



SilverScript (Employer PDP) sponsored by Goodyear Retiree Healthcare Trust

Annual Notice of Changes for 2015

You are currently enrolled as a member of SilverScript (Employer PDP). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

Additional Resources

- This information is available for free in other languages. Please contact our Customer Care number at 1-855-479-3654 for additional information. (TTY users should call 1-866-236-1069). Hours are 24 hours a day, 7 days a week. Customer Care also has free language interpreter services available for non-English speakers (phone numbers are in Section 6.1 of this booklet).
- Esta información está disponible gratuitamente en otros idiomas. Comuníquese con nuestro Servicio al Miembro, al 1-855-479-3654 para obtener información adicional. (Los usuarios de teléfono de texto (TTY) deben llamar al 1-866-236-1069). Estamos disponibles las 24 horas del día, los 7 días de la semana. El Servicio al Miembro también tiene servicios gratuitos de interpretación disponibles para personas que no hablan inglés (los teléfonos están en la Sección 6.1 de este manual).
- This information is available in a different format, including Braille, large print and audio formats. Please call Customer Care if you need plan information in another format.

About SilverScript (Employer PDP)

- 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.
 - When this booklet says “we,” “us,” or “our,” it means SilverScript Insurance Company. When it says “plan” or “our plan,” it means SilverScript (Employer PDP).
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Think about Your Medicare Coverage for Next Year

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It's important to review your coverage now to make sure it will meet your needs next year. Please review Section 2.2 to find out what happens if you change to a different plan.

Important things to do:

- Check the changes to our benefits and costs to see if they affect you.** It is important to review benefit and cost changes to make sure they will work for you next year. Look in Section 1 for information about benefit and cost changes for our plan.
- Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 1.3 for information about changes to our drug coverage.
- Think about your overall health care costs.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How do the total costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.**

If you decide to stay with SilverScript (Employer PDP):

If you want to stay with us next year, it's easy - you don't need to do anything. If you don't make a change you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch plans. If you enroll in a new plan, your new coverage will begin on January 1, 2015. Look in Section 2.2 to learn more about your choices and the effect on your medical coverage if you change plans.

Summary of Important Costs for 2015

The table below compares the 2014 costs and 2015 costs for SilverScript (Employer PDP) in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*** and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2014 (this year)	2015 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 1.1 for details.	<i>Please contact your former employer group, union, or trust for more information about the premium for this plan.</i>	<i>Please contact your former employer group, union, or trust for more information about the premium for this plan.</i>
Part D prescription drug coverage (See Section 1.3 for details.)	Deductible: <i>There is no deductible for this plan.</i>	Deductible: <i>There is no deductible for this plan.</i>
	Copays during the Initial Coverage Stage: Preferred cost-sharing (30-day): <ul style="list-style-type: none"> • GENERIC: \$10.00 • Preferred Brand: \$25.00 • Non Preferred Brand: \$50.00 • Specialty: N/A 	Copays during the Initial Coverage Stage: Preferred cost-sharing (30-day): <ul style="list-style-type: none"> • Generic: \$10.00 • Preferred Brand: \$25.00 • Non Preferred Brand: \$50.00 • Specialty: \$8.33 Generic / \$41.66 Brand

Annual Notice of Changes for 2015
Table of Contents

Think about Your Medicare Coverage for Next Year	1
Summary of Important Costs for 2015	2
SECTION 1 Changes to Benefits and Costs for Next Year	4
Section 1.1 – Changes to the Monthly Premium	4
Section 1.2 – Changes to the Pharmacy Network	4
Section 1.3 – Changes to Part D Prescription Drug Coverage.....	5
SECTION 2 Deciding Which Plan to Choose	8
Section 2.1 – If You Want to Stay in SilverScript (Employer PDP)	8
Section 2.2 – If You Want to Change Plans	8
SECTION 3 Deadline for Changing Plans	9
SECTION 4 Programs That Offer Free Counseling about Medicare	9
SECTION 5 Programs That Help Pay for Prescription Drugs.....	10
SECTION 6 Questions?.....	10
Section 6.1 – Getting Help from SilverScript (Employer PDP)	10
Section 6.2 – Getting Help from Medicare	11

