

SILVERSCRIPT®

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

_____ _____
Signature **Date**

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
<p>Instructions for agents: If you are doing a sales presentation to a beneficiary, you MUST have a documented scope of what you will be discussing with the beneficiary prior to the appointment. A beneficiary cannot agree to the scope over the phone and sign the documentation later. Documentation must be in writing in the form of a signed document by the beneficiary. You must send this documentation with the enrollment form to SilverScript Insurance Company.</p>	

Scope of Appointment documentation is subject to CMS record retention requirements

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

A Medicare-approved Part D sponsor



2012 Enrollment Kit

SilverScript Insurance Company's Medicare Part D Prescription Drug Plans

SILVERSCRIPT®

Y0080_ENRCOVLTR_5601 CMS Approved 09282011



Welcome to SilverScript

You have many options when choosing a Medicare Part D Plan. Thank you for considering us. Inside this packet you will find the information that you need to enroll in one of our prescription drug plans. We offer two Medicare-approved plans.

The CVS Caremark[†] Value (PDP) Plan

Provides coverage with a low monthly premium. It offers high service at a low cost and covers the Medicare Part D drugs needed to stay healthy. The CVS Caremark[†] Value Plan has flat-dollar copays for generic and brand drugs and coinsurance for specialty medications.

The CVS Caremark[†] Plus (PDP) Plan*

Our enhanced plan designed for those who want comprehensive coverage with no deductible. The plan includes copayments as low as \$0 on generic drugs at preferred retail and mail pharmacies, and low copayments at non-preferred retail and mail pharmacies.

Call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week if you would like additional information. TTY users can call 1-866-236-1069. You can also visit our website at www.silverscript.com, or contact your agent. You can write us at P.O. Box 52067, Phoenix, AZ 85072.

This information is available for free in other languages. Please contact our Customer Care number at 1-866-235-5660 for additional information.

Esta información está disponible en un formato diferente y en otros idiomas para gratis. Llame la oficina de Servicio al Cliente a 1-866-235-5660 para más información

* CVS Caremark[†] Plus Plan not offered in AR, LA and OK

[†]Other pharmacies are available in our network

MedicareRx
Prescription Drug Coverage



AN INSURANCE POLICY

The Medicare Part D benefit is much like other insurance coverage you may have; there is a deductible (CVS Caremark[†] Value Plan only), a monthly premium and cost sharing responsibility.

silverscript.com



Am I Eligible to Enroll?

Part D Coverage is available to everyone who is entitled to Medicare Part A and/or enrolled in Part B. SilverScript Insurance offers two plans that are available to those eligible for Medicare and live in one of the 50 states* or the District of Columbia. Even if you move to another state, you can keep your coverage by enrolling in our plan in your new state. If you don't join when you are first eligible, you may have to pay a penalty if you choose to join later.

When can I Enroll?

Annual Election Period (AEP)

This election period takes place between October 15 to December 7, each year. You can enroll during this period if you've never enrolled in a Medicare prescription drug plan or if you want to switch to another plan that better meets your needs. You can also disenroll from a plan during this period.

Initial Enrollment Period (IEP)

This period is available to anyone who is first eligible for Medicare. If you're approaching your 65th birthday, you have three months before the month you turn 65, the month you turn 65, and three months following your birth month to enroll in a Part D plan.

Special Enrollment Period (SEP)

Special Enrollment Periods are only available under certain circumstances. Here are some reasons you might qualify for an SEP: you are eligible for Extra Help; your current Part D coverage was discontinued; you recently moved out of the service area; you are moving from employer or union/sponsored Medicare Part D coverage.

It's Easy to Enroll in our plan

Fill out and sign the enrollment form enclosed in this packet. Then mail the form back to us, or give it to your agent or broker. You can also enroll online or by phone.

Mail: SilverScript, Attn: Enrollment, P.O. Box 52067, Phoenix, AZ 85072.

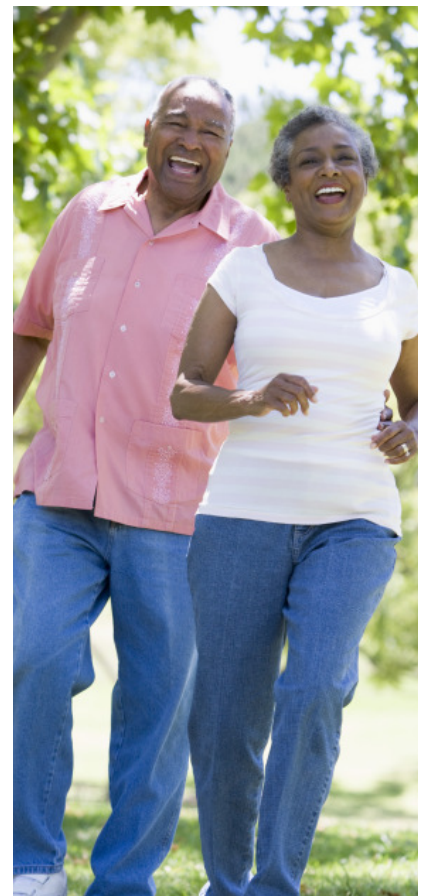
Online: www.silverscript.com

Phone: 1-866-235-5660, 24 hours a day, 7 days a week.

TTY users can call 1-866-236-1069.

