

# SilverScript®

P.O. Box 52424 Phoenix, AZ 85072-2424



**GOODYEAR**  
RETIREE HEALTH CARE TRUST

## 2018 Summary of Benefits

**SilverScript Employer PDP sponsored by Goodyear Retiree Health Care Trust  
(Post 1991 & Post 07 Retirees Enrolled in the Catastrophic Plan) (SilverScript)**

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

January 1, 2018 – December 31, 2018

## SECTION I – Introduction to Summary of Benefits

SilverScript Employer PDP is an approved Medicare Part D Prescription Drug Plan (PDP) with additional coverage by the Goodyear Retiree Health Care Trust to supplement the Part D benefits. The plan is offered by SilverScript Insurance Company and is administered by CVS Caremark®, the Goodyear Retiree Health Care Trust's pharmacy benefit manager. SilverScript contracts with the federal government to offer Medicare Prescription Drug Plans. Its service area includes the United States and its territories.

This *Summary of Benefits* tells you some features of our plan. It doesn't list every drug we cover, every limitation, or every exclusion. To get a complete list of our benefits, please call SilverScript Customer Care at 1-855-479-3654, 24 hours a day, 7 days a week, and request the *Evidence of Coverage*. TTY users should call 711.

### Sections in this booklet

- Things to Know About SilverScript
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Prescription Drug Benefits

### You have choices in your Medicare prescription drug coverage

The Goodyear Retiree Health Care Trust is offering you a plan that is not available to the public. 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 Part D Prescription Drug Plan (PDP), like SilverScript. Another option is to get your prescription drug coverage through a Medicare Advantage plan (MA) that offers prescription drug coverage. You make the choice.

The chart in this booklet lists some important drug benefits. You can use this *Summary of Benefits* to compare the benefits offered by SilverScript sponsored by the Goodyear Retiree Health Care Trust to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage plans with prescription drug coverage.

### How can I compare my options?

**Please note:** This prescription coverage is offered in conjunction with the Goodyear Retiree Health Care Trust medical coverage. The Trust offers only one medical plan option, Freedom Blue PPO, which is a Medicare Advantage plan administered by Highmark Blue Cross Blue Shield. If you choose a Medicare Prescription Drug Plan other than SilverScript, or if you enroll in a Medicare Advantage plan other than Freedom Blue PPO, you will lose both your medical and prescription coverage provided by the Goodyear Retiree Health Care Trust.

In addition, you will have to wait until open enrollment next year to re-enroll in these plans and will have to provide proof of continuous creditable prescription drug coverage or face a potential premium penalty known as a Late Enrollment Penalty.

**If you drop both your medical and prescription drug coverage, your spouse and any dependent children will lose their coverage as well.**

## **Where is SilverScript available?**

The service area for this plan includes all of the United States and its territories. If you move out of the country, please call the Goodyear Retiree Health Care Trust at 1-866-694-6477, Monday through Friday, 8 a.m. to 5 p.m. EST, to update your information and disenroll.

## **Who is eligible to be enrolled in the plan?**

You can be enrolled in this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, live in the service area, are a United States citizen or are lawfully present in the United States, and meet any additional requirements established by the Goodyear Retiree Health Care Trust.

If you are enrolled in a Medicare Advantage coordinated care (HMO or PPO) plan or a Medicare Advantage Private Fee-For-Service (PFFS) plan that includes Medicare prescription drugs, you may not enroll in this PDP unless you disenroll from the other HMO, PPO or PFFS plan.

Enrollees in a PFFS plan that does not provide Medicare prescription drug coverage or a Medicare Advantage Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost Plan may enroll in a PDP.

## **Where can I get my prescriptions?**

SilverScript has formed a network of pharmacies. Some of our network pharmacies have preferred cost sharing. You may pay less if you use these pharmacies.

After your enrollment is confirmed by Medicare, you will receive a list of network pharmacies. This network includes more than 65,000 pharmacies including CVS Pharmacy® and many others. Please note that some pharmacies, such as the Veterans Administration (VA) and Department of Defense pharmacies, are not in the plan's network. You can use most of the same retail pharmacies that you use to fill your prescriptions under your current plan.

If you use a pharmacy that is not part of the SilverScript network, you may have to pay the full cost of the drug at the pharmacy. In this case, you must complete and send to SilverScript a paper claim form within three years of the date you filled your prescription. You will not be reimbursed for the difference between the discounted rate and the cost you paid.

