

Confirmation of Enrollment Evidence of Coverage, Part I

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Customer Care
Call: (toll-free) 1-800-837-4092
TTY: (toll-free) 1-866-236-1069
Hours of operation: 24 hours a day, 7 days week

Confirmation of Enrollment

Notes:

Please process Medicare Part D claims for this member using the following information:

RxID: G123456789
RxGroup: Rx9404
RxBin: 004336
RxPCN: ADV

Dear Member,

Welcome to the SilverScript State of Kansas Plan, a prescription drug plan provided by the SilverScript® Insurance Company. We are dedicated to providing you with an easy-to-use plan with reliable service and affordable coverage. Medicare has approved your enrollment in the SilverScript State of Kansas Plan beginning 01/01/2009.

Start Using Your Plan

You can begin using SilverScript network pharmacies beginning with your effective date. The codes in the top right-hand corner of this letter contain the information your pharmacist needs to process your prescriptions right away.

There is no need to wait for your membership card!

This letter is proof of insurance that you can use at your pharmacy until you get your Member ID card.

With more than 62,000 network pharmacies nationwide, most likely your current pharmacy is in our network. You can find your nearest network pharmacy in your personalized Pharmacy Listing, on the proceeding pages. If your local pharmacy is not in our network, please contact Customer Care at 1-800-837-4092, they are always glad to help. It is important to use a network pharmacy for complete prescription coverage. You may use an out-of-network pharmacy for emergencies, but coverage is dependent upon review and, in some cases, we may not pay for your prescriptions.

Along with the Confirmation of Enrollment letter, this packet includes:

- **Evidence of Coverage, Part I:** plan information including your co-payments/co-insurance
- **Pharmacy listing:** created for your zip code, listing the most current pharmacies in our network
- **Information about your 2009 plan:** including information on utilization management
- **Low-income Subsidy Rider:** for members who receive extra help from the Centers for Medicare & Medicaid (CMS)
- **Evidence of Coverage, Part II:** detailed information about your responsibilities and rights as a member. The Evidence of Coverage, Part II includes a list of commonly prescribed Preferred Brand drugs covered in the SilverScript State of Kansas Plan.

General Exclusions

Excluded Drugs

Here is a list of common drug exclusions. In most cases, unless covered by your employer or your state Medicaid program, we will not pay for the exclusions and neither will Medicare.

- We cannot cover a drug that would be covered under Medicare Part A or Part B.
- We cannot cover a drug purchased outside the United States and its territories.
- We cannot cover off-label uses of a drug that is not supported by reference-book citations. Off-label use encompasses any use other than those indicated on a drug's label as approved by the FDA. If the use is not supported by one of these references, known as compendia, the drug is considered 'non-Part D' and cannot be covered. The reference books citing off-label uses are: American Hospital Formulary Service Drug Information, the DRUGDEX Information System, and USPDI or its successor.

Other exclusions include:

- Non-prescription drugs (or over-the counter drugs)
- Drugs when used for treatment of anorexia, weight loss, or weight gain
- Drugs when used to promote fertility
- Drugs when used for cosmetic purposes or to promote hair growth
- Drugs when used for the symptomatic relief of cough or colds
- Prescription vitamins/minerals, except prenatal vitamins and fluoride preparations
- Outpatient drugs for which the manufacturer requires associated tests or monitoring services be purchased exclusively from them as a condition of sale
- Barbiturates and Benzodiazepines
- Drugs, such as Viagra, Cialis, Levitra, and Caverject, when used for the treatment of sexual or erectile dysfunction

Concerning the Monthly Premium

Please refer to The Evidence of Coverage, Part I, for more information on your monthly premium.

Your premium may include a late enrollment penalty. If we determine that you owe a late enrollment penalty (or have a late enrollment penalty that needs to be adjusted), we will notify you. More information concerning late enrollment penalties can be found in The Evidence of Coverage, Part II.

If you qualify for extra help from CMS a Low-Income Subsidy Rider will be included in this mailing. The rider will outline the extra help you are receiving from CMS.

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. Your Medigap Issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Call your Medigap Issuer for details.

We Look Forward to Serving You

Providing quality service to you is our focus. If you have questions about the information provided, please contact us at 1-800-837-4092, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069. Or visit our Web site at stateofkansas.silverscript.com.

Sincerely,

SilverScript State of Kansas Customer Care Team

Evidence of Coverage, Part I

Benefits at a Glance

This section outlines the standard plan details for the SilverScript State of Kansas Plan.

Your Monthly Premium for the Plan

Your premium will be included in your monthly payment to State of Kansas.

Deductible

There is no deductible for this plan.