* CVS Caremark† Plus Plan not offered in AR, LA and OK

†Other pharmacies are available in our network



AFFORDABLE COVERAGE

SilverScript Insurance Company offers affordable coverage on the drugs you need to stay healthy. For a complete list of covered drugs visit silverscript.com

silverscript.com

SILVERSCRIPT®

The SilverScript Difference

- Low copays
 - Pharmacy network of more than 65,000‡ pharmacies.
 - No annual deductible*
 - Copayments as low as \$0 on generic drugs at preferred retail and mail pharmacies
-

CVS ExtraCare® Card

SilverScript Insurance Company members receive a 20% discount on CVS† Store Brand health-related items at CVS pharmacy† nationwide and online at www.cvs.com.

The CVS Caremark† ExtraCare® Health program is offered at no cost to our members and provides savings on more than 1,300 regular/non-sale priced store brand items including first aid supplies, ear and eye care products, pain relievers, and cough and cold remedies. You will not be enrolled in the ExtraCare Health Card program unless and until you present your ExtraCare Card to a CVS/pharmacy† store and it is swiped at the cash register.

The products and services described above are neither offered nor guaranteed under our contract with Medicare. Purchases eligible for the ExtraCare Health Card discounts will not count toward your true-out-of-pocket (TrOOP) costs under our plan. Any disputes regarding these products and services may be subject to our grievance process.

For more information about Medicare benefits and services, including general information regarding health or Part D benefits, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. SilverScript Insurance Company is a Medicare-approved Part D sponsor.

*On CVS Caremark† Plus Plan only. CVS Caremark† Plus Plan not offered in AR, LA and OK

†Other pharmacies are available in our network

‡As of 6/2011 Caremark Network Services states there are more than 65,000 contracted network pharmacies nationwide. The 20% discount is available only to plan members. Excludes prescriptions and is not valid on items reimbursed by a governmental program. This includes programs such as Medicare and Medicaid.



CHOOSING A PLAN

Review the information we've included in this booklet carefully before making a selection. In this mailing you will find a Summary of Benefits, an easy-to-use enrollment form, and the summary rating of our plan's performance from the Centers for Medicare & Medicaid Services.

silverscript.com

Other plans may be available in the service area.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to one hundred (100) percent of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

Our plan may not be available to you after 2012 because by law SilverScript Insurance Company can choose to not renew its contract with CMS. CMS also may refuse to renew the Contract. That would result in termination or non-renewal of our plan. In addition, we may reduce our service area and no longer offer Part D coverage in the area where you reside.

Limitations, copayments and restrictions may apply.

Eligible beneficiaries may enroll in our plan only during specific times of the year. Contact the plan for more information.

Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances. Quantity limitations and restrictions may apply.



CVS Caremark Value (PDP)¹ & CVS Caremark Plus (PDP)¹

2012 Summary of Benefits

January 1, 2012 – December 31, 2012

S5601

¹Other Pharmacies are Available in Our Network.

CVS Caremark Value (PDP)¹ and CVS Caremark Plus (PDP)¹ are offered by SilverScript® Insurance Company
Y0080_12_20001 CMS Approved: 08/25/2011

Section 1: Introduction to Summary of Benefits

Thank you for your interest in CVS Caremark Value (PDP)¹ and/or CVS Caremark Plus (PDP)¹. Our plans are offered by SilverScript[®] Insurance Company, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call CVS Caremark Value (PDP)¹ or CVS Caremark Plus (PDP)¹ and ask for the "Evidence of Coverage".

You have choices in your Medicare 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 CVS Caremark Value (PDP)¹ or CVS Caremark Plus (PDP)¹. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How can I compare my options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by CVS Caremark Value (PDP)¹ and/or CVS Caremark Plus (PDP)¹ to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where are CVS Caremark Value (PDP)¹ and CVS Caremark Plus (PDP)¹ available?

The service area for CVS Caremark Value (PDP)¹ includes all 50 states and the District of Columbia. You must live in one of these areas to join these plans.

The service area for CVS Caremark Plus (PDP)¹ includes: Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho,

Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming. You must live in one of these areas to join these plans.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Care for more information.

If you move out of the state or county where you currently live to a state listed above, you must call Customer Service to update your information. If you don't, you may be disenrolled from Caremark Value (PDP)¹ or CVS Caremark Plus (PDP)¹. If you move to a state not listed above, please call Customer Service to find out if SilverScript Insurance Company has a plan in your new state or county.

Who is eligible to join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA 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?

CVS Caremark Value (PDP)¹ and CVS Caremark Plus (PDP)¹ have formed a network of pharmacies. 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.

CVS Caremark Value (PDP)¹ and CVS Caremark Plus (PDP)¹ have 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. You can ask for a Pharmacy Directory or visit us at www.silverscript.com. Our customer service number is listed at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

CVS Caremark Value (PDP)¹ and CVS Caremark Plus (PDP)¹ do 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 formulary.

What is a prescription drug formulary?

CVS Caremark Value (PDP)¹ and CVS Caremark Plus (PDP)¹ use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. 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. We will send a formulary to you and you can see our complete formulary on our Web site at www.silverscript.com.

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 the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

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.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join CVS Caremark Value (PDP)¹ or CVS Caremark Plus (PDP)¹. Get this information before you decide to enroll in this plan.

How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare 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, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*.
- 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 or
- Your State Medicaid Office.

¹Other Pharmacies are Available in Our Network.

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 a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, 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 CVS Caremark Value (PDP)¹ or CVS Caremark Plus (PDP)¹, 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. An exception is a type of coverage determination. You may ask us for an exception 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 cost 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.

Finally, 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.

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. Contact CVS Caremark Value (PDP)¹ or CVS Caremark Plus (PDP)¹ for more details.

