

FREQUENTLY ASKED QUESTIONS (FAQs)

About Your New Retiree Prescription Drug Plan

Q1: What is SilverScript Employer PDP sponsored by World Bank Group?

A1: SilverScript Employer PDP sponsored by World Bank Group (SilverScript) is a group Medicare Part D prescription drug plan sponsored by the World Bank Group with additional coverage sponsored by the World Bank Group. It will provide prescription drug coverage for Medicare-eligible retirees and their covered Medicare-eligible spouses/domestic partners and/or their Medicare-eligible dependents in the Retiree Medical Insurance Plan (RMIP).

The combination of the Medicare Part D benefit and the additional coverage from the World Bank Group will mirror the current prescription drug plan and keep retirees whole. It will equal or exceed your current coverage and will provide more coverage than a standard Medicare Part D plan

Q2: What does “Employer PDP” mean?

A2: “Employer PDP” is the Medicare designation for an Employer-provided group Medicare Part D Prescription Drug Plan.

Q3: Who administers SilverScript?

A3: SilverScript® Insurance Company has a contract with Medicare, and administers the plan. It is affiliated with CVS/caremark™, the World Bank Group’s pharmacy benefit manager.

Q4: What is Medicare Part D?

A4: Medicare Part D is Medicare prescription drug coverage that helps to cover the cost of prescription drugs for anyone who is eligible for Medicare Part A and/or enrolled in Medicare Part B. It is provided through private insurance companies, health plans, or employer plans, like the World Bank Group.

Q5: How do I qualify for a Medicare Part D plan?

A5: To qualify for a Medicare Part D plan, you must

- Be eligible for Medicare Part A and/or enrolled in Medicare Part B, and

- Be a U.S. citizen or permanent resident of the United States, and
- Live in the plan's service area which is the United States and its territories.

Q6: Who may be covered by SilverScript?

A6: To be eligible for SilverScript, you must:

- Be eligible for Medicare Part A and/or enrolled in Medicare Part B;
- Live in the SilverScript service area which is the United States and its territories, or live temporarily outside the service area for no more than 12 months;
- Be enrolled in the Retiree Medical Insurance Plan (RMIP), and
- Meet and maintain the World Bank Group's eligibility requirements for the plan.

Q7: What happens if I live outside the service area or overseas?

A7: The service area for this plan is the United States and the U.S. territories, the full area allowed by Medicare. If you live outside this service area, you are not eligible for Medicare Part D and cannot be enrolled in this plan. You will remain on the current CVS/caremark plan. If you later return to the US and are eligible to enroll, we will enroll you automatically.

You may temporarily live outside this service area for up to 12 months. However, you will be disenrolled from SilverScript if you do not return to the service area after that time. Please contact World Bank Group HR Operations to let them know that you are living outside the service area so you are not enrolled in SilverScript or your enrollment can be changed to the CVS/caremark plan.

Q8: How does my prescription drug benefit work with Medicare Part D?

A8: In the materials you receive from SilverScript, you will see information that shows the different stages or benefit levels for a standard Medicare Part D plan. You don't have to worry about the different stages.

The additional coverage sponsored by the World Bank Group covers the gaps between Medicare Part D and your current coverage. You pay the **same coinsurance or copayment** you pay in the current plan design through all the Medicare Part D stages.

Q9: How does a Medicare Part D plan work?

A9: The **standard** Medicare Part D plan has four stages or benefit levels. In 2016, this is how the benefit works **without** the additional coverage sponsored by the World Bank Group:

- **Stage 1** is the **Deductible stage**. This is when a person must pay a certain amount – \$360 in 2016 – before the plan pays any part of the cost.
- **Stage 2** is the **Initial Coverage stage** that begins after a person meets the deductible. During this stage, a person pays 25% of the drug cost until he/she

reaches \$3,310 in total drug costs. Total drug costs are equivalent to the combined total of the amount the person paid and the plan paid during the calendar year for covered drugs.