The pharmacies in our network can change at any time. You can ask for a *Pharmacy Directory* by calling SilverScript Customer Care. The SilverScript Customer Care number is listed at the end of this booklet.

## **Does my plan cover any Medicare Part B or excluded Part D drugs?**

SilverScript is an approved Medicare Part D Prescription Drug Plan with additional coverage provided by the Goodyear Retiree Health Care Trust to supplement the Part D benefits. The Goodyear Retiree Health Care Trust provides coverage for drugs that Medicare will not cover, such as:

- Prescription drugs when used for anorexia, weight loss, or weight gain

- Barbiturates when used for treatment of epilepsy, cancer or chronic mental health disorders in addition to the barbiturate uses already covered by Part D
- Drugs, such as VIAGRA<sup>®</sup>, CIALIS<sup>®</sup>, LEVITRA<sup>®</sup>, and CAVERJECT<sup>®</sup> when used for the treatment of sexual or erectile dysfunction (subject to Prior Authorization)

### **What is a prescription drug formulary?**

SilverScript uses a formulary. A formulary is a list of drugs covered by your plan to help meet patient needs. To find out if your drug is on the formulary (list of Part D prescription drugs) or about any restrictions, call SilverScript Customer Care. You may also request a copy of the complete plan formulary. The formulary may change throughout the year. Drugs may be added, removed or restrictions may be added or changed. These restrictions include:

- Prior Authorization – you or your doctor will need to get prior authorization before your prescription can be filled
- Quantity Limits – only a certain quantity of the covered drug can be dispensed at a one time
- Step Therapy – the drug may be covered, but first you will have to try a different drug to treat your condition before your prescribed drug will be covered

You pay 50% of the cost of drugs in the following drug groups at retail pharmacies and through mail order:

- Drugs to treat Gastro Esophageal Reflux Disease, including:
  - Histamine-2 Receptor Antagonists, such as Zantac, Pepcid, and
  - Proton Pump Inhibitors, such as Nexium, Aciphex, Prevacid
- Drugs to treat sexual dysfunction, including erectile dysfunction, such as Viagra, Levitra, and Cialis
- Non-sedating antihistamines, such Clarinex and Allegra

If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. If you have questions about the drugs on our formulary, please contact SilverScript Customer Care. Phone numbers are located at the end of this booklet.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of up to 30 days of the drug. This will give you a chance to talk to your doctor about an alternative medication on the formulary or to ask SilverScript to make an exception and allow the drug to be covered.

The Goodyear Retiree Health Care Trust's additional coverage also includes certain drugs not covered by original Medicare Part D. Since these non-Medicare Part D drugs are available due to the additional coverage provided by the Goodyear Retiree Health Care Trust, any copayments or other costs you pay do not count toward your Medicare Part D out-of-pocket costs.

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

Our plan groups each medication into one of three "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this

document, we discuss the benefit stages that occur: Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage. For more information about formulary tiers and stages of the benefit, please see the formulary and the *Evidence of Coverage* or contact SilverScript Customer Care at the number listed below.

**Please note:** The Goodyear Retiree Health Care Trust provides additional coverage that differs in structure from the primary benefit and also covers additional medications. If you are unsure about the cost share on the additional coverage or which drugs may or may not be covered, please call SilverScript Customer Care to verify drug coverage.

### **What should I do if I have other 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. Call your Medigap Issuer for details.

### **How can I get Extra Help with my prescription drug plan costs or get Extra Help with other Medicare costs?**

If you have limited income, you may qualify for Extra Help, a Medicare program providing assistance to help pay for prescription drug premiums and other costs. To see if you qualify for getting Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227), TTY/TDD users should call 1-877-486-2048, available 24 hours a day, 7 days a week, and see [www.medicare.gov](http://www.medicare.gov) "Programs for People with Limited Income and Resources" in the publication *Medicare & You 2018*;
- Social Security 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; *or*
- Your State Medicaid Office.

### **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. Each year, the plans decide whether to continue for another year. Even if your Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of SilverScript, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance.

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. You may ask us for a coverage determination if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost.

You can also ask for an exception to utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

You have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the *Evidence of Coverage* (EOC) for the QIO contact information. The *Evidence of Coverage* will be sent to you after you are enrolled in the plan.

### **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 if you are selected. Contact SilverScript Customer Care for more details.