Where can I find information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Health and Drug Plans” then “Compare Drug and Health Plans” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call SilverScript Insurance Company for more information about CVS Caremark Value (PDP)¹ and/or CVS Caremark Plus (PDP)¹. Visit us at www.silverscript.com or, call us:

Customer Service Hours:
Sunday, Monday, Tuesday, Wednesday,
Thursday, Friday, Saturday, Open 24 Hours
Mountain

Current members should call toll-free
1-866-235-5660. (TTY 1-866-236-1069)
Prospective members should call toll-free
1-866-552-6106. (TTY 1-866-552-6288)
Current members should call locally
1-866-235-5660. (TTY 1-866-236-1069)
Prospective members should call locally
1-866-552-6106. (TTY 1-866-552-6288)

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 on the Web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

This information is available for free in other languages. Please contact our customer service number at 1-866-552-6106, from 8:00 a.m. to 2:00 a.m. ET, 7 days a week, for additional information. TTY users should call 1-866-552-6288.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese con nuestro servicio al cliente, al 1-866-552-6106, de 8:00 a.m. a 2:00 a.m. hora del este, los 7 días de la semana, para obtener información adicional. Los usuarios de teléfono de texto (TTY) deben llamar al 1-866-552-6288.

If you have any questions about this plan's benefits or costs, please contact SilverScript Insurance Company for details.

Section 2: Summary of Benefits

Benefit	Original Medicare	CVS Caremark Value (PDP) ¹	CVS Caremark Plus (PDP) ¹
<p>Outpatient Prescription Drugs</p>	<p>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.</p>	<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.silverscript.com on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>Premium range: \$15.80 to \$50.60. Please refer to the Premium table after this section to find out the premium in your area.</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>	<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.silverscript.com on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>Premium range: \$68.80 to \$88.10. Please refer to the Premium table after this section to find out the premium in your area.</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>

¹Other Pharmacies are Available in Our Network.

Benefit	Original Medicare	CVS Caremark Value (PDP) ¹	CVS Caremark Plus (PDP) ¹
		Total yearly drug costs are the total drug costs paid by both you and a Part D plan.	Total yearly drug costs are the total drug costs paid by both you and a Part D plan.
		The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.	The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
		Some drugs have quantity limits.	Some drugs have quantity limits.
		Your provider must get prior authorization from CVS Caremark Value (PDP) ¹ for certain drugs.	Your provider must get prior authorization from CVS Caremark Plus (PDP) ¹ for certain drugs.
		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 Web site, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.	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 Web site, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.
		If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.	If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
		If you request a formulary exception for a drug and CVS Caremark Value (PDP) ¹ approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.	If you request a formulary exception for a drug and CVS Caremark Plus (PDP) ¹ approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.
		In-Network \$320.00 annual deductible.	In-Network \$0.00 deductible.
		Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,930:	Initial Coverage You pay the following until total yearly drug costs reach \$2,930:

¹Other Pharmacies are Available in Our Network.

Benefit	Original Medicare	CVS Caremark Value (PDP) ¹	CVS Caremark Plus (PDP) ¹
		<p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> Refer to Table B for the copay for a one-month (30-day) supply of drugs in this tier. Refer to Table B for the copay for a three-month (90-day) supply of drugs in this tier. Refer to Table B for the copay for a 60-day supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> \$0.00 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy. \$0.00 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy. \$0.00 copay for a 60-day supply of drugs in this tier from a preferred pharmacy. \$5.00 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy. \$15.00 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy. \$10.00 copay for a 60-day supply of drugs in this tier from a non-preferred pharmacy. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
		<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$45.00 copay for a one-month (30-day) supply of drugs in this tier. \$135.00 copay for a three-month (90-day) supply of drugs in this tier. \$90.00 copay for a 60-day supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> \$40.00 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy. \$120.00 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy. \$80.00 copay for a 60-day supply of drugs in this tier from a preferred pharmacy. \$45.00 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy. \$135.00 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy. \$90.00 copay for a 60-day supply of drugs in this tier from a non-preferred pharmacy. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

¹Other Pharmacies are Available in Our Network.

Benefit	Original Medicare	CVS Caremark Value (PDP) ¹	CVS Caremark Plus (PDP) ¹
		<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$95.00 copay for a one-month (30-day) supply of drugs in this tier. • \$285.00 copay for a three-month (90-day) supply of drugs in this tier. • \$190.00 copay for a 60-day supply of drugs in this tier. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$90.00 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy. • \$270.00 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy. • \$180.00 copay for a 60-day supply of drugs in this tier from a preferred pharmacy. • \$95.00 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy. • \$285.00 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy. • \$190.00 copay for a 60-day supply of drugs in this tier from a non-preferred pharmacy. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
		<p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 25% co-insurance for a one-month (30-day) supply of drugs in this tier. 	<p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 33% co-insurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy. • 33% co-insurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.
		<p>Long Term Care Pharmacy</p>	<p>Long Term Care Pharmacy</p>
		<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • Refer to Table B for the copay for a one-month (31-day) supply of drugs in this tier. 	<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$5.00 copay for a one-month (31-day) supply of drugs in this tier.
		<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$45.00 copay for a one-month (31-day) supply of drugs in this tier. 	<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$45.00 copay for a one-month (31-day) supply of drugs in this tier.
		<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$95.00 copay for a one-month (31-day) supply of drugs in this tier. 	<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$95.00 copay for a one-month (31-day) supply of drugs in this tier.
		<p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 25% co-insurance for a one-month (31-day) supply of drugs in this tier. 	<p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 33% co-insurance for a one-month (31-day) supply of drugs in this tier.

