

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

Summary of Benefits for Employee Group Waiver Program (EGWP)

SilverScript Employer PDP sponsored by World Bank Group (SilverScript)

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

January 1, 2016 – December 31, 2016

SECTION I – Introduction to Summary of Benefits

Medicare-approved Part D prescription drug plan sponsored by World Bank Group (SilverScript Employer PDP) is a Medicare-approved Part D prescription drug plan with additional coverage provided by the World Bank Group to expand the Part D benefits. “Employer PDP” means that the plan is an employer-provided prescription drug plan. The Plan is offered by SilverScript® Insurance Company which is affiliated with CVS/caremark™, World Bank Group’s current pharmacy benefit manager.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

You have choices about how to get your Medicare prescription drug benefits

The World Bank Group is offering you a plan not offered to the public. As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options:

- **SilverScript Employer PDP sponsored by World Bank Group**
- Individual coverage through a non-World Bank Group Medicare Part D prescription drug plan
- Individual coverage through a non-World Bank Group Medicare Advantage Plan (like an HMO or PPO) or a non-World Bank Group Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.

The choice is up to you. However, **if you are eligible for SilverScript Employer PDP sponsored by World Bank Group, and you decide not to be enrolled in the plan, you will lose your prescription drug coverage from the World Bank Group.** If you choose to opt out, you will have a one-time option to re-enroll in the SilverScript plan in the future, but you will have to show proof of continuous creditable prescription drug coverage if your break in coverage is more than 60 days. If you are the retiree and you opt out of SilverScript, your covered spouse and any other covered dependents will also lose their prescription drug coverage.

Before making any decisions about another plan, please call World Bank Group HR Operations at 1-202-473-2222 or via email at hroperations@worldbank.org (put “EGWP” in the subject line) to make sure you understand what will happen to your prescription drug coverage.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what SilverScript covers and what you pay.

- If you want to compare SilverScript with other Medicare health plans, ask the other plans for their Summary of Benefits booklets.
- You can also find information about Medicare plans in your area other than SilverScript by using the *Medicare Plan Finder* on Medicare website. Go to <http://www.medicare.gov> and click “find health & drug plans.” There you can find information about costs, coverage and quality ratings for Medicare plans.

- If you would like to know more about the coverage and costs of Original Medicare, review your current *Medicare & You* handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- For the details about the Medicare Part D portion of your plan, please call SilverScript Customer Care and ask for the *Evidence of Coverage*.

Information in this booklet

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

This document is available in other formats such as Braille and large print. This document may be available in languages other than English. For additional information, call us at 1-866-785-5709, available 24 hours a day, 7 days a week. TTY users should call 711.

Este documento está disponible en otros formatos tales como Braille y en letras grandes. Este documento podría estar disponible en un idioma distinto al inglés. Para obtener información adicional, llámenos al 1-866-785-5709, las 24 horas del día, los 7 días de la semana. Los usuarios de teléfono de texto (TTY) deben llamar al 711.

Things to Know About SilverScript

SilverScript Phone Numbers and Website

- Call toll-free 1-866-785-5709. TTY users should call 711.
- Our website: worldbankgroup.silverscript.com.

Hours of Operation

24 hours a day, 7 days a week.

Who can join?

To join SilverScript, you must meet the following three criteria:

- Be entitled to Medicare Part A, and/or enrolled in Medicare Part B.
- Live in our service area, the United States and its territories.
- Meet any additional requirements established by the World Bank Group.

Which drugs are covered?

The plan will provide you with a list of commonly used prescription drugs selected by SilverScript and **covered under the Medicare Part D portion of the plan**. This list of drugs is called a *Formulary*. You may review the complete plan formulary and any restrictions on our website at worldbankgroup.silverscript.com. Or call SilverScript, and we will send you a copy of the formulary. This formulary does not include drugs covered through the additional coverage provided by the World Bank Group (*see below*).

The formulary may change throughout the year. Drugs may be added, removed or restrictions may be added or changed. These restrictions include:

- **Quantity Limits (QL)**
For certain drugs, SilverScript limits the amount of the drug that it will cover.
- **Prior Authorization (PA)**
SilverScript requires you or your physician to obtain prior authorization for certain drugs. This means that you will need to get approval from us before we fill your prescription. If you do not obtain approval, SilverScript will not cover the drug.
- **Step Therapy (ST)**
In some cases, SilverScript requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, SilverScript will not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript will then cover Drug B.