- **Stage 3** is the **Coverage Gap stage**, also called the “donut hole.” This is when a person pays a large portion of the cost, either 45% of the cost of brand name drugs or 58% of the cost of generic drugs and there is a 50% drug manufacturer discount on brand name drugs. The person stays in this stage until he/she has \$4,850 in Medicare out-of-pocket costs.
- **Stage 4** is the **Catastrophic Coverage stage** that begins after a person reaches \$4,850 in Medicare out-of-pocket costs. This is the stage when the plan pays most of the cost. The person pays the greater of 5% of the prescription drug cost or a minimum copayment of \$2.95 for generic drugs or \$7.40 for brand-name drugs.

Medicare’s out-of-pocket costs include the amount the person paid, the amount others paid on the person’s behalf, such as Extra Help or a State Pharmaceutical Assistance Program (SPAP), and any manufacturer discounts the person received in the Coverage Gap. It does not include the amount the plan paid.

You do not have to worry about these different stages. The additional coverage sponsored by the World Bank Group covers the gaps between Medicare Part D and your current coverage.

Please be advised that **you pay the same coinsurance and copayment you currently pay** through all the Medicare Part D stages and you have the **same World Bank Group RMIP annual out-of-pocket maximum** of \$1,200. **You have no deductible and no coverage gap or donut hole.**

Once you reach Medicare’s out-of-pocket cost, you pay the lower of your current coinsurance or copayment or Medicare’s catastrophic coverage coinsurance or copayment. After you reach your \$1,200 World Bank Group RMIP annual out-of-pocket maximum, you pay nothing for the rest of the calendar year.

Q10: What do I have to pay when I get my prescription filled?

A10: You pay only your World Bank Group coinsurance or copayment whenever you get your prescription filled at preferred or non-preferred network pharmacies.

If you use a SilverScript preferred network pharmacy, you can get a 90-supply of your maintenance medication for the same coinsurance or copayment as mail order, similar to the Maintenance Choice program through CVS/caremark.

If you use an out-of-network pharmacy, you may have to pay the full cost for your prescription and then submit a claim to SilverScript for reimbursement. You will be reimbursed for the plan’s share of the cost.

Q11: What does the additional coverage sponsored by the World Bank Group cover?

A11: The additional coverage sponsored by the World Bank Group fills the gap between the standard Medicare Part D plan and your current coverage, such as:

- Paying the difference in cost between your current coinsurance or copayment and what a standard Medicare Part D plan would pay. You have no deductible and no coverage gap or donut hole
- Covering drugs not on SilverScript's standard drug list or formulary
- Covering certain drugs that are not covered by Medicare Part D
- Limiting your out-of-pocket payments for prescription drugs to \$1,200 per year per individual.

Q12: When would the Medicare Catastrophic Coverage benefit be higher than my World Bank Group benefit? The Medicare catastrophic coverage is only 5% coinsurance.

A12: Yes, the Medicare benefit in the Catastrophic Coverage stage is 5% coinsurance, compared to a higher percentage you pay for your World Bank Group coinsurance. But the Medicare benefit does not have a maximum copayment like your World Bank Group benefit. You always pay the lower cost – either the Medicare benefit or the World Bank Group benefit.

For instance, let's say you are taking a high-cost specialty drug that costs more than \$3,100 per month, like some medications for rheumatoid arthritis. You will pay no more than your World Bank Group maximum copayment of \$150 for the 30-day supply. But the Medicare benefit would cost you more than \$155 (5% times \$3,100).

Q13: How will Medicare's out-of-pocket maximum apply to me? I will reach the World Bank Group out-of-pocket maximum of \$1,200 before I reach Medicare's out-of-pocket maximum of \$4,850.

A13: Yes, in some cases that may be true. But Medicare's annual out-of-pocket cost includes more than just the amount you have paid during the calendar year. It also includes the 50% manufacturer discount for any brand name drugs on the SilverScript formulary that you receive during the Coverage Gap.

Let's say you are taking a high-cost specialty drug that costs more than \$3,100 per month and assume that it is a brand drug on the SilverScript formulary. After you fill the prescription twice in one year, you will have a total drug cost of \$6,200 for the year. You still pay only your \$150 maximum copayment each time you receive the drug.