Please call SilverScript Customer Care for more information:

**Current members should call *toll-free***

1-855-479-3654 (TTY: 711)

24 hours a day, 7 days a week

**Prospective members should call *toll-free***

1-855-702-1190 (TTY: 711)

24 hours a day, 7 days a week

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week, or visit [www.medicare.gov](http://www.medicare.gov) on the Web.

## Section II – Summary of Benefits

### Original Medicare

Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage plan or a Medicare Cost Plan that offers prescription drug coverage. This plan qualifies as one of those plans.

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 <http://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.

### General information about drugs covered under Medicare Part D

The plan has a *Formulary (List of Covered Drugs)*. We call it the “Drug List” for short. It tells which Part D prescription drugs are covered by SilverScript. The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. The list must meet requirements set by Medicare. Medicare has approved the SilverScript Drug List.

We will send you a copy of the Drug List. To get the most complete and current information about which drugs are covered, call SilverScript Customer Care (phone numbers are at the end of this booklet).

Different out-of-pocket costs may apply for people who

- have limited incomes,
- live in long term care facilities, *or*
- have access to Indian/Tribal/Urban (Indian Health Service) providers.

### Premium

*Please contact the Goodyear Retiree Health Care Trust Administrative Office for more information about the premium for this plan.*

If your individual income is over \$85,000 or your jointly-filed married income is over \$170,000, you will be required to pay an income-related additional monthly premium in order to keep your Medicare prescription drug coverage. This premium is adjusted based on your income.

You will receive a letter from Social Security letting you know if you have to pay this extra amount. This letter will explain how they determined the amount you must pay and the actual Income Related Monthly Adjustment Amount (IRMAA). If you are responsible for an additional premium, the extra amount will be deducted automatically from your Social Security check. If your Social Security check is not enough to cover the additional premium, Medicare will send you a bill. You do not pay this amount to SilverScript. For more information about the withholdings from your check, visit [www.socialsecurity.gov/mediinfo.htm](http://www.socialsecurity.gov/mediinfo.htm), call 1-800-772-1213, TTY/TDD users should call 1-800-325-0778, or visit your local Social Security office.

It is important that you make the payment if required. If not, Medicare will notify SilverScript that it must stop your prescription drug coverage and you will be disenrolled from the plan.

For more information about Part D premiums based on income, call 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.

The plan offers national in-network prescription coverage (i.e., this would include all of the United States and its territories). This means that you will pay the same copayment for your prescription drugs if you get them at an in-network pharmacy anywhere in the United States or its territories (for instance when you travel).

### **Quantity Limits (QL)**

For certain drugs, SilverScript limits the amount of the drug that it will cover. For example, SilverScript provides up to 30 tablets per prescription for *doxazosin*.

### **Prior Authorization (PA)**

SilverScript requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before SilverScript fills your prescription. If you don't get approval, SilverScript will not cover the drug.

### **Step Therapy (ST)**

In some cases, SilverScript requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, SilverScript will not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript will then cover Drug B.

You must go to certain pharmacies for a very limited number of drugs due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's formulary. Please contact SilverScript Customer Care for more information on where you can fill your prescription.

If the actual cost of a drug is less than your copayment for that drug, you will pay the actual cost, not the higher copayment.

You can ask us to provide a higher level of coverage for your drug. If your drug is contained in the non-preferred tier, you can ask us to cover it at the copayment that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug.



## Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

SilverScript	
<b>How much is the monthly premium?</b>	Please contact the Goodyear Retiree Health Care Trust for more information about the premium for this plan. You must continue to pay your Medicare Part B premium.
<b>How much is the deductible?</b>	This plan does not have a deductible.

## Prescription Drug Benefits

Initial Coverage	SilverScript
	You pay the following until your total yearly drug costs reach \$3,750.00. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.  You may get your drugs at network retail pharmacies and mail-order pharmacies.