¹Other Pharmacies are Available in Our Network.

Benefit	Original Medicare	CVS Caremark Value (PDP) ¹	CVS Caremark Plus (PDP) ¹
		Mail Order	Mail Order
		<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • Refer to Table C for the copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. • Refer to Table C for the copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • Refer to Table C for the copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy. • Refer to Table B for the copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • Refer to Table B for the copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • Refer to Table B for the copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> • \$0.00 copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$0.00 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$0.00 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy. • \$5.00 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • \$15.00 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • \$10.00 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
		<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$33.75 copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$101.25 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$67.50 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy. • \$45.00 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. 	<p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$30.00 copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$90.00 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$60.00 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy. • \$45.00 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy.

¹Other Pharmacies are Available in Our Network.

Benefit	Original Medicare	CVS Caremark Value (PDP) ¹	CVS Caremark Plus (PDP) ¹
		<ul style="list-style-type: none"> • \$135.00 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • \$90.00 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<ul style="list-style-type: none"> • \$135.00 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • \$90.00 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
		<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$87.25 copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$261.25 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$174.25 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy. • \$95.00 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • \$285.00 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • \$190.00 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$82.50 copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$247.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. • \$165.00 copay for a 60-day supply of drugs in this tier from a preferred mail order pharmacy. • \$95.00 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • \$285.00 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. • \$190.00 copay for a 60-day supply of drugs in this tier from a non-preferred mail order pharmacy. <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
		<p>Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>	<p>Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>

¹Other Pharmacies are Available in Our Network.

Benefit	Original Medicare	CVS Caremark Value (PDP) ¹	CVS Caremark Plus (PDP) ¹
			<p>Additional Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>
		<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.
		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount 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 CVS Caremark Value (PDP)¹.</p>	<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount 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 CVS Caremark Plus (PDP)¹.</p>
		<p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until your total yearly drug costs reach \$2,930:</p>	<p>Out-of-Network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p>

¹Other Pharmacies are Available in Our Network.

Benefit	Original Medicare	CVS Caremark Value (PDP) ¹	CVS Caremark Plus (PDP) ¹
		Tier 1: Generic Drugs <ul style="list-style-type: none"> Refer to Table B for the copay for a one-month (30-day) supply of drugs in this tier. 	Tier 1: Generic Drugs <ul style="list-style-type: none"> \$5.00 copay for a one-month (30-day) supply of drugs in this tier.
		Tier 2: Preferred Brand Drugs <ul style="list-style-type: none"> \$45.00 copay for a one-month (30-day) supply of drugs in this tier. 	Tier 2: Preferred Brand Drugs <ul style="list-style-type: none"> \$45.00 copay for a one-month (30-day) supply of drugs in this tier.
		Tier 3: Non-Preferred Brand Drugs <ul style="list-style-type: none"> \$95.00 copay for a one-month (30-day) supply of drugs in this tier. 	Tier 3: Non-Preferred Brand Drugs <ul style="list-style-type: none"> \$95.00 copay for a one-month (30-day) supply of drugs in this tier.
		Tier 4: Specialty Tier Drugs <ul style="list-style-type: none"> 25% co-insurance for a one-month (30-day) supply of drugs in this tier. 	Tier 4: Specialty Tier Drugs <ul style="list-style-type: none"> 33% co-insurance for a one-month (30-day) supply of drugs in this tier.
		You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.	You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.
		Additional Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.	Additional Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,700.
		You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.	You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,700.
		You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.	You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.

¹Other Pharmacies are Available in Our Network.

Benefit	Original Medicare	CVS Caremark Value (PDP) ¹	CVS Caremark Plus (PDP) ¹
		<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan’s cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan’s cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.
		<p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan’s In-Network allowable amount.</p>	<p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan’s In-Network allowable amount.</p>

¹Other Pharmacies are Available in Our Network.

Table A: Monthly Premium Table

SilverScript Insurance Company offers two Prescription Drug Plans: CVS Caremark Value (PDP)¹ and CVS Caremark Plus (PDP)¹. Use this table to locate your state's monthly premium for each plan. The dollar amount shown next to your state is the monthly premium you pay for the plan you select.

State	Region	CVS Caremark Value (PDP) ¹	CVS Caremark Plus (PDP) ¹
Alabama	12	\$30.90	\$78.70
Alaska	34	\$46.50	\$82.00
Arizona	28	\$40.50	\$88.10
Arkansas	19	\$30.80	
California	32	\$28.20	\$81.90
Colorado	27	\$50.60	\$79.90
Connecticut	02	\$30.70	\$85.20
Delaware	05	\$33.30	\$82.50
District of Columbia	05	\$33.30	\$82.50
Florida	11	\$23.50	\$85.50
Georgia	10	\$31.00	\$78.50
Hawaii	33	\$27.40	\$80.30
Idaho	31	\$38.40	\$87.10
Illinois	17	\$28.40	\$78.90
Indiana	15	\$35.30	\$85.50
Iowa	25	\$35.50	\$78.60
Kansas	24	\$48.70	\$83.50
Kentucky	15	\$35.30	\$85.50
Louisiana	21	\$29.70	
Maine	01	\$40.50	\$79.00
Maryland	05	\$33.30	\$82.50
Massachusetts	02	\$30.70	\$85.20
Michigan	13	\$33.70	\$78.60
Minnesota	25	\$35.50	\$78.60
Mississippi	20	\$31.50	\$68.80
Missouri	18	\$32.20	\$78.00

