

2010 SilverScript (Prescription Drug Plan) sponsored by Community Services Network Summary of Benefits

SilverScript® Insurance Company Prescription Drug Plan
S5601



Summary of Benefits

Section 1 – Introduction

January 1, 2010 - December 31, 2010

We are pleased to offer the SilverScript plan sponsored by Community Services Network. The plan is offered by SilverScript® Insurance Company, a Medicare Prescription Drug Plan sponsor that contracts with Medicare (the Center for Medicare and Medicaid Services). This Summary of Benefits tells you some features of our plan. It does not list every drug we cover, or every limitation or exclusion. More detailed information can be found in the Evidence of Coverage booklet.

Who Is Eligible to Join?

You can join the SilverScript plan sponsored by Community Services Network if you meet the following criteria:

- You are entitled to Medicare Part A and/or are enrolled in Medicare Part B,
- Your permanent residence is within the United States,
- You meet any additional eligibility requirements established by Community Services Network.

If you are enrolled in another plan (like an MAPD, HMO, PPO, 1876 plan or PFFS) that provides prescription drug coverage please contact your benefit office or SilverScript to make sure your enrollment into our plan will not effect your coverage.

Does My Plan Cover Medicare Part B as well as Part D Drugs?

The SilverScript plan does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our drug list.

Where is the SilverScript plan sponsored by Community Services Network Available?

The service area for this plan includes all 50 states, Washington D.C. and Puerto Rico. If you move out of the country, please call Customer Care to update your information.

Where Can I Get My Prescriptions?

This plan has a network of more than 64,000 pharmacies nationwide. You must use a network pharmacy to receive full plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The SilverScript plan has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescription drugs.

The pharmacies in our network can change at any time. For a pharmacy directory, please call Customer Care or visit the website at csn.silverscript.com.

Does my plan have a formulary?

Yes, a formulary is simply a list of covered drugs selected to meet patients' needs. The plan may periodically make changes to the drug list. If the drug list changes, affected enrollees will be notified in writing before the change is made.

If you are currently taking a drug that is not on our drug list or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. Call us to see if you can get a temporary supply of the drug or to find out more details about our drug transition policy.

How Can I Compare My Options?

Use this Summary of Benefits to compare the benefits offered in the SilverScript plan sponsored by Community Services Network to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan like ours. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

Please note: this prescription coverage is offered in conjunction with your medical coverage. If you choose a different Medicare prescription drug plan other than the SilverScript plan sponsored by Community Services Network, you will need to seek medical coverage at your own expense.

What Should I Do If I Have Medigap Insurance in Addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan.

If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan, and they will adjust your premium. Call your Medigap Issuer for details.

How Can I Get Help With My Drug Plan Costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join the SilverScript plan Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay.

If you are not getting this extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TTD users should call 1-877-486-2048.

What Are My Protections in This Plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. If your plan decides not to continue, you will be notified at least 90 days before your coverage ends to explain your options for Medicare coverage in your area. In the event that your Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage.

As a member of the SilverScript plan you have the following rights:

The right to request a coverage determination. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An Exception is a type of coverage determination. An Exception may be requested if there is a drug you need not listed on the drug list or you believe that you should get a non-preferred drug at a lower out-of-pocket price. Also, an Exception may be requested to the limit on the quantity of a drug. Your doctor must provide a statement to support an Exception request. Contact the SilverScript plan before filling your prescription to determine if you are eligible for an exception.

The right to file an appeal. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

The right to file a grievance. You may file a grievance if you have any type of problem with the SilverScript plan or one of our network pharmacies.

What Is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. For more information on our MTM program, please contact Customer Care.

Section 2 – Summary of Benefits

The SilverScript Plan Brought to you by Community Services Network

Original Medicare	<i>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug Program</i>
Prescription Drugs	Drugs covered under Medicare Part D: General information This plan uses a drug list. People who have limited incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Services) facilities may have different out-of-pocket drug costs. Contact the plan for more details. <ul style="list-style-type: none"> ▪ In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition. ▪ Certain prescription drugs will have maximum quantity limits. ▪ Your provider must get prior authorization from the Community Services Network plan for certain prescription drugs.
Annual Deductible	\$0.00
Initial Coverage Level	<i>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:</i>
	Network Retail pharmacy (up to 34-day supply)
Generics	\$0.00
Preferred Brands	\$0.00
Non-Preferred Brands	\$0.00
Specialty Drugs	\$0.00
	Network Mail Service pharmacy (up to 90-day supply)
Generics	\$0.00
Preferred Brands	\$0.00
Non-Preferred Brands	\$0.00
Specialty Drugs	N/A

Coverage Gap	After you reach the initial coverage limit, we will continue to provide prescription drug coverage at the same copayment/coinsurance until your yearly out-of-pocket costs (also known as true out-of-pocket costs or TrOOP costs) reach a maximum amount that Medicare has set. In 2010, that amount is \$4,550. Medicare has rules about what counts and what does not count towards TrOOP costs. When you reach the TrOOP cost limit of \$4,550, you qualify for catastrophic coverage. Please see the Evidence of Coverage Part II for more information on this.
---------------------	--

Network Retail pharmacy (up to 34-day supply)	
Generics	\$0.00
Preferred Brands	\$0.00
Non-Preferred Brands	\$0.00
Specialty Drugs	\$0.00

Network Mail Service pharmacy (up to 90-day supply)	
Generics	\$0.00
Preferred Brands	\$0.00
Non-Preferred Brands	\$0.00
Specialty Drugs	N/A

Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:

Generics (including brand drugs treated as generic)	\$2.50	or	5%
All other drugs	\$6.30	or	5%

Out-of-Network Plan drugs may be covered in special circumstances, for example, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the co-payment if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from the SilverScript plan.

Terms of Enrollment

As a member of the SilverScript plan sponsored by Community Services Network, you must read and agree the following Terms of Enrollment. Please read this information.

By becoming an enrollee of the SilverScript plan I agree to the following:

- I am entitled to Medicare Part A and/or am enrolled in Medicare Part B,
- My permanent residence is within the United States,
- I meet any additional eligibility requirements established by Community Services Network.

The SilverScript plan is a Medicare drug plan and is in addition to my coverage under Medicare Part A and/or Part B; therefore, I will need to keep my Medicare coverage.

It is my responsibility to inform the SilverScript plan of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time. Enrollment in this plan is generally for the entire year. I may leave this plan only at certain times of the year, or under certain special circumstances, by sending a request to the SilverScript plan.

This plan serves a specific service area. So if I move out of the country or become otherwise ineligible for this plan, I will notify the plan so I can dis-enroll and find a new plan in my new area.

Once I am a member of the SilverScript plan sponsored by Community Services Network, I have the right to appeal plan decisions about payment or services if I disagree.

I will read the Evidence of Coverage document when I receive it, to know which rules I must follow in order to receive coverage with this Medicare drug plan