How will I determine the cost-sharing tiers for my drugs?

SilverScript groups each medication into one of four tiers:

- **Generic drugs (Tier 1)** – the most cost effective drugs to buy. The active ingredients in generic drugs are exactly the same as the active ingredients in brand drugs whose patents have expired. They are required by the Food and Drug Administration (FDA) to be as safe and effective as the brand drug.
- **Preferred Brand drugs (Tier 2)** – brand drugs that do not have a generic equivalent and are included on a preferred drug list. They are usually available at a lower cost than Non-Preferred Brand drugs.
- **Non-Preferred Brand drugs (Tier 3)** – brand drugs that are not on a preferred drug list and usually are available at a high cost.
- **Specialty drugs (Tier 4)** – high-cost biotech and other unique drugs; this includes both brand and generic drugs.

You will need to use your formulary to find out the tier for your drug or whether there are any restrictions on your drug, as well as to determine your share of the cost. The amount you pay depends on the drug's tier and the payment stage you have reached.

Additional drugs covered by the World Bank Group

The World Bank Group has provided additional coverage to cover certain drugs that are not covered by Medicare Part D or that are not included on the SilverScript formulary but are currently covered on the Retiree Medical Insurance Plan (RMIP) formulary.

These additional drugs are not subject to the SilverScript appeals and exceptions process and the cost of these drugs will not count towards your Medicare out-of-pocket costs or Medicare total drug costs. However, the cost of these additional drugs will count toward your World Bank Group \$1,200 annual out-of-pocket maximum. Please contact SilverScript Customer Care for any questions regarding your additional coverage from World Bank Group.

Which pharmacies can I use?

The plan has a network of about 68,000 pharmacies. You must use a SilverScript network retail pharmacy or the plan's mail order pharmacy, CVS/caremark Mail Service Pharmacy.

SilverScript has over 7,000 preferred pharmacies in its network. Similar to Maintenance Choice in your current CVS/caremark plan, you pay the same for a 90-day supply of maintenance medications at preferred network retail pharmacies as you would pay at the CVS/caremark Mail Service Pharmacy.

The pharmacies in our network can change at any time. To find a pharmacy near your home or where you are traveling in the United States or U.S. territories, use the pharmacy locator tool on the website at worldbankgroup.silverscript.com or call SilverScript Customer Care. You may call SilverScript Customer Care, 24 hours a day, 7 days a week, to find out which network pharmacies are in your area.

You may use an out-of-network pharmacy only in an emergency or non-routine circumstance. If you use an out-of-network pharmacy, you may be required to pay the full cost of the drug at the pharmacy. In this case, you must complete a paper claim and send it to the plan to request reimbursement. You will be reimbursed the plan's share of the cost.

If you may need to get your prescription filled while you are traveling outside the country, contact SilverScript Customer Care **before** you leave the U.S. You can request a vacation override for up to a 90-day supply of your medication.

Whether you use a network pharmacy or an out-of-network pharmacy, your copayment or coinsurance will be applied toward your World Bank Group annual out-of-pocket maximum of \$1,200.

Prescriptions filled outside the plan's service area, the United States or U.S. territories, will continue to be covered under your medical plan. You will need to submit a paper claim to Aetna.

Please note: Veterans Affairs (VA) pharmacies are not permitted to be included in Medicare Part D pharmacy networks. The federal government does not allow you to receive benefits from more than one government program at the same time.

If you are eligible for VA benefits, you may still use VA pharmacies under your VA benefits. However, the cost of those medications and what you pay out-of-pocket will not count toward your Medicare out-of-pocket costs or Medicare total drug costs. Each time you get a prescription filled, you can compare your World Bank Group benefit through SilverScript to your VA benefit to determine the best option for you.