State	Region	CVS Caremark Value (PDP) ¹	CVS Caremark Plus (PDP) ¹
Montana	25	\$35.50	\$78.60
Nebraska	25	\$35.50	\$78.60
Nevada	29	\$25.80	\$82.60
New Hampshire	01	\$40.50	\$79.00
New Jersey	04	\$34.20	\$75.00
New Mexico	26	\$15.80	\$71.00
New York	03	\$35.90	\$70.20
North Carolina	08	\$32.70	\$86.50
North Dakota	25	\$35.50	\$78.60
Ohio	14	\$27.70	\$78.50
Oklahoma	23	\$28.50	
Oregon	30	\$32.30	\$78.30
Pennsylvania	06	\$30.20	\$82.50
Rhode Island	02	\$30.70	\$85.20
South Carolina	09	\$36.10	\$76.70
South Dakota	25	\$35.50	\$78.60
Tennessee	12	\$30.90	\$78.70
Texas	22	\$28.30	\$79.20
Utah	31	\$38.40	\$87.10
Vermont	02	\$30.70	\$85.20
Virginia	07	\$31.20	\$85.80
Washington	30	\$32.30	\$78.30
West Virginia	06	\$30.20	\$82.50
Wisconsin	16	\$35.40	\$87.60
Wyoming	25	\$35.50	\$78.60

Table B: CVS Caremark Value (PDP)¹ Copay Table – Tier 1 Generic Drugs

Retail, Long-Term Care, Non-Preferred Mail-Order and Out-of-Network Pharmacies

CVS Caremark Value (PDP)¹ co-payments for Tier 1 Generic Drugs differ based on state. Use this table to locate your state's co-payment during the Initial Coverage Stage. The dollar amounts shown next to your state represent the amount you pay for the quantity shown, at Retail, Long-Term Care, Non-Preferred Mail-Order and Out-of-Network Pharmacies.

State	Up to a 30-Day Supply	Up to a 60-Day Supply	Up to a 90-Day Supply
Alabama	\$4.75	\$9.50	\$14.25
Alaska	\$2.00	\$4.00	\$6.00
Arizona	\$7.50	\$15.00	\$22.50
Arkansas	\$5.00	\$10.00	\$15.00
California	\$7.00	\$14.00	\$21.00
Colorado	\$7.25	\$14.50	\$21.75
Connecticut	\$6.25	\$12.50	\$18.75
Delaware	\$9.50	\$19.00	\$28.50
District of Columbia	\$9.50	\$19.00	\$28.50
Florida	\$6.00	\$12.00	\$18.00
Georgia	\$5.50	\$11.00	\$16.50
Hawaii	\$7.25	\$14.50	\$21.75
Idaho	\$5.75	\$11.50	\$17.25
Illinois	\$4.75	\$9.50	\$14.25
Indiana	\$6.00	\$12.00	\$18.00
Iowa	\$5.75	\$11.50	\$17.25
Kansas	\$5.25	\$10.50	\$15.75
Kentucky	\$6.00	\$12.00	\$18.00
Louisiana	\$5.25	\$10.50	\$15.75
Maine	\$8.00	\$16.00	\$24.00
Maryland	\$9.50	\$19.00	\$28.50
Massachusetts	\$6.25	\$12.50	\$18.75
Michigan	\$7.25	\$14.50	\$21.75
Minnesota	\$5.75	\$11.50	\$17.25
Mississippi	\$4.50	\$9.00	\$13.50
Missouri	\$4.75	\$9.50	\$14.25

State	Up to a 30-Day Supply	Up to a 60-Day Supply	Up to a 90-Day Supply
Montana	\$5.75	\$11.50	\$17.25
Nebraska	\$5.75	\$11.50	\$17.25
Nevada	\$5.75	\$11.50	\$17.25
New Hampshire	\$8.00	\$16.00	\$24.00
New Jersey	\$8.75	\$17.50	\$26.25
New Mexico	\$4.75	\$9.50	\$14.25
New York	\$8.00	\$16.00	\$24.00
North Carolina	\$5.25	\$10.50	\$15.75
North Dakota	\$5.75	\$11.50	\$17.25
Ohio	\$5.50	\$11.00	\$16.50
Oklahoma	\$6.00	\$12.00	\$18.00
Oregon	\$5.25	\$10.50	\$15.75
Pennsylvania	\$5.00	\$10.00	\$15.00
Rhode Island	\$6.25	\$12.50	\$18.75
South Carolina	\$6.00	\$12.00	\$18.00
South Dakota	\$5.75	\$11.50	\$17.25
Tennessee	\$4.75	\$9.50	\$14.25
Texas	\$7.50	\$15.00	\$22.50
Utah	\$5.75	\$11.50	\$17.25
Vermont	\$6.25	\$12.50	\$18.75
Virginia	\$5.50	\$11.00	\$16.50
Washington	\$5.25	\$10.50	\$15.75
West Virginia	\$5.00	\$10.00	\$15.00
Wisconsin	\$5.50	\$11.00	\$16.50
Wyoming	\$5.75	\$11.50	\$17.25

¹Other Pharmacies are Available in Our Network.

Table C: CVS Caremark Value (PDP)¹ Copay Table – Tier 1 Generic Drugs Preferred Mail-Order Pharmacies

CVS Caremark Value (PDP)¹ co-payments for Tier 1 Generic Drugs differ based on state. Use this table to locate your state's co-payment during the Initial Coverage Stage. The dollar amounts shown next to your state represent the amount you pay for the quantity shown, at Preferred Mail-Order Pharmacies.

