surgical, hospital, mental health/substance abuse and prescription drugs.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Empire Plan Medicare Rx covers and what you pay.

- If you want to compare Empire Plan Medicare Rx with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.
- 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.
- To get a complete list of our benefits, please call Empire Plan Medicare Rx and request the Evidence of Coverage.

Sections in this booklet

- Things to Know About Empire Plan Medicare Rx
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
• Prescription Drug Benefits

**Things to Know About Empire Plan Medicare Rx**

**Hours of Operation**

You can call us 24 hours a day, 7 days a week.

**Empire Plan Medicare Rx Phone Numbers and Website**

- Members or nonmembers, please call The Empire Plan toll free at 1-877-769-7447 and select option 4 for the prescription drug program. TTY users should call 711.

**Who can join?**

To join Empire Plan Medicare Rx, you must be eligible to enroll in The Empire Plan, 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. Empire Plan Medicare Rx is available in the United States and its territories.

**Which drugs are covered?**

To see the complete plan formulary (list of Part D prescription drugs) and any restrictions, call Empire Plan Medicare Rx and we will send you a copy of the formulary. You may also access the complete plan formulary online at www.empireplanrxprogram.com.

Empire Plan Medicare Rx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Empire Plan Medicare Rx has elected to cover certain drugs not covered under Medicare Part D as described and dispensed as part of a supplemental benefit. Please contact Empire Plan Medicare Rx for any questions regarding your supplemental benefit.

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

Our plan groups each medication into one of three “tiers.” You will need to use your formulary to locate which tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and which stage of the benefit you have reached.

Later in this document we discuss the 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 Empire Plan Medicare Rx pays for your drugs may change. For more information about the plan’s formulary tiers and stages of the benefit, please see the plan’s formulary and the Evidence of Coverage on our website at www.empireplanrxprogram.com, or contact The Empire Plan at the number listed on the last page.

**Please note:** NYSHIP provides supplemental coverage that may differ in structure from the primary benefit and also cover additional medications. There may be instances where your cost share may be more or less when it is paid by the supplemental coverage. If you are unsure about
the cost share of the supplemental coverage or which drugs may or may not be covered, please contact The Empire Plan, at the number listed on the last page, to verify drug coverage.

**Which pharmacies can I use?**

We have a network of pharmacies where you can fill your prescriptions and pay only your normal cost sharing for covered drugs. Your cost may be greater if you use an out-of-network pharmacy to fill your prescriptions. If you go to an out-of-network pharmacy, you must submit a paper claim in order to be reimbursed. In most cases, you will not be reimbursed the total amount you paid for the prescription.

To see our plan's *Pharmacy Directory*, call Empire Plan Medicare Rx and we will send you a copy or visit our website at www.empireplanrxprogram.com. If you have any questions about this plan’s benefits or costs, please contact Empire Plan Medicare Rx for details.

**SECTION II – Summary of Benefits**

**Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services**

<table>
<thead>
<tr>
<th>How much is the monthly premium?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(You must continue to pay your Medicare Part B premium.)</td>
</tr>
<tr>
<td>Empire Plan Medicare Rx</td>
</tr>
<tr>
<td>Please contact NYSHIP for more information about your plan premium.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How much is the deductible?</th>
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</thead>
<tbody>
<tr>
<td>This plan does not have a deductible.</td>
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</tbody>
</table>

**Prescription Drug Benefits**

<table>
<thead>
<tr>
<th>Initial Coverage and Coverage Gap</th>
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<tbody>
<tr>
<td>Empire Plan Medicare Rx</td>
</tr>
<tr>
<td>Empire Plan Medicare Rx provides supplemental coverage that keeps your cost sharing consistent throughout the Initial Coverage and the Coverage Gap stages. Therefore, you will see no change in cost sharing until you reach the Catastrophic Coverage stage. You pay the following until your total yearly drug costs reach $4,950.00. Total yearly drug costs are the total drug costs paid by both you and Empire Plan Medicare Rx. You may get your drugs at retail pharmacies and mail-order pharmacies.</td>
</tr>
</tbody>
</table>
# Standard Retail Cost Sharing (In Network)

