SilverScript®

HSTA VB Medicare Retirees
Your Medicare Prescription Drug Plan

2027 SilverScript Plan Design for HSTA VB Retirees		
Calendar Year Maximum Out-of-Pocket (CY MOOP)	$2,000 per person	
Prescription Benefit Tier	**Participating Retail Pharmacy or CVS Caremark Mail Pharmacy**	**Non-Participating Pharmacy**
Day Supply	30/60/90	30/60/90
Generic Drugs	$3/$9/$9	30%
Brand Drugs	$9/$27/$27	30%
Specialty Drugs	30-day supply only Generic/brand copayments apply Oral oncology: $0 Mail Pharmacy: Not covered	30-day supply only Generic/brand copayments apply Oral oncology: 30% Mail Pharmacy: Not covered
Medicare Part D Vaccines	No charge	No charge
Insulin	$3/$9/$9	30%
Diabetic Supplies	There is a $0 copay for alcohol swabs, test strips, lancets, lancing devices, insulin needles and syringes. Other covered diabetic items will take applicable copayment.	
Website	More info can be found at **HSTAVB.SilverScript.com**	
Customer Care	Call **1-877-878-5715, TTY 711**	

New Plan Changes

Effective January 1, 2027

1. The $2,000 per calendar year maximum out-of-pocket (CY MOOP) continues for specialty and non-specialty drugs, the Medicare Part D Spending Cap is increasing to $2,400 for 2027.

Your privacy is important to us. SilverScript employees are trained regarding the appropriate way to handle your private health information. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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.

Pharmacy Network

More than 60,000 pharmacies nationwide make up the pharmacy network. These include retail, mail service, long-term care, home infusion, and Indian Health and Indian Tribal pharmacies. Use the pharmacy locator feature on **Caremark.com** or the mobile app to locate a network pharmacy near you. You must use a network pharmacy in order to receive full benefit coverage on your prescriptions. If your pharmacy is not in our network, please contact SilverScript Customer Care.

Mail: The Mail Order Program is voluntary, convenient, and affordable. To start mail order and fill your prescriptions through the Mail Pharmacy, contact SilverScript at **1-877-878-5715**. **Note:** The Mail Pharmacy does not have the capability to bill more than one insurance plan and thus, unable to coordinate benefits.

Out-of-Network: If you fill your prescription at a non-participating pharmacy, you are responsible for paying the full cost of the drug at the time of purchase and reimbursement will be limited to the eligible charge less the out-of-network cost share. A member request for claim reimbursement must be submitted to SilverScript within one year from the date of purchase. A claim can be submitted online through **Caremark.com** or the mobile app. To submit a paper claim, go to **Caremark.com/portal/asset/paperclaim_std_eng.pdf** to download the form or request one at **1-877-878-5715**.

Specialty Medications

Specialty medications are high-cost medications used to treat complex, chronic conditions like cancer, auto-immune diseases like rheumatoid arthritis or multiple sclerosis (MS), or rare diseases such as hemophilia. In general, specialty drugs taken at home and self-administered (either orally or by injection) that are filled by a pharmacy are covered under your prescription drug benefit. Specialty drugs administered by a health care provider and dispensed onsite (e.g., a doctor's office or outpatient treatment center) are generally covered under your medical benefit. Your doctor determines whether they have the specialty product to dispense and where the claim is submitted, so provide both your medical and pharmacy cards to your provider to ensure coverage. **Note:** There is no coordination of benefits between the EUTF medical and prescription drug plans. Specialty drugs covered under the prescription drug plan are limited to a 30-day supply.

Receive your Explanation of Benefits (EOB) online

Opt in to go paperless and you will receive an email when your new statement is ready to view, instead of receiving a paper copy in the mail.

- View up to 36 months of your EOBs, organized by date in one location
- Reduce clutter by downloading and printing only the statements you need
- Keep your prescription information secure – no shredding necessary

To get started, visit **Caremark.com** to register and set your account profile preferences to paperless EOB's. You can opt out at any time. If you have dual coverage and have questions as to how Medicare Part D coordinates with other benefits, contact SilverScript Customer Care.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-878-5715 (TTY: 711), 24 hours a day, 7 days a week. ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-877-878-5715 (TTY: 711), las 24 horas del día, los 7 días de la semana. 小贴士: 如果您说中文，欢迎使用免费语言协助服务。请拨1-877-878-5715 (TTY: 711)。一周7天，每天24小时随时受理。