You move into the Coverage Gap stage after you have total drug costs of \$3,310. Once you are in the Coverage Gap, the 50% manufacturer discount counts toward your Medicare out-of-pocket cost, as well as your \$150 maximum copayment. After four months (by April in the table below), you will reach and exceed the Medicare maximum out-of-pocket (Medicare MOOP) of \$4,850 and move into the Catastrophic Coverage stage, as shown in the table below. At that point, your World Bank Group maximum out-of-pocket (WBG MOOP) will be only \$600.

Month	Drug Costs	Total Drug Costs YTD	Manufacturer Discount	Costs to Medicare MOOP	Medicare MOOP YTD Balance	WBG MOOP YTD Balance
Jan	\$3,100	\$3,100		\$150	\$150	\$150
Feb	\$3,100	\$6,200	\$1,445 = (\$6,200-\$3,310) * 0.50	\$1,595 = \$150+ \$1,445	\$1,745	\$300
Mar	\$3,100		\$1,550 = \$3,100 * 0.50	\$1,700 = \$150+ \$1,550	\$3,445	\$450
Apr	\$3,100		\$1,550	\$1,700	\$5,145	\$600

Q14: Why is the World Bank Group changing its prescription drug coverage?

A14: SilverScript will allow the World Bank Group to take advantage of pharmacy discounts and subsidies from the federal government. These discounts and subsidies will provide savings to the plan that are greater than the current Retiree Drug Subsidy (RDS) program. Additionally, the Patient Protection and Affordable Care Act (PPACA) is improving Medicare Part D coverage for retirees; for example, the coverage gap in Medicare Part D will be eliminated by 2020.

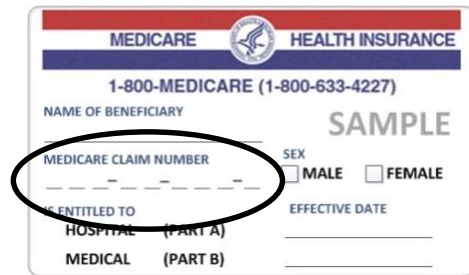
Q15: How do I enroll in the plan?

A15: You should not enroll in Medicare Part D on your own. You will automatically be enrolled in the plan by the World Bank Group if you are enrolled in the RMIP plan and eligible for Medicare Part D.

Q16: What information will the World Bank Group need to enroll me in the plan?

A16: You will be contacted if the World Bank Group needs any information to enroll you in the plan, such as:

- Your Medicare Claim Number from your red, white and blue Medicare Health Insurance card. This number is also referred to as your Health Insurance Claim Number or HICN.
- A U.S. street address if your mailing address for the World Bank Group is a P.O. Box. Medicare requires a street address for enrollment.



Q17: What if I don't have a HICN?

A17: If you do not have a HICN, you will need to enroll in Medicare Part A and/or Medicare Part B, when you become eligible, before you can be enrolled in Medicare Part D.

If you are not eligible for Medicare, you will not be enrolled in the SilverScript plan and will continue to be covered under the CVS/caremark plan.

Q18: When does my coverage in SilverScript start?

A18: Your coverage in SilverScript will begin on **January 1, 2016**, if you are currently eligible for Medicare.

There will be **no interruption in your prescription drug coverage**. You will be covered by CVS/caremark through December 31, 2015. On January 1, 2016, your coverage through SilverScript begins.

Q19: Will I get a new ID card?

A19: Yes, you will get a new SilverScript ID card in December after your enrollment is accepted by Medicare. This ID card will have your unique ID number.

If your spouse/domestic partner is covered on the plan and eligible for Medicare, he or she will also get a new SilverScript ID card. His or her card will have a different ID number.

It is important that you each use your own ID card when filling your prescriptions.

Q20: What if I don't receive my SilverScript ID card by January 1, 2016? How do I get my prescriptions filled?

