



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



# 2027 Summary of Benefits

**Aetna Medicare Rx offered by SilverScript Employer PDP sponsored by Emeriti Retirement Health Solutions**

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

January 1, 2027 – December 31, 2027



## About Aetna Medicare Rx offered by SilverScript

Aetna Medicare Rx offered by SilverScript Employer PDP sponsored by Emeriti Retirement Health Solutions is a Medicare Part D prescription drug plan provided by Emeriti Retirement Health Solutions. 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 Aetna Medicare Rx offered by SilverScript.

### Monthly Premium

Your coverage is provided through a contract with your former employer/union/trust. Your plan benefits administrator will let you know about your plan premium, if any.

### 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: Annual Deductible Stage

Annual deductible of \$200.

This is a calendar year deductible. You must pay the deductible before the plan pays for most Medicare Part D prescription drugs. Your covered Medicare Part D prescription drug costs count toward meeting the deductible. The deductible does not apply to covered insulins or most Part D vaccines.

#### 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 \$2,400. You may get your drugs at network retail pharmacies or through the mail-order pharmacy.

## 2027 Aetna Medicare Rx offered by SilverScript Summary of Prescription Drug Benefits for Emeriti Retirement Health Solutions

|                          |                                                                                                                                                                              |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly Premium</b>   | Your plan benefits administrator will let you know about your plan premium, if any.                                                                                          |
| <b>Formulary</b>         | 3T Comprehensive Plus                                                                                                                                                        |
| <b>Network</b>           | P1                                                                                                                                                                           |
| <b>Annual Deductible</b> | Annual deductible of \$200.<br><br>The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. |

### Initial Coverage Stage

**Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:**

|                                    | <b>Preferred Network Retail Pharmacy</b><br>(Up to a 30-day supply) | <b>Standard Network Retail Pharmacy</b><br>(Up to a 30-day supply) | <b>Long-Term Care (LTC) Pharmacy</b><br>(Up to a 31-day supply) |
|------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Tier 1: Generic</b>             | 10% of total cost                                                   | 15% of total cost                                                  | 15% of total cost                                               |
| <b>Tier 2: Preferred Brand</b>     | 25% of total cost                                                   | 25% of total cost                                                  | 25% of total cost                                               |
| <b>Tier 3: Non-Preferred Brand</b> | 50% of total cost                                                   | 50% of total cost                                                  | 50% of total cost                                               |

**Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:**

|                                    | <b>Preferred Network Retail Pharmacy</b><br>(Up to a 90-day supply) | <b>Standard Network Retail or Mail-Order Pharmacy</b><br>(Up to a 90-day supply) | <b>Preferred Mail-Order Pharmacy</b><br>(Up to a 90-day supply) |
|------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Tier 1: Generic</b>             | 10% of total cost                                                   | 15% of total cost                                                                | 10% of total cost                                               |
| <b>Tier 2: Preferred Brand</b>     | 25% of total cost                                                   | 25% of total cost                                                                | 25% of total cost                                               |
| <b>Tier 3: Non-Preferred Brand</b> | 50% of total cost                                                   | 50% of total cost                                                                | 50% of total cost                                               |

You pay no more than \$35 for a one-month supply and no more than \$105 for up to a 90-day supply, of each covered insulin product regardless of the cost-sharing tier.

### Stage 3: Catastrophic Coverage Stage Cost Sharing

During this payment stage, you pay nothing for your covered Part D drugs.

### Who can join?

To join Aetna Medicare Rx offered by SilverScript, you must be eligible for coverage provided by Emeriti Retirement Health Solutions, be entitled to Medicare Part A and/or be enrolled in Medicare Part B, be a United States citizen or national, or an eligible noncitizen and live in our service area. Aetna Medicare Rx offered by 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, view your formulary online at [Emeriti.AetnaMedicare.com](https://www.emeriti.com/aetna-medicare). You may also request a copy of the complete plan formulary by calling Customer Care at 1-888-267-2637, 24 hours a day, 7 days a week. TTY users call 711.

Aetna Medicare Rx offered by SilverScript does not cover prescription drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover prescription drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Part D prescription drug plan benefit and that are on our drug list.

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include step therapy, prior authorization or quantity limits.

For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

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

Aetna Medicare Rx offered by SilverScript groups each medication into one of three 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, which coverage stage you're in, and what pharmacy you use. 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 for that drug, you will pay the actual cost, not the higher copayment or coinsurance.

## **Which pharmacies can I use?**

More than 60,000 pharmacies with over 20,000 preferred 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 are traveling in the United States or its territories, call Customer Care, or visit [Emeriti.AetnaMedicare.com](https://www.emeriti.com/aetna-medicare).

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 in an emergency, we will reimburse you your total cost for a 30-day supply max minus your cost-share amount for the drug. You must submit a paper claim in order to be reimbursed.

*Please note:* After the mail-order pharmacy receives an order, it typically takes up to 10 days for you to receive your prescription drug. 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.

## For more information

This document provides a summary of what Aetna Medicare Rx offered by SilverScript covers and what you will 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 [Medicare.gov](https://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.

Aetna and CVS Pharmacy® are part of the CVS Health® family of companies.

Plan features and availability may vary by service area.

If there is a difference between this document and the EOC, the EOC is considered correct.

The Aetna Medicare Rx offered by SilverScript retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna Medicare Rx offered by SilverScript based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna Medicare Rx offered by SilverScript reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

Aetna Medicare Rx offered by SilverScript is a group standalone Medicare Prescription Drug Plan (PDP). This plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the plan depends on Medicare contract renewal.

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## Important Plan Information

### Aetna Medicare Rx offered by SilverScript Customer Care

|              |                                                                                                                                                                                                         |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Call</b>  | 1-888-267-2637<br><br>Calls to this number are free, 24 hours a day, 7 days a week.<br><br>Customer Care also has free language interpreter services available for non-English speakers.                |
| <b>TTY</b>   | 711<br><br>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.<br><br>Calls to this number are free, 24 hours a day, 7 days a week. |
| <b>Fax</b>   | 1-866-552-6205                                                                                                                                                                                          |
| <b>Write</b> | SilverScript Insurance Company<br>P.O. Box 30016<br>Pittsburgh, PA 15222-0330                                                                                                                           |