Initial Coverage Period

During the **initial coverage period**, we will share the cost of your covered prescription drugs. The amount you pay when you fill a prescription is the co-payment or co-insurance. Your co-payment or co-insurance will vary depending on the drug and where the prescription is filled.

Once your total drug costs reach \$2,700, you will reach your **initial coverage limit**. Your initial coverage limit is calculated by adding payments made by this Plan and you/others on your behalf.

Coverage Gap

Unlike standard Medicare Part D plans you will not experience the Coverage Gap. After your total drug costs reach \$2,700, we will continue to provide prescription drug coverage until your total out-of-pocket costs reach \$4,350. You will continue to pay the same co-payments during the coverage gap.

The cost-sharing amount the Plan pays in the coverage gap does not count toward the TrOOP amount. Once your total out-of-pocket costs reach \$4,350, you will qualify for catastrophic coverage.

Catastrophic Coverage

In order to qualify for catastrophic coverage, you must spend \$4,350 out-of-pocket for the year. During catastrophic coverage you will pay: the greater of 5% coinsurance or \$2.40 for generics (and drugs treated like generics) and \$6.00 for all other drugs. We will pay the rest.

Drug Management Programs

Drug Utilization Review:

We conduct drug utilization reviews of every prescription filled for our members to make sure that they are getting safe and appropriate care.

Medication therapy management programs:

These programs were developed by a team of pharmacists and doctors to provide better coverage for our members. They help verify our members are using appropriate drugs to treat their medical conditions and help identify medication errors. If you are selected to join a medication therapy management program we will send you additional information about it.

Transition Policy:

You may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. These restrictions can change from year to year. The transition policy can't be used to buy a non-Part D drug. Speak to your doctor to determine if you should switch to a covered drug or request a formulary exception. While you are discussing options with your doctor we may provide a temporary refill of the non-formulary drug. The transition supplies parameters are:

- temporary supply of a non-formulary/coverage limit Part D drug: 31-day supply
- resident of a long-term care facility: 90-day supply

Drug Management Programs

For certain prescription drugs, we have additional requirements or limits on coverage. The requirements or limits are:

Prior Authorization:

We require you to get prior authorization (prior approval) for certain drugs. This means that your provider will need to contact us before you fill your prescription.

Quantity Limits:

For certain drugs, we limit the amount of the drug that we will cover per prescription or for a defined period of time.

Step Therapy:

In some cases, we require you to first try one drug to treat your medical condition before we will cover another drug.

Please contact Customer Care or visit our Web site for an up-to-date drug list with requirements or limits. If your doctor determines that you aren't able to meet the additional restrictions or limits due to medical reasons, you may request an exception (a type of coverage determination).

Home Infusion Pharmacies

CORAM ALTERNATE SITE SVCS

1725 W 1st St
Tempe, AZ 85281-7622
(480) 968-1199

PREFERRED HOMECARE

2546 W Birchwood Ave Ste 101
Mesa, AZ 85202-1107
(480) 446-9010

LINCARE PHARMACY SERVICES INC

2414 W 12th St Ste 1
Tempe, AZ 85281-6955
(480) 784-1555

PATIENT CARE INFUSION

1626 S Edward Dr
Tempe, AZ 85281-6200
(602) 252-5000

WALGREEN HOME CARE

5064 S 40th St Ste A
Phoenix, AZ 85040-2902
(602) 426-4490

CRITICAL CARE SYSTEMS INC

4645 S Ash Ave Ste I-6
Tempe, AZ 85282-6737
(480) 897-2927

Long-Term Care Pharmacies

KINDRED PHARMACY SERVICES

9525 E Doubletree Ranch Rd
Scottsdale, AZ 85258-5538
(480) 451-3434

SAFETY DRUGS

20612 N Cave Creek Rd Ste 150
Phoenix, AZ 85024-4440
(602) 252-1299

PHARMERICA

1728 W Glendale Ave
Phoenix, AZ 85021-8860
(602) 995-0832

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1728 W Glendale Ave
Phoenix, AZ 85021-8860
(602) 995-0832

ARIZONA RX SOLUTIONS

2432 W Peoria Ave Ste 1005
Phoenix, AZ 85029-4727
(602) 944-0700

ONEPOINT PATIENT CARE

3006 S Priest Dr
Tempe, AZ 85282-3400
(480) 240-1111

Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies

SALT RIVER INDIAN CLINIC

10005 E Osborn Rd
Scottsdale, AZ 85256-4019
(480) 946-9066

PHOENIX INDIAN MEDICAL CENTER

4212 N 16th St
Phoenix, AZ 85016-5319
(602) 263-1506

GILA CROSSING HEALTH CENTER

51st Avenue & Beltline Rd
Laveen, AZ 85339
(520) 550-6000

How much do you pay for drugs covered by this Plan?

