

SilverScript®

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



PSHB



November 2, 2024

JOHN09 Q SAMPLE09
108 HARVEST LN
BROOMALL, PA 19008-4402

Effective Date: January 1, 2025

Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (also called a Low Income Subsidy Rider or LIS Rider)

Please keep this notice – it is part of the *Evidence of Coverage* for SilverScript (EGWP) Employer PDP sponsored by NALC Health Benefit Plan PSHB (SilverScript (EGWP)).

Our records show that you qualify for Extra Help in paying for your prescription drug coverage. This means that you will get help paying any applicable monthly premium and prescription drug cost sharing.

As a member of our plan, you will receive the same coverage as someone who is not getting Extra Help. Your membership in our plan will not be affected by the Extra Help. This also means that you must follow all the rules and procedures in the *Evidence of Coverage*.

Please see the chart below for a description of your prescription drug coverage:

Your monthly plan premium is	Your annual deductible is	Your cost-sharing amount for generic/preferred multi-source drugs is no more than	Your cost-sharing amount for all other drugs is no more than
Please contact NALC Health Benefit Plan PSHB for more information about the premium for this plan.*	\$0.00	\$4.90 (each prescription)	\$12.15 (each prescription)

- * **Your monthly invoice may reflect a different premium amount.** The listed premium does not include any amount, such as a Medicare Part B premium, that you may need to pay. If you receive the invoice for the SilverScript (EGWP) premium from a third party, such as your former employer or a qualified State Pharmaceutical Assistance Program (SPAP), SilverScript (EGWP) will coordinate with that third party so that you will not pay more than the premium amount listed above for your prescription drug benefit. The plan premium you pay has been calculated based on the plan's premium and the amount of Extra Help you get.

Please note: Listed above are the Low Income Subsidy (LIS) amounts determined by Medicare. You will always have the benefit of the lowest cost-sharing amount between your SilverScript (EGWP) plan and the LIS amounts.

Please refer to your *Evidence of Coverage* for more information on paying your plan premium. If your Extra Help is less than the premium for this plan, you should be aware that you have the option to enroll in a standalone prescription drug plan for which you may have a lower premium, but may also receive a lower level of benefits.

Once the amount both you and Medicare pay (as the Extra Help) reaches \$2,000 in a year, your copayment amount(s) will go down to \$0.00 per prescription for covered Part D drugs.

NALC Health Benefit Plan PSHB offers additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan. You will not get any extra help to pay for these drugs. To find out which drugs our plan covers, please call SilverScript (EGWP) Customer Care.

In addition, the amount you pay when you fill a prescription for these Non-Part D Supplemental Benefit drugs does not count towards your deductible, total drug costs or total out-of-pocket expenditures (that is, the amount you pay does not help move you through the benefit or reach Catastrophic Coverage). Please contact us to find out to which drugs this applies. Our contact information appears at the end of this notice.

Medicare or Social Security will periodically review your eligibility to make sure that you still qualify for Extra Help with your Medicare prescription drug plan costs. Your eligibility for Extra Help might change if there is a change in your income or resources, if you get married or become single, or you lose Medicaid.

If you have any questions about this notice, please contact Customer Care at 1-833-272-9886, 24 hours a day, 7 days a week, or visit Caremark.com. TTY users should call 711.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

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