<table>
<thead>
<tr>
<th>Tier</th>
<th>Tier 1: Generic</th>
<th>Tier 2: Preferred Brand</th>
<th>Tier 3: Non-Preferred Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You pay $5.00 per prescription. (Up to a 30-day supply)</td>
<td>You pay $25.00 per prescription. (Up to a 30-day supply)</td>
<td>You pay $45.00 per prescription. (Up to a 30-day supply)</td>
</tr>
<tr>
<td></td>
<td>You pay $10.00 per prescription. (Up to a 90-day supply)</td>
<td>You pay $50.00 per prescription. (Up to a 90-day supply)</td>
<td>You pay $90.00 per prescription. (Up to a 90-day supply)</td>
</tr>
</tbody>
</table>

# Mail-Order Cost Sharing

<table>
<thead>
<tr>
<th>Tier</th>
<th>Tier 1: Generic</th>
<th>Tier 2: Preferred Brand</th>
<th>Tier 3: Non-Preferred Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You pay $5.00 per prescription. (Up to a 90-day supply)</td>
<td>You pay $25.00 per prescription. (Up to a 90-day supply)</td>
<td>You pay $45.00 per prescription. (Up to a 90-day supply)</td>
</tr>
<tr>
<td></td>
<td>You pay $5.00 per prescription. (Up to a 90-day supply)</td>
<td>You pay $50.00 per prescription. (Up to a 90-day supply)</td>
<td>You pay $90.00 per prescription. (Up to a 90-day supply)</td>
</tr>
</tbody>
</table>

# Long-Term Care (LTC) Cost Sharing

<table>
<thead>
<tr>
<th>Tier</th>
<th>Tier 1: Generic</th>
<th>Tier 2: Preferred Brand</th>
<th>Tier 3: Non-Preferred Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You pay $5.00 per prescription. (Up to a 34-day supply)</td>
<td>You pay $25.00 per prescription. (Up to a 34-day supply)</td>
<td>You pay $45.00 per prescription. (Up to a 34-day supply)</td>
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</tbody>
</table>

## Catastrophic Coverage

<table>
<thead>
<tr>
<th>Empire Plan Medicare Rx</th>
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<tbody>
<tr>
<td>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach $4,950.00, you pay the greater of:</td>
</tr>
<tr>
<td>- 5% coinsurance (not to exceed the plan’s normal applicable copayment), or</td>
</tr>
<tr>
<td>- $3.30 copayment for generic (including brand drugs treated as generic) and an $8.25 copayment for all other drugs.</td>
</tr>
</tbody>
</table>
This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

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

The typical number of days after the mail-service 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 available for free in other languages. Please call The Empire Plan at 1-877-769-7447 and select option 4 for the prescription drug program (TTY: 711), 24 hours a day, 7 days a week. Esta información está disponible gratuitamente en otros idiomas. Llame a The Empire Plan al 1-877-769-7447 y seleccione la opción 4 para el programa de medicamentos recetados (teléfono de texto (TTY): 711), las 24 horas del día, los 7 días de la semana.
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. SilverScript Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SilverScript Insurance Company:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Empire Plan Medicare Rx at 1-866-884-9478, 24 hours a day, 7 days a week. TTY users should call 711.

If you believe that SilverScript Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

SilverScript Insurance Company
Grievance Department
P.O. Box 53991
Phoenix, AZ 85072-3991

Phone: 1-866-884-9478
TTY: 711
Fax: 1-866-217-3353

You can file a grievance by mail, or by fax. If you need help filing a grievance, the SilverScript Grievance Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).


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

| CALL | The Empire Plan at 1-877-769-7447 and select option 4 for the prescription drug program.  
|      | Calls to this number are free.  
|      | Hours of operation: 24 hours a day, 7 days a week.  
|      | Empire Plan Medicare Rx also has free language interpreter services available for non-English speakers. |
| TTY | Dial 711 (National Relay Service) and provide them with The Empire Plan number, 1-877-769-7447, and instruct them to select option 4 for the prescription drug program.  
|     | This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.  
|     | Calls to this number are free.  
|     | Hours of operation: 24 hours a day, 7 days a week. |
| FAX | 1-888-472-1129 |
| WRITE | SilverScript Insurance Company  
|       | P.O. Box 52067  
|       | Phoenix, AZ  85072-2067 |
| WEBSITE | www.empireplanrxprogram.com |