## Retail Cost Sharing

Retail Pharmacy			
	<b>Network Pharmacy</b> (Up to a 30-day supply)	<b>Preferred Network Pharmacy</b> (Up to a 90-day supply at preferred pharmacies)	<b>Network Pharmacy</b> (Up to a 90-day supply)
<b>Tier 1 Generic</b>	<i>You pay \$12.50 per prescription</i>	<i>You pay \$31.25* per prescription</i>	<i>You pay \$37.50 per prescription</i>
<b>Tier 2 Preferred Brand</b>	<i>You pay \$30.00 per prescription</i>	<i>You pay \$75.00* per prescription</i>	<i>You pay \$90.00 per prescription</i>
<b>Tier 3 Non-Preferred Brand</b>	<i>You pay \$70.00 per prescription</i>	<i>You pay \$175.00* per prescription</i>	<i>You pay \$210.00 per prescription</i>

\*You can get up to a 90-day supply of your drug at a preferred pharmacy, including CVS Pharmacy, for the same copayment you would pay at mail.

### Mail Order Cost Sharing

<b>CVS Caremark Mail Service Pharmacy (Up to a 90-day supply)</b>	
<b>Tier 1 Generic</b>	<i>You pay \$31.25 per prescription</i>
<b>Tier 2 Preferred Brand</b>	<i>You pay \$75.00 per prescription</i>
<b>Tier 3 Non-Preferred Brand</b>	<i>You pay \$175.00 per prescription</i>

### Long-Term Care (LTC) Cost Sharing

<b>Long-Term Care (LTC) Pharmacy (Up to a 34-day supply)</b>	
Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.	
<b>Tier 1 Generic</b>	<i>You pay \$12.50 per prescription</i>
<b>Tier 2 Preferred Brand</b>	<i>You pay \$30.00 per prescription</i>
<b>Tier 3 Non-Preferred Brand</b>	<i>You pay \$70.00 per prescription</i>

**Coverage Gap**

<b>SilverScript</b>
Goodyear Retiree Health Care Trust will provide additional coverage that will keep your copayment/coinsurance consistent through the Coverage Gap; therefore, you will see no change in copayment until you qualify for Catastrophic Coverage.

**Retail Cost Sharing**

<b>Retail Pharmacy</b>			
	<b>Network Pharmacy</b> (Up to a 30-day supply)	<b>Preferred Network Pharmacy</b> (Up to a 90-day supply at preferred pharmacies)	<b>Network Pharmacy</b> (Up to a 90-day supply)
<b>Tier 1 Generic</b>	<i>You pay \$12.50 per prescription</i>	<i>You pay \$31.25* per prescription</i>	<i>You pay \$37.50 per prescription</i>
<b>Tier 2 Preferred Brand</b>	<i>You pay \$30.00 per prescription</i>	<i>You pay \$75.00* per prescription</i>	<i>You pay \$90.00 per prescription</i>
<b>Tier 3 Non-Preferred Brand</b>	<i>You pay \$70.00 per prescription</i>	<i>You pay \$175.00* per prescription</i>	<i>You pay \$210.00 per prescription</i>

\*You can get up to a 90-day supply of your drug at a preferred pharmacy, including CVS Pharmacy, for the same copayment you would pay at mail.

## Mail Order Cost Sharing

<b>CVS Caremark Mail Service Pharmacy (Up to a 90-day supply)</b>	
<b>Tier 1 Generic</b>	<i>You pay \$31.25 per prescription</i>
<b>Tier 2 Preferred Brand</b>	<i>You pay \$75.00 per prescription</i>
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## Long-Term Care (LTC) Cost Sharing

<b>Long-Term Care (LTC) Pharmacy (Up to a 34-day supply)</b>	
Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.	
<b>Tier 1 Generic</b>	<i>You pay \$12.50 per prescription</i>
<b>Tier 2 Preferred Brand</b>	<i>You pay \$30.00 per prescription</i>
<b>Tier 3 Non- Preferred Brand</b>	<i>You pay \$70.00 per prescription</i>

**Catastrophic Coverage****SilverScript**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000.00, you pay the greater of:

- 5% of the cost, or
- \$3.35 copayment for generic (including brand drugs treated as generic) and a \$8.35 copayment for all other drugs.

**Out-of-Network:**

If you use a pharmacy that is not part of the SilverScript network, you may have to pay the full cost of the drug at the pharmacy. In this case, you must complete and send to SilverScript a paper claim form within three years of the date you filled your prescription. You will not be reimbursed for the difference between the discounted rate and the cost you paid.

Plan drugs may be covered in special circumstances, for instance, illness while traveling where there is no network pharmacy. You may have to pay more than your normal copayment 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 SilverScript for its share of the costs.

**Contact SilverScript or Medicare for more Information**

If you have any questions, please contact SilverScript Customer Care, available 24 hour a day, 7 days a week, at 1-855-479-3654. TTY users should call 711.