State	Up to a 30-Day Supply	Up to a 60-Day Supply	Up to a 90-Day Supply
Alabama	\$2.50	\$5.00	\$7.25
Alaska	\$1.00	\$2.00	\$3.00
Arizona	\$3.75	\$7.50	\$11.25
Arkansas	\$2.50	\$5.00	\$7.50
California	\$3.50	\$7.00	\$10.50
Colorado	\$3.75	\$7.50	\$11.00
Connecticut	\$3.25	\$6.50	\$9.50
Delaware	\$4.75	\$9.50	\$14.25
District of Columbia	\$4.75	\$9.50	\$14.25
Florida	\$3.00	\$6.00	\$9.00
Georgia	\$2.75	\$5.50	\$8.25
Hawaii	\$3.75	\$7.50	\$11.00
Idaho	\$3.00	\$6.00	\$8.75
Illinois	\$2.50	\$5.00	\$7.25
Indiana	\$3.00	\$6.00	\$9.00
Iowa	\$3.00	\$6.00	\$8.75
Kansas	\$2.75	\$5.50	\$8.00
Kentucky	\$3.00	\$6.00	\$9.00
Louisiana	\$2.75	\$5.50	\$8.00
Maine	\$4.00	\$8.00	\$12.00
Maryland	\$4.75	\$9.50	\$14.25
Massachusetts	\$3.25	\$6.50	\$9.50
Michigan	\$3.75	\$7.50	\$11.00
Minnesota	\$3.00	\$6.00	\$8.75
Mississippi	\$2.25	\$4.50	\$6.75
Missouri	\$2.50	\$5.00	\$7.25

State	Up to a 30-Day Supply	Up to a 60-Day Supply	Up to a 90-Day Supply
Montana	\$3.00	\$6.00	\$8.75
Nebraska	\$3.00	\$6.00	\$8.75
Nevada	\$3.00	\$6.00	\$8.75
New Hampshire	\$4.00	\$8.00	\$12.00
New Jersey	\$4.50	\$9.00	\$13.25
New Mexico	\$2.50	\$5.00	\$7.25
New York	\$4.00	\$8.00	\$12.00
North Carolina	\$2.75	\$5.50	\$8.00
North Dakota	\$3.00	\$6.00	\$8.75
Ohio	\$2.75	\$5.50	\$8.25
Oklahoma	\$3.00	\$6.00	\$9.00
Oregon	\$2.75	\$5.50	\$8.00
Pennsylvania	\$2.50	\$5.00	\$7.50
Rhode Island	\$3.25	\$6.50	\$9.50
South Carolina	\$3.00	\$6.00	\$9.00
South Dakota	\$3.00	\$6.00	\$8.75
Tennessee	\$2.50	\$5.00	\$7.25
Texas	\$3.75	\$7.50	\$11.25
Utah	\$3.00	\$6.00	\$8.75
Vermont	\$3.25	\$6.50	\$9.50
Virginia	\$2.75	\$5.50	\$8.25
Washington	\$2.75	\$5.50	\$8.00
West Virginia	\$2.50	\$5.00	\$7.50
Wisconsin	\$2.75	\$5.50	\$8.25
Wyoming	\$3.00	\$6.00	\$8.75

¹Other Pharmacies are Available in Our Network.

SILVERSCRIPT®

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

NAME
ADDRESS
ADDRESS 2
CITY, STATE, ZIP

Important Plan Information
Información Importante Sobre el Plan

MEDICARE PRESCRIPTION DRUG PLAN INDIVIDUAL ENROLLMENT FORM

To Enroll in a SilverScript Insurance Company Medicare Part D Prescription Drug Plan Provide the Following Information

Check which plan you want to enroll in. CVS Caremark Value (PDP)¹ CVS Caremark Plus (PDP)¹

LAST Name FIRST Name Middle Initial Mr. Mrs. Ms.

Birth Date Sex E-mail Address **Optional** Home Telephone
 __ __ / __ __ / __ __ __ __ M F ()

If you live in a Long-term Care Facility, provide name below Telephone
 ()

Permanent Residence/Long-term Care Facility Address **City** **State** **ZIP Code**
 (PO Box is not allowed)

Mailing Address (if different from Above Address) **City** **State** **ZIP Code**

Optional Emergency Contact: _____
 Telephone _____ Relationship to You _____

Please Provide Your Medicare Insurance Information


Use your Medicare card to complete this section.

Please fill in these blanks so they match your red, white and blue Medicare card

OR -

Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A or Part B (or both) to join a Medicare prescription drug plan.



SAMPLE ONLY

Name: _____

Medicare Claim Number Sex
 _____ - _____ - _____ M F

Is Entitled To **HOSPITAL (Part A)** Effective ____ - ____ - ____

MEDICAL (Part B) Effective ____ - ____ - ____

Please Provide the Following Key Information to Ensure All of Your Benefits are Considered

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Do you have other prescription drug coverage in addition to SilverScript Insurance Company? Yes No

If "yes," refer to your plan's insurance card or enrollment confirmation and provide all coverage information (indicate if coverage is primary or secondary). The shaded line shows how this may appear on your card.

<i>Plan Name</i>	<i>Effective Date</i>	<i>Term Date</i>	<i>RxBin</i>	<i>RxPCN</i>	<i>RxGroup</i>	<i>RxID #</i>
ABC Insurance (Primary)	10/01/2008	12/31/2012	123456	0049876912	ABC1234	123456789

Enrollment Eligibility

Typically, you may enroll in a Medicare Prescription Drug Plan only during the annual enrollment period between October 15 and December 07 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the annual enrollment period. Please read the below statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for that reason which will help us to determine your enrollment period.