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2014 (this year)	2015 (next year)
Monthly premium You must also continue to pay your Medicare Part B premium, if applicable.	<i>Please contact your former employer group, union, or trust for more information about the premium for this plan.</i>	<i>Please contact your former employer group, union, or trust for more information about the premium for this plan.</i>

- Your monthly plan premium will be *more* if you are required to pay a late enrollment penalty.
 - Your former employer, union, or trust has elected to pay for your late enrollment penalty on your plan. However, if you join another plan your late enrollment penalty may not be covered and you may be responsible for paying your late enrollment penalty.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs.

Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other pharmacies within the network. If you go to an out-of-network pharmacy you must submit a paper claim form to us.

There may be changes to our network of pharmacies for next year.

We included a copy of our Pharmacy Directory in the envelope with this booklet. You may also call Customer Care for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2015 Pharmacy Directory to see which pharmacies are in our network.**

Section 1.3 – Changes to Part D Prescription Drug Coverage

Changes to basic rules for the plan's Part D drug coverage

Effective June 1, 2015, before your drugs can be covered under the Part D benefit, CMS will require your doctors and other prescribers to either accept Medicare or to file documentation with CMS showing that they are qualified to write prescriptions.

Changes to Mail-Order Services

Our plan allows members to use an “automatic refill” service for their mail-order drugs. If you used our “automatic refill” service in the past, we automatically sent you a refill of your drugs when our records indicated that you were about to run out. Starting January 1, 2015, to be sure you only get drugs you really need, we will need to get your permission before we can send you a refill by mail.

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope.

We may make changes to our Drug List from time to time throughout the year, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

- Restrictions can include a requirement to get plan approval in advance or to try a different drug first to see how well it works. Restrictions can also include limits on the quantity of the drug that the plan will cover for you.
- **If there is a restriction for your drug, it usually means that you or your provider will have to take extra steps in order for us to cover the drug.** If there is a restriction on the drug you want to take, you should contact Customer Care to learn what you or your provider would need to do to get coverage for the drug.

The Drug List we included in this envelope includes many – *but not all* – of the drugs that we will cover next year. If you don't see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Customer Care (see the back cover).

If you are affected by a change in drug coverage you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **Current members** can ask for an exception before next year and we will give you an answer within 72 hours after we receive your request (or your prescriber's supporting statement). If we approve your request, you'll be able to get your drug at the start of the new plan year.
 - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Care.

- **Find a different drug** that we cover. You can call Customer Care to ask for a list of covered drugs that treat the same medical condition.

In some situations, we will cover a **one-time**, temporary supply. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you are currently taking a drug for which you have received a formulary exception, please refer to the letter sent to you which granted the exception to see whether the exception continues beyond the plan year. If it states your formulary exception will expire in or at the end of the plan year, you will need to submit a new exception request for the drug if its formulary status has not changed. You may request the comprehensive formulary by calling Customer Care (see the back cover) to see whether the changes to it impact your drug.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug coverage. If you get “Extra Help” and didn’t receive this insert with this packet, please call Customer Care and ask for the “LIS Rider.” Phone numbers for Customer Care are in Section 6.1 of this booklet.

There are three “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.

The information below shows the changes for next year to the first stage –the Initial Coverage Stage. (Most members do not reach the other stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 4, Sections 5 and 6, in the enclosed *Evidence of Coverage*.)