Section II – Summary of Benefits

How Medicare Part D Stages Work

The **standard Medicare Part D plan** has four stages or benefit levels. This is how these stages will work in 2016:

Stage	Standard Medicare Part D Plan <u>without</u> your additional coverage provided by World Bank Group	SilverScript <u>with</u> your additional coverage provided by World Bank Group <u>This is what you pay</u>
Deductible	\$ 360	\$ 0
Initial Coverage	After meeting the deductible, a person pays 25% of the drug cost until s/he reaches \$3,310 in total drug costs.	Since you have no deductible, you start in this stage. You pay your World Bank Group coinsurance or copayment.
Coverage Gap	Also called the “donut hole,” this is when a person pays a large portion of the cost, either <ul style="list-style-type: none"> • 45% brand-name drug cost • 58% generic drug cost 	You continue to pay only your World Bank Group coinsurance or copayment.
Catastrophic Coverage	After reaching \$4,850 in Medicare Part D out-of-pocket costs, a person pays the greater of : <ul style="list-style-type: none"> • 5% of the drug cost, or • \$2.95 for generic drugs • \$7.40 for brand-name drugs 	After you reach \$4,850 in Medicare Part D out-of-pocket costs, you pay the lower of : <ul style="list-style-type: none"> • Your World Bank Group coinsurance or copayment; <i>or</i> • The Medicare Catastrophic Coverage cost-share, the greater of <ul style="list-style-type: none"> ○ 5% of the drug cost, or ○ \$2.95 for generic drugs ○ \$7.40 for brand-name drugs <p>Once you reach your World Bank Group annual out-of-pocket maximum of \$1,200, the plan pays the full cost.</p>

In 2016, the standard Medicare Part D plan maximum out-of-pocket expense of \$4,850 includes the deductible; any amount you have paid for your coinsurance or copayments for Medicare Part D drugs; any amount you have paid during the coverage gap; any manufacturer discounts on your brand-name drugs in the coverage gap; and any amount paid by Extra Help or other governmental or assistance organizations on your behalf.

Medicare’s maximum out-of-pocket cost does not include the monthly premium, if any; the cost of any prescription drugs not covered by Medicare; any amount paid by SilverScript; or any amount paid through the additional coverage provided by World Bank Group.

Your Prescription Drug Benefits – Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?

SilverScript

Your prescription drug coverage is included in your World Bank Group RMIP premium. If you have a question about your RMIP premium, contact World Bank Group HR Operations at 1-202-473-2222, from Sunday 11:30 pm Eastern Time to Friday 7:00 pm Eastern Time, and from Saturday 11:30 pm Eastern Time to Sunday 1:00 pm Eastern Time or send an email to hroperations@worldbank.org and put “EGWP” in the subject line.

If your individual income is over \$85,000, or if your income is over \$170,000 and you are married filing your taxes jointly, you will be required to pay an Income-Related Monthly Adjustment Amount (IRMAA) in order to maintain your Medicare prescription drug coverage. This premium is adjusted based on your income.

You will receive a letter from Social Security letting you know if you are required to pay this extra amount. This letter will explain how they determined the amount and the actual amount you must pay.

If you are responsible for an additional premium, the extra amount will be deducted automatically from your Social Security payment. If you do not receive Social Security or your Social Security payment is not enough to cover the additional premium, Medicare will send you a bill. You must send your payment to Medicare; you do not pay this IRMAA to the plan.

You will be **reimbursed for any additional premium** you have to pay, using the reimbursement process already in place for members who have to pay an IRMAA for Medicare Part B. **It is important that you make the payment, if required.** If not, Medicare will notify SilverScript that it must stop your prescription drug coverage and you will be disenrolled from the plan.

For more information about the withholdings from your Social Security payment, visit www.socialsecurity.gov/mediinfo.htm, call 1-800-772-1213, 7 a.m. to 7 p.m., Monday through Friday, or visit your local Social Security office. TTY users should call 1-800-325-0778.

For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227).

SilverScript

How much is the deductible?

This plan does not have a deductible.