The amount you pay for your drug depends on what coverage level you are in and the type of drug it is. Your plan formulary outlines covered drugs and what tier they are on. For information on the drug listing, please contact Customer Care or visit the Web site.

Your 2009 co-payments/co-insurance during the Initial Coverage Period. The Initial Coverage Period starts after any applicable deductible is met.

Drug Tier	Network Retail (up to 60-day supply)	Network Mail Order (up to 60-day supply)
Preferred Pharmacies		
Tier 1 - Generic	25% with a maximum of \$30.00	25% with a maximum of \$30.00
Tier 2 - Preferred Brand	35% with a maximum of \$100.00	35% with a maximum of \$100.00
Tier 3 - Non-Preferred Brand	60% with a maximum of \$150.00	60% with a maximum of \$150.00
Tier 4 - Specialty	35% with a maximum of \$200.00	N/A

Pharmacy Listing

This is your Pharmacy listing, a list based on your zip code of network pharmacies in your area organized by pharmacy type. The list does not include all of our network pharmacies. If you do not see your favorite pharmacy, please contact Customer Care or visit our Web site at stateofkansas.silverscript.com.

Retail Pharmacies

SCOTTSDALE MEDICAL SPECIALISTS
10460 N 92nd St Ste 304
Scottsdale, AZ 85258-4548
(480) 767-7337

FRY'S FOOD & DRUG
10450 N 90th St
Scottsdale, AZ 85258-4406
(480) 661-0238

APOTHECARY SHOP OF SCOTTSDALE
9777 N 91st St Ste C102
Scottsdale, AZ 85258-5087
(480) 451-3771

WALGREENS
10135 E Via Linda
Scottsdale, AZ 85258-5328
(480) 391-3769

KINDRED PHARMACY SERVICES
9525 E Doubletree Ranch Rd
Scottsdale, AZ 85258-5538
(480) 451-3434

FRY'S FOOD & DRUG
8900 E Via Linda
Scottsdale, AZ 85258-5404
(480) 657-6433

WALGREENS
7337 N Via Paseo Del Sur
Scottsdale, AZ 85258-3743
(480) 951-0732

SUN UNITED DRUGS
10810 E Via Linda
Scottsdale, AZ 85259-3909
(480) 860-6866

RANCH PHARMACY
9619 N Hayden Rd Ste 114
Scottsdale, AZ 85258-5825
(480) 443-4656

SAFeway PHARMACY
11275 E Via Linda
Scottsdale, AZ 85259-4073
(480) 451-1177

WALGREENS
11350 E Via Linda
Scottsdale, AZ 85259-4078
(480) 661-9963

ALBERTSON'S PHARMACY
11475 E Via Linda
Scottsdale, AZ 85259-2638
(480) 767-7274

CVS PHARMACY
14672 N Frank Lloyd Wright Blv
Scottsdale, AZ 85260-2043
(480) 661-2936

SAFeway PHARMACY
14696 N Frank Lloyd Wright Blv
Scottsdale, AZ 85260-2043
(480) 391-1186

WALGREENS
15025 N Thompson Peak Pkwy
Scottsdale, AZ 85260-2863
(480) 551-6429

CVS PHARMACY
10653 N Scottsdale Rd
Scottsdale, AZ 85254-5263
(480) 998-3500

SCOTTSDALE PROF PHARMACY LTD
10900 N Scottsdale Rd Ste 403
Scottsdale, AZ 85254-5232
(480) 946-9477

CVS PHARMACY
10010 N Scottsdale Rd
Paradise Valley, AZ 85253-1421
(480) 607-5025

SAMS CLUB PHARMACY
15255 N Northsight Blvd
Scottsdale, AZ 85260-2602
(480) 998-8302

WALGREENS
7011 E Shea Blvd
Scottsdale, AZ 85254-5249
(480) 948-7820

TARGET PHARMACY
9000 E Indian Bend Rd
Scottsdale, AZ 85250-8502
(480) 951-5633

Mail Service Pharmacy

CVS Caremark Mail Service Pharmacy

Customer Care: 1-800-837-4092; TTY/TDD: 1-866-236-1069

SILVERSCRIPT[®]
A CVS CAREMARK COMPANY



P.O. Box 280200, Nashville, TN 37228



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JOHN Q SAMPLE
9501 E SHEA BLVD
SCOTTSDALE, AZ 85260

John
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Q

Sample

SCOTTSDALE
05/05/1925

AZ

(480)669- 783
G123456789

85260

2009 30 Day Survey

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12/29/2008



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