Reasons for Annual Enrollment Period Eligibility

- I am enrolling between 10/15/11-12/7/11 the current Annual Enrollment Period.

Reasons for Initial Enrollment Period Eligibility

- I am new to Medicare.
- I have previously had Medicare but am now turning 65.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on __ __/__ __/__ __ __ __.

Reasons for Special Enrollment Period Eligibility

- | | |
|---|--|
| <p><input type="checkbox"/> I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.</p> <p><input type="checkbox"/> I no longer qualify for extra help paying for my Medicare prescription drug coverage. I stopped receiving extra help on __ __/__ __/__ __ __ __.</p> <p><input type="checkbox"/> I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). I lost my drug coverage on __ __/__ __/__ __ __ __.</p> <p><input type="checkbox"/> I get extra help paying for Medicare prescription drug coverage but do not have Medicaid.</p> <p><input type="checkbox"/> In the last 12 months, I left a Medigap policy to join a Medicare Advantage Plan with prescription drug coverage for the first time.</p> <p><input type="checkbox"/> In the last 12 months, I turned 65 and joined a Medicare Advantage Plan with prescription drug coverage.</p> <p><input type="checkbox"/> I am (circle one) leaving/losing/joining employer or union coverage on __ __/__ __/__ __ __ __.</p> <p><input type="checkbox"/> I belong to a pharmacy assistance program provided by my state.</p> <p><input type="checkbox"/> I received a notice from the Plan/Medicare that I am eligible for a special enrollment period (SEP).</p> | <p><input type="checkbox"/> I recently moved outside the service area for my current plan or I recently moved and this plan is a new option for me. I moved on __ __/__ __/__ __ __ __.</p> <p><input type="checkbox"/> I am disenrolling from a Medicare cost plan that I had prescription drug coverage from.</p> <p><input type="checkbox"/> I am being disenrolled from a Medicare special needs plan because I no longer have special needs status.</p> <p><input type="checkbox"/> I recently lost Medicare Part B but I still have Part A.</p> <p><input type="checkbox"/> I am losing or lost my participation in a pharmacy assistance program provided by my state on __ __/__ __/__ __ __ __.</p> <p><input type="checkbox"/> My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.</p> <p><input type="checkbox"/> I recently left a PACE program (Program of all inclusive care for the elderly.)</p> <p><input type="checkbox"/> I live in, am moving into, or recently moved out of a Long-Term Care Facility. I (circle one) moved/will move into/out of this facility on __ __/__ __/__ __ __ __.</p> <p><input type="checkbox"/> I am disenrolling from my Medicare Advantage Plan between 1/1/2012 and 2/14/2012 to enroll in original Medicare.</p> |
|---|--|

- None of these statements apply to me. Please contact us at 1-866-552-6106 to see if you are eligible to enroll. We are open from 8 a.m. to 2 a.m., ET, 7 days a week. TTY users call 1-866-552-6288.

Paying Your Plan Premium

You can pay your Medicare Prescription Drug Plan monthly premium (including any late enrollment penalty you may owe) by mail, automatic bank draft withdrawal, automatic deduction from your monthly Railroad Retirement Board check, automatic deduction from your Social Security benefit check, or credit card. If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security or Railroad Retirement Board benefit check or be billed directly by Medicare. Do NOT pay the Part D-IRMAA extra amount to SilverScript Insurance Company. People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800 325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp. If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover, please select an option below to pay the remaining premium that Medicare does not cover.

Please select a premium payment option. (If you don't select an option, you will receive a monthly bill.)

Automatic deduction from your Social Security or Railroad Retirement Board benefit check

Automatic deduction from your Social Security/Railroad Retirement Board benefit check may take two or more months to begin and you are responsible for paying your monthly premiums from your enrollment effective date till the date your automatic deduction from SSA begins. If your automatic deduction is not approved we will send you a monthly bill.

Electronic funds transfer (EFT) from your bank or automatic deduction from your credit card. By selecting EFT, I authorize the bank or financial institution named below to withdraw a deduction of up to \$200 at a time from the indicated account as payment of premiums payable to SilverScript Insurance Company. The bank or other financial organization will be fully protected in honoring these payments until written notice from me canceling this request is received.

Deduct from **Checking** **Savings**

Deduct from Credit Card

Name on Acct. _____

Name on Card _____

Financial Institution _____

Type of Card (VISA/MC) _____

Routing/Acct. # _____

Card # _____

(Both 1st and 2nd set of numbers at bottom left of check)

(Record entire card number)

Acct. Holder Signature _____

Card Holder Signature _____

Receive monthly bills that you can pay by mail. Reminder, if you have secondary coverage that pays for part of your premiums (for example: from your employer or an SPAP) then you must choose monthly bills that you can pay by mail in order for the secondary coverage to be applied correctly.

Alternate Languages and/or Formats

Would you like to receive this information in Spanish? ¿Le gustaría recibir esta información en español? Y N

To receive information in an alternate format, such as Braille, audio tape or large print, please contact us at:

1-866-235-5660, 24 hours a day, 7 days a week. TTY: 1-866-236-1069.



Please Read This Important Information

If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining SilverScript Insurance Company, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage, as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

If you currently have health coverage from an employer or union, joining SilverScript Insurance Company could affect your employer or union health benefits. You could lose your employer or union health coverage if you join SilverScript Insurance Company. Read the communications your employer or union sends you. If you have questions, visit their Web site, or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator, or the office that answers questions about your coverage can help.