Initial Coverage

SilverScript
<p>You pay the amounts below until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs for Part D drugs paid by both you and the plan.</p> <p>You may obtain your drugs at network retail pharmacies and CVS/caremark Mail Service Pharmacy. Some of our network pharmacies are preferred pharmacies. Similar to Maintenance Choice in your current CVS/caremark plan, you pay the same for a 90-day supply of a maintenance medication at preferred network pharmacies as you would pay through the CVS/caremark Mail Service Pharmacy.</p>

SilverScript				
Tier	Up to a 30-day supply at a retail network pharmacy	31-day to 60-day supply at a retail network pharmacy	Up to a 90-day supply at a <u>preferred</u> retail network pharmacy	Up to a 90-day supply at a <u>non-preferred</u> retail network pharmacy
Tier 1 Generic	10% of the cost Maximum \$25	10% of the cost Maximum \$50	10% of the cost Maximum \$60	10% of the cost Maximum \$75
Tier 2 Preferred Brand	25% of the cost Maximum \$70	25% of the cost Maximum \$140	25% of the cost Maximum \$175	25% of the cost Maximum \$210
Tier 3 Non-Preferred Brand	40% of the cost Maximum \$120	40% of the cost Maximum \$240	40% of the cost Maximum \$300	40% of the cost Maximum \$360
Tier 4 Specialty				
Generic	5% of the cost Maximum \$50	5% of the cost Maximum \$75	5% of the cost Maximum \$75	5% of the cost Maximum \$75
Preferred Brand	25% of the cost Maximum \$100	25% of the cost Maximum \$150	25% of the cost Maximum \$150	25% of the cost Maximum \$150
Non-Preferred Brand	40% of the cost Maximum \$150	40% of the cost Maximum \$225	40% of the cost Maximum \$225	40% of the cost Maximum \$225

SilverScript	
Tier	Up to a 90-day supply through the mail order pharmacy

Tier 1 Generic	10% of the cost Maximum \$60	
Tier 2 Preferred Brand	25% of the cost Maximum \$175	
Tier 3 Non-Preferred Brand	40% of the cost Maximum \$300	
Tier 4 Specialty	Up to a 30-day supply	Up to a 90-day supply
Generic	5% of the cost Maximum \$50	5% of the cost Maximum \$75
Preferred Brand	25% of the cost Maximum \$100	25% of the cost Maximum \$150
Non-Preferred Brand	40% of the cost Maximum \$150	40% of the cost Maximum \$225

SilverScript	
Tier	Up to a 34-day supply at a long-term care (LTC) facility
Tier 1 Generic	10% of the cost Maximum \$25
Tier 2 Preferred Brand	25% of the cost Maximum \$70
Tier 3 Non-Preferred Brand	40% of the cost Maximum \$120
Tier 4 Specialty	
Generic	5% of the cost Maximum \$50
Preferred Brand	25% of the cost Maximum \$100
Non-Preferred Brand	40% of the cost Maximum \$150

SilverScript

Coverage Gap

Due to the additional coverage provided by the World Bank Group, you pay the World Bank Group coinsurance or copayment. You will see no change in your coinsurance or copayment until you qualify for Catastrophic Coverage.

Once you reach your World Bank Group annual prescription drug out-of-pocket maximum of \$1,200, the plan pays the full cost of your prescription drugs for the rest of the calendar year.

Catastrophic Coverage

SilverScript

After you reach \$4,850 in Medicare out-of-pocket drug costs for the year, you pay the **lower** of:

- Your World Bank Group coinsurance or copayment, or
- Medicare's Catastrophic Coverage, which is the **greater** of
 - 5% of the cost, or
 - \$2.95 copayment for generic, including brand drugs treated as generic, or
 - \$7.40 copayment for all other drugs

Once you reach your World Bank Group annual prescription drug out-of-pocket maximum of \$1,200, the plan pays the full cost of your prescription drugs for the rest of the calendar year.

SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal.

Multi-Language Insert

Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-785-5709. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-785-5709. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我們提供免費的翻譯服務，幫助您解答關於健康或藥物保險的任何疑問。如果您需要此翻譯服務，請致電1-866-785-5709。我們的中文工作人員很樂意幫助您。這是一項免費服務。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-866-785-5709。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-785-5709. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-785-5709. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-785-5709 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-785-5709. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-785-5709 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-785-5709. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-785-866-5709 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-785-5709 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-785-5709. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-785-5709. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-785-5709. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-785-5709. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-866-785-5709** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

SilverScript[®]



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

Important Plan Information
Información Importante Sobre el Plan