SilverScript®

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

2026 Summary of Benefits

SilverScript Employer PDP sponsored by Hawaii Employer-Union Health Benefits Trust Fund (HSTA VB Plan) (SilverScript)

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

January 1, 2026 – December 31, 2026

Y0001_S5601_SB_CLT_2026_M 9445_2631_807

About SilverScript

SilverScript Employer PDP sponsored by Hawaii Employer-Union Health Benefits Trust Fund (HSTA VB Plan) (SilverScript) is a Medicare Part D prescription drug plan with additional coverage provided by Hawaii Employer-Union Health Benefits Trust Fund (HSTA VB Plan) 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.

Monthly Premium

Please contact Hawaii Employer-Union Health Benefits Trust Fund (HSTA VB Plan) 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 $2,100. You may get your drugs at network retail pharmacies or through the mail-order pharmacy.

2026 SilverScript Summary of Prescription Drug Benefits for Hawaii Employer-Union Health Benefits Trust Fund (HSTA VB Plan)	
Monthly Premium	Please contact Hawaii Employer-Union Health Benefits Trust Fund (HSTA VB Plan) for more information about the premium for this plan.
Deductible	This plan does not have a deductible.

Your share of the cost when you get a 30-day supply of a covered Part D prescription drug:			
	Network Retail Pharmacy (Up to a 30-day supply)	**Mail-Order Pharmacy** (Up to a 30-day supply)	**Long-Term Care (LTC) Pharmacy** (Up to a 31-day supply)
Tier 1: Generic	$3.00	$3.00	$3.00
Tier 2: Preferred Brand	$9.00	$9.00	$9.00
Tier 3: Non-Preferred Brand	$9.00	$9.00	$9.00
Tier 4: Specialty (High Cost)	$3.00 (Generics); $9.00 (Brands)	$3.00 (Generics); $9.00 (Brands)	$3.00 (Generics); $9.00 (Brands)

Your share of the cost when you get a *long-term* supply (up to 90 days) of a covered Part D prescription drug:		
	Network Retail Pharmacy (Up to a 90-day supply)	**Mail-Order Pharmacy** (Up to a 90-day supply)
Tier 1: Generic	$9.00	$9.00
Tier 2: Preferred Brand	$27.00	$27.00
Tier 3: Non-Preferred Brand	$27.00	$27.00
Tier 4: Specialty (High Cost)	N/A	N/A

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'll 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 covered Part D drugs and for excluded drugs that are covered under the additional coverage provided by Hawaii Employer-Union Health Benefits Trust Fund (HSTA VB Plan).

Hawaii Employer-Union Health Benefits Trust Fund (HSTA VB Plan) 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 maximum out-of-pocket costs of $2,000, Hawaii Employer-Union Health Benefits Trust Fund (HSTA VB Plan) will pay the rest of your annual drug costs.

Who can join?

To join SilverScript, you must be eligible for coverage provided by Hawaii Employer-Union Health Benefits Trust Fund (HSTA VB 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. 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 Customer Care. You may also request a copy of the complete plan formulary.

Please note: Hawaii Employer-Union Health Benefits Trust Fund (HSTA VB Plan) 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 formularies do not include any drugs that may be available to you through the additional coverage provided by Hawaii Employer-Union Health Benefits Trust Fund (HSTA VB Plan).

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're 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'll 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're traveling in the United States or its territories, call Customer Care or use our online pharmacy locator tool on hstavb.silverscript.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.

This document provides a summary of what SilverScript covers and what you'll 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 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'll receive notice when necessary.

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.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 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 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.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

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Important Plan Information
Información Importante Sobre el Plan

SilverScript Customer Care

Call	1-877-878-5715 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.
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 30016 Pittsburgh, PA 15222-0330