



P.O. Box 280200, Nashville, TN 37228

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JOHN Q SAMPLE
426 21ST AVENUE SOUTH
NASHVILLE, TN 37203



2009 SilverScript Community Services Network of West Tennessee Inc. (CSN) Plan Summary of Benefits

SilverScript® Insurance Company Prescription Drug Plan
S5601

Contact SilverScript for more information about our plans

NOTE: Please contact us for questions or concerns about your SilverScript CSN Plan. Medicare representatives cannot answer questions about specific plan benefits.

For phone number or address changes, call Customer Care at the number below.

Prospective members

Call **Enrollment Support** from 8:00am to 2:00am EST, 7 days a week at: 1-866-830-2398
TTY/TDD: 1-866-552-6288

Current members

Please note: this phone number will be active beginning on 1/1/09
Call **Customer Care** 24 hours a day, 7 days a week at: 1-888-816-7677
TTY/TDD: 1-866-236-1069

Or visit our Web site at csn.silverscript.com

SilverScript P.O. Box 280200, Nashville, TN 37228

For more information about Medicare

NOTE: Medicare representatives can only answer general questions about Medicare Part D prescription drug coverage. For questions about specific Plan benefits, please call our Customer Care representatives at the numbers above.

Call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or visit www.medicare.gov.

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Summary of Benefits

Section 1 – Introduction

January 1, 2009 - December 31, 2009

We are pleased to offer the SilverScript CSN Plan. The plan offered by SilverScriptSM Insurance Company, a Medicare Prescription Drug Plan that contracts with Medicare. This Summary of Benefits tells you some features of our plan. It does not list every drug we cover, 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 CSN Plan 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 your former employer.

Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan, unless they are a member of a Medicare Private-Fee-For-Services plan or are enrolled in an 1876 Cost Plan.

Does My Plan Cover Medicare Part B or Part D Drugs?

As a member of the SilverScript CSN Plan, you will receive similar drug coverage compared to what you previously received:

- Many Non-Part D covered drugs will be covered under the plan (as defined by CSN).
- Many Part B drugs and items will be covered under the plan (as defined by CSN).

Where is the SilverScript CSN Plan 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. If you do not, you may be disenrolled from the Plan.

Where Can I Get My Prescriptions?

SilverScript has a network of more than 62,000 pharmacies nationwide. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. For an updated pharmacy directory, please call Customer Care. Or visit the website at csn.silverscript.com.

Does my plan have a formulary?

SilverScript uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs. The plan may periodically make changes to the formulary. If the formulary changes, affected enrollees will be notified, in writing before the change is made.

How Can I Compare My Options?

Use this Summary of Benefits to compare the benefits offered in the SilverScript CSN Plan 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 SilverScript. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

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

If you have a Medigap (Medicare Supplement) policy, other than coverage supplied by your former employer/union, 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 SilverScript, 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 will end and 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 SilverScript, you have the right to request a coverage determination if you believe that a Part D drug should be covered.

- **The right to request an exception.** Exceptions are requested if there is a drug you need not listed on the formulary or believe that you should get a non-preferred drug at a lower out-of-pocket price. An exception may also be requested based on cost utilizations rules, such as a limit on the quantity of a drug. Your doctor must provide a statement to support an exception request. Contact SilverScript 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 SilverScript or one of our network pharmacies.

Terms of Enrollment

As a member of the SilverScript CSN Plan, you must read and agree the following Terms of Enrollment. Please read this information.

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

SilverScript is a Medicare drug plan and is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare coverage. It is my responsibility to inform SilverScript 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 SilverScript.

SilverScript serves a specific service area. If I move out of the area that SilverScript serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of SilverScript, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from SilverScript when I receive it to know which rules I must follow in order to receive coverage with this Medicare drug plan.

Release of Information:

By joining this Medicare prescription drug plan, I acknowledge that SilverScript will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations.

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

SilverScript Community Services Network of West Tennessee Inc. (CSN) Plan

Original Medicare *You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug Program*

Prescription Drugs Drugs covered under Medicare Part D:
General information
 This plan uses a formulary.

 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.

Annual Deductible	\$0.00
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Initial Coverage Level *After you pay your yearly deductible, you pay the following:*

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	\$0.00

Coverage Gap *After your total yearly drug costs reach \$2,700, you pay the following until your yearly out of pocket drug costs reach \$4,350:*

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	\$0.00

Catastrophic Coverage *After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:*

Generics (including brand drugs treated as generic)	\$0.00
All other drugs	\$0.00

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.*



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JOHN Q SAMPLE
426 21ST AVENUE SOUTH
NASHVILLE, TN 37203

Please process Medicare Part D claims for this member using the following information:

RxID: G123456789
RxGroup: Rx9400
RxBin: 004336
RxPCN: ADV

Re: Enrollment into SilverScript Community Services Network of West Tennessee, Inc. (CSN) Plan Medicare Prescription Drug Coverage

Dear John Sample:

CSN has chosen SilverScript® Insurance Company to provide your prescription drug coverage. SilverScript, an affiliate of CVS Caremark, is an approved Medicare Part D Prescription Drug Plan provider. Once your enrollment is approved by the Centers for Medicare & Medicaid Services (CMS), your SilverScript coverage will be effective 01/01/2009.

You don't have to wait for your membership card!

The codes in the top right-hand corner of this letter contain the information your pharmacist needs to process your prescriptions.

Community Services of West Tennessee, Inc. (CSN) Plan			
Monthly Premium	Your premium will be paid by CSN.		
Annual Deductible	\$0.00		
Initial Coverage Level		Network Retail pharmacy (up to 34-day supply)	Network Mail Service pharmacy (up to 90-day supply)
Preferred Generics	Tier 1	\$0.00	\$0.00
Preferred Brands	Tier 2	\$0.00	\$0.00
Non-Preferred Brands	Tier 3	\$0.00	\$0.00
Specialty	Tier 4	\$0.00	\$0.00
<i>More information, please see the Summary of Benefits or visit our website at csn.silverscript.com</i>			

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Enclosed in this mailing is the Summary of Benefits booklet, which outlines the SilverScript CSN Plan. Once CMS confirms your enrollment, you will receive your Member ID card.

If you do not wish to continue your enrollment in SilverScript, you must contact SilverScript at 1-866-830-2398 by 12/10/2008. If we do not hear from you, we will process your enrollment in the plan. If you advise us that you do not wish to be enrolled in SilverScript by 12/10/2008, we will send you a confirmation letter canceling your enrollment. 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 you don't join a Medicare prescription drug plan when you are first eligible and you haven't had creditable prescription drug coverage for 63 days or longer, you will have to pay a penalty for Medicare prescription drug coverage in the future. Your premium will go up at least 1% per month for every month that you wait to enroll in a Medicare prescription drug plan. You will have to pay this penalty for as long as you are enrolled in a Medicare prescription drug plan.

If you have, or are eligible for other types of prescription coverage, read all the materials you get from your insurer or plan provider. Talk to your benefits administrator, insurer, or plan provider.

If you qualify for extra help with your Medicare Prescription Drug Plan costs, any applicable premium and drug costs will be lower. To see if you qualify, call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You may also call your State Medicaid Office or the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778.

We are pleased to welcome you to SilverScript. We look forward to serving you! Your satisfaction is very important to us. If you have any questions about this letter or about your SilverScript CSN Plan, please call Enrollment Support at 1-866-830-2398. TTY/TDD users should call 1-866-552-6288. You may also visit our Web site at csn.silverscript.com for general plan-related information.

Sincerely,

Your SilverScript CSN Enrollment Team