Changes to Your Copayments in the Initial Coverage Stage

Stage	2014 (this year)	2015 (next year)
<p>Stage 1: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 4 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a 30-day supply filled at a network pharmacy:</p> <p>Generic: <i>Standard cost-sharing:</i> You pay \$10.00 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$10.00 per prescription.</p> <p>Preferred Brand: <i>Standard cost-sharing:</i> You pay \$25.00 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$25.00 per prescription.</p> <p>Non Preferred Brand: <i>Standard cost-sharing:</i> You pay \$50.00 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$50.00 per prescription.</p> <p>Specialty: <i>Standard cost-sharing:</i> N/A</p> <p><i>Preferred cost-sharing:</i> N/A</p>	<p>Your cost for a 30-day supply filled at a network pharmacy:</p> <p>Generic: <i>Standard cost-sharing:</i> You pay \$10.00 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$10.00 per prescription.</p> <p>Preferred Brand: <i>Standard cost-sharing:</i> You pay \$25.00 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$25.00 per prescription.</p> <p>Non Preferred Brand: <i>Standard cost-sharing:</i> You pay \$50.00 per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$50.00 per prescription.</p> <p>Specialty: <i>Standard cost-sharing:</i> You pay \$8.33 Generic / \$41.66 Brand per prescription.</p> <p><i>Preferred cost-sharing:</i> You pay \$8.33 Generic / \$41.66 Brand per prescription.</p>
	<p>Once your total drug costs have reached \$2,850, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$2,960.00, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 4, Sections 5 and 6, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If You Want to Stay in SilverScript (Employer PDP)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan, you will automatically stay enrolled as a member of our plan for 2015.

Section 2.2 – If You Want to Change Plans

We hope to keep you as a member next year but if you want to change for 2015 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan,
- -- OR-- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- -- OR-- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To find out if switching to another plan impacts your other retiree benefits, please contact Customer Care or your employer/union benefit administrator for more information.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2015*, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <http://www.medicare.gov> and click "Find health & drug plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- **To change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from SilverScript (Employer PDP).
- **To change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you will automatically be disenrolled from SilverScript (Employer PDP).
 - You will automatically be disenrolled from SilverScript (Employer PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep SilverScript (Employer PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from

SilverScript (Employer PDP). If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from SilverScript (Employer PDP). To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).

- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

As a member of our plan, you may change your prescription drug coverage. However, if the drug coverage is tied to your medical benefits, you might lose your medical coverage as well. Contact your benefits administrator for more information on your other retiree benefits if you decide to switch to another plan. If you decide to discontinue your drug coverage through SilverScript (Employer PDP), please contact Customer Care. (If you disenroll from Medicare prescription drug coverage and go without creditable prescription drug coverage, you may need to pay a late enrollment penalty if you join a Medicare drug plan later. See Chapter 4 in the *Evidence of Coverage* for more information about the late enrollment penalty.)

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, and those who move out of the service area are allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. Contact information for the State Health Insurance Assistance Program in your state can be found in the Appendix of your *Evidence of Coverage*.

A State Health Insurance Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You will find contact information for the SHIP in your state in the Appendix of your *Evidence of Coverage*.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. There are two basic kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** State Pharmaceutical Assistance Programs help people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in the Appendix of your *Evidence of Coverage*).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS?** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through your state's ADAP program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call your state's ADAP program (the name and phone numbers for this organization are in the Appendix of your *Evidence of Coverage*).

SECTION 6 Questions?

Section 6.1 – Getting Help from SilverScript (Employer PDP)

Questions? We're here to help. Please call Customer Care at 1-855-479-3654. (TTY only, call 1-866-236-1069.) We are available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

Read your 2015 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2015. For details, look in the 2015 *Evidence of Coverage* for SilverScript (Employer PDP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* was included in this envelope.

Visit our Website

You can also visit our website at goodyearretireetrust.silverscript.com. As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<http://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

Read Medicare & You 2015

You can read *Medicare & You 2015 Handbook*. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or 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.

SilverScript (Employer PDP) Customer Care

CALL	1-855-479-3654 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	1-866-236-1069 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	1-888-472-1129
WRITE	PO Box 52067 Phoenix, AZ, 85072-2067
WEBSITE	goodyearretireetrust.silverscript.com

State Health Insurance Assistance Program

State Health Insurance Assistance Programs are state programs that get money from the Federal government to give free local health insurance counseling to people with Medicare. You will find contact information for the SHIP in your state in the Appendix of your *Evidence of Coverage*.