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the Web.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

The typical number of days after the mail-service pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail-order delivery.

**ATTENTION:** If you speak Spanish or other languages, language assistance services, free of charge, are available to you. Call 1-855-479-3654 (TTY: 711). **ATENCIÓN:** Si usted habla español o otros idiomas, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-855-479-3654 (TTY: 711).

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.

## SilverScript Customer Care

<b>CALL</b>	1-855-479-3654 Calls to this number are free. Available 24 hours a day, 7 days a week. SilverScript Customer Care also has free language interpreter services available for non-English speakers.
<b>TTY</b>	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Available 24 hours a day, 7 days a week.
<b>FAX</b>	1-888-472-1129
<b>WRITE</b>	P.O. Box 6590 Lee's Summit, MO 37228

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. SilverScript Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SilverScript Insurance Company:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need written information in other formats or free language services, please contact Customer Care. This number can be found on the back of your member ID card or on the letter that accompanied this notice.

If you believe that SilverScript Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: SilverScript Insurance Company, Grievance Department, P.O. Box 53991, Phoenix, AZ 85072-3991. Fax: 1-866-217-3353.

You can file a grievance by mail, or by fax. If you need help filing a grievance, the SilverScript Grievance Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ENGLISH**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Customer Care at the number on your member ID card.

**SPANISH**

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al Cuidado al Cliente al teléfono indicado en su tarjeta de membresía.

**CHINESE**

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨打会员卡上的客户服务电话。

**VIETNAMESE**

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi cho bộ phận Chăm sóc Khách hàng theo số điện thoại ghi trên thẻ hội viên của quý vị.

**KOREAN**

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 멤버십 카드에 있는 고객 지원센터로 연락 주시기 바랍니다.

**TAGALOG**

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang Customer Care sa numero na nasa iyong kard bilang kasapi.

**RUSSIAN**

ВНИМАНИЕ: Если вы говорите по-русски, вам будут бесплатно предоставлены услуги переводчика. Звоните по номеру телефона, указанному на вашей членской карточке.

**ARABIC**

ملاحظة: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجاناً من أجلك. اتصل برقم رعاية العملاء المبين على بطاقة عضويتك.

**FRENCH CREOLE**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Kliyan nan nimewo ki make sou kat manm ou an.

**FRENCH**

ATTENTION: Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Appelez le Service client au numéro figurant sur votre carte de membre.

**POLISH**

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń na numer Obsługi Klienta podany na Twojej karcie członkowskiej.

**PORTUGUESE**

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Ligue para o atendimento ao cliente no número impresso no cartão de filiação.

**ITALIAN**

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami l'Assistenza Clienti al numero indicato sulla sua tessera di iscrizione.

**JAPANESE**

お知らせ:日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。メンバーカードの裏側に記されている電話番号までお問い合わせください。

**GERMAN**

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher kostenlos zur Verfügung. Rufen Sie Kundenbetreuung unter der Telefonnummer auf Ihrer Mitgliedskarte an.

**FARSI**

توجه: چنانچه به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، به صورت رایگان، در اختیار شما قرار خواهد گرفت. از طریق شماره روی کارت عضویت خود با بخش رسیدگی به مشتریان تماس بگیرید.



# SilverScript®

S5601

## 2017 Medicare Star Ratings\*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2017, SilverScript received the following Overall Star Rating from Medicare:

★★★★★  
4 Stars

We received the following Summary Star Rating for SilverScript's health/drug plan services:

Health Plan Services: Not Offered

Drug Plan Services: ★★★★★  
4 Stars

The number of stars shows how well our plan performs.

★★★★★ 5 stars - excellent  
★★★★ 4 stars - above average  
★★★ 3 stars - average  
★★ 2 stars - below average  
★ 1 star - poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

You may also contact us 24 Hours a day Local time, 7 days a week at 866-552-6106 (toll-free) or 711 (TTY).

Current members please call 866-235-5660 (toll-free) or 711 (TTY).

\*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

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.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (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 1-866-235-5660 (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1-866-235-5660 (TTY: 711) 。一周7天, 每天24小时随时受理。

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.

# SilverScript®

P.O. Box 52424 Phoenix, AZ 85072-2424



**GOODYEAR**  
RETIREE HEALTHCARE TRUST

## **Important Plan Information** **Información Importante Sobre el Plan**