Please Read Terms and Sign Below

By completing this enrollment application, I agree to the following: SilverScript Insurance Company offers two Medicare drug plans and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform SilverScript Insurance Company 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 – if I am currently in a Medicare prescription drug plan, my enrollment in SilverScript Insurance Company will end that enrollment. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment period (October 15 – December 7), unless I qualify for certain special circumstances.

SilverScript Insurance Company serves a specific service area. If I move out of the area that SilverScript Insurance Company serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies except in an emergency when I cannot reasonably use SilverScript Insurance Company network pharmacies. Once I am a member of SilverScript Insurance Company, 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 Insurance Company when I get it to know which rules I must follow to get coverage.

I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with SilverScript Insurance Company, he/she may be paid based on my enrollment in SilverScript Insurance Company. Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program and the Medicare Savings Program.

Release of Information: By joining this Medicare prescription drug plan, I acknowledge that SilverScript Insurance Company will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that SilverScript Insurance Company will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under State law where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Medicare.

Please sign below to certify you have read, understand, and agree to the conditions written above.

<p>_____</p> <p>Signature Today's Date</p> <hr/> <p>Authorized representatives must sign above and complete the box below.</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Telephone _____</p> <p>Relationship to Enrollee _____</p> <p>Email _____</p> <p><input type="checkbox"/> Please check if Authorized representative should receive duplicate copy of Plan materials.</p>	<p style="text-align: center;">Agent/Plan Use Only</p> <p>Application Recd _____/_____/_____</p> <p>Effective Date _____/_____/_____</p> <p>CUID _____ Agent ID _____</p> <p>Agent Name _____</p> <p>Agent Signature _____</p> <p>Portal Confirmation #SS _____</p> <p style="text-align: center;">Checklist to remember</p> <p><input type="checkbox"/> Enter application in the portal</p> <p><input type="checkbox"/> Submit copy to SS w/in 48 hrs.</p> <p><input type="checkbox"/> Submit Scope of appt (Not required if app mailed to agent)</p> <p>After entering the application into the portal, please send <u>all pages</u> of the signed, completed Application AND Scope of Appointment Form to:</p> <p>SilverScript Insurance Company Attn. Agent Processing, PO Box 52134, Phoenix AZ 85072 fax: 1-866-552-6205 email: EnrollmentVerification@Caremark.com</p>
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SilverScript Insurance Company - S5601

2011 Medicare Plan Ratings

The Medicare Program rates how well Medicare health and drug plans perform in different categories (for example, detecting and preventing illness, ratings from patients, patient safety, drug pricing and customer service). The information provided below is an overall plan rating of our plan's performance. This information is available to help you make the best choice. If you would like to get additional information on our plan's performance please contact us at 866-552-6106 (toll-free) or 866-552-6288 (TTY/TDD) for prospective members, 866-235-5660 (toll-free) or 866-236-1069 (TTY/TDD) for current members, or you may visit www.medicare.gov.

Below is a summary of how our plan rated in quality and performance.

The number of stars shows how well our plan performs.

- ★★★★★ means excellent
- ★★★★ means above average
- ★★★ means average
- ★★ means below average
- ★ means poor

SilverScript Insurance Company - S5601	
Overall Plan Rating	★★★★ 3.5 Stars
	<p>The Overall Plan Rating combines scores for the types of services each plan offers:</p> <p>What is being measured?</p> <ul style="list-style-type: none">• For plans covering health services, the overall score for quality of those services covers 36 different topics in 5 categories:<ul style="list-style-type: none">○ Staying healthy: screenings, tests, and vaccines: Includes how often members got various screening tests, vaccines, and other check-ups that help them stay healthy.○ Managing chronic (long-term) conditions: Includes how often members with different conditions got certain tests and treatments that help them manage their condition.○ Ratings of health plan responsiveness and care: Includes ratings of member satisfaction with the plan.○ Health plan member complaints and appeals: Includes how often members filed a complaint against the plan.○ Health plan telephone customer service: Includes how well the plan handles calls from members.• For plans covering drug services, the overall score for quality of those services covers 17 different topics in 4 categories:

SilverScript Insurance Company - S5601

- **Drug plan customer service:** Includes how well the drug plan handles calls and makes decisions about member appeals.
 - **Drug plan member complaints and Medicare audit findings:** Includes how often members filed a complaint about the drug plan.
 - **Member experience with drug plan:** Includes member satisfaction information.
 - **Drug pricing and patient safety:** Includes how well the drug plan prices prescriptions and provides updated information on the Medicare website. Includes information on how often members with certain medical conditions get prescription drugs that are considered safer and clinically recommended for their condition.
- **For plans covering both health & drug services,** the overall score for quality of those services covers **all of the 53 topics listed above.**

Where does the information for the Overall Plan Rating come from?

- For quality of **health services**, the information comes from sources that include:
 - Member surveys done by Medicare
 - Information from clinicians
 - Information submitted by the plans
 - Results from Medicare's regular monitoring activities
- For quality of **drug services**, the information comes from sources that include:
 - Results from Medicare's regular monitoring activities
 - Reviews of billing and other information that plans submit to Medicare
 - Member surveys done by Medicare

Why is the Overall Plan Rating important?

The Overall Plan Rating gives you a single summary score that makes it easy for you to compare plans based on quality and performance. Learn more about differences among plans by looking at the detailed ratings.