A20: At the top of the letter you will receive from SilverScript in October, you will see information that your pharmacist needs to fill your prescription. Or you can provide the information in the box to the right.

RxBIN: 004336 RxPCN: MEDDADV RxGrp: RXCVSD
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Please contact SilverScript and tell them that you have not received your card.

Q21: Why are my spouse/domestic partner and I both receiving information from SilverScript?

A21: Medicare is an individual benefit. That means that every person has his or her own account with Medicare. Each person in your family who is eligible for Medicare will each receive his or her own documents and his or her own ID card from SilverScript.

When you get your prescriptions filled, make sure to use your own ID card; your spouse/domestic partner needs to use his or her own ID card to get his or her prescriptions filled.

Q22: What happens to my spouse/domestic partner or my child who is covered on my plan but is not eligible for Medicare?

A22: Your covered spouse/domestic partner and/or your covered child who is not eligible for Medicare will continue to be covered on the current CVS/caremark plan. He or she should continue to use the same prescription drug ID card that he or she is currently using.

Q23: I am enrolled in a Medicare Part D plan through another provider. Could my enrollment in SilverScript affect my coverage in the other plan?

A23: You can be enrolled in only one Medicare prescription drug plan at a time. If you are enrolled in another Medicare prescription drug plan or a Medicare Advantage plan with or without prescription drug coverage, you will be disenrolled from that plan when you are enrolled in SilverScript by the World Bank Group.

Likewise, if you enroll in another Medicare prescription drug plan or a Medicare Advantage plan with or without prescription drug coverage after you have been enrolled in the SilverScript plan, you will be disenrolled from the World Bank Group-sponsored SilverScript plan.

If you are disenrolled from SilverScript, you will lose your prescription drug coverage from the World Bank Group. 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 are disenrolled, your covered spouse/domestic partner and any other covered dependents will also lose their prescription drug coverage.

Q24: My spouse/domestic partner and I have Tricare for Life Medical Insurance. Is it possible to be enrolled in Tricare and SilverScript?

A24: Yes, you can be enrolled in both programs but Tricare pays only the coinsurance for the drugs that Medicare doesn't cover and are covered through the additional coverage sponsored by the World Bank Group. Because the federal government does not allow you to receive benefits from more than one government program at the same time, your benefit from Tricare may be limited.

SilverScript cannot coordinate with Tricare. You will have to submit a claim to Tricare for reimbursement of any remaining amount that Tricare can or will cover. You may want to check with Tricare to find out what they will cover after payment has been made by a Medicare Part D plan.

All retirees participating in Tricare coverage will receive an exception and they may opt out of SilverScript and continue to be covered under the CVS/caremark plan.

Q25: What happens if I don't want to be enrolled in SilverScript? Can I keep my current retiree prescription drug coverage?

A25: SilverScript is the prescription drug plan for RMIP members after January 1, 2016. The current CVS/caremark plan will no longer be available for RMIP members who are eligible for Medicare.

You can choose to opt out of the plan by following the instructions in the mailing you will receive from SilverScript in October.

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/domestic partner and any other covered dependents will also lose their prescription drug coverage.

Q26: Which pharmacies can I use?

A26: SilverScript 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, where you can get up to a 90-day supply of your maintenance medications for the same coinsurance or copayment as mail order, similar to CVS/caremark's Maintenance Choice program. Current preferred network pharmacies include CVS/pharmacy[®], Longs Drugs (operated by CVS/pharmacy) and Navarro.

You may also get up to a 90-day supply of your medication at a non-preferred network pharmacy, but your coinsurance or copayment will be higher than at a preferred pharmacy.

To find a pharmacy near your home or another location in the United States or U.S. territories, you may use the pharmacy locator tool at www.worldbankgroup.silverscript.com or call SilverScript Customer Care.

Q27: May I continue to get my prescriptions filled at a Veterans Affairs (VA) pharmacy?

A27: No. VA pharmacies cannot be included in Medicare Part D plan 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.

Q28: May I get my prescriptions filled at a pharmacy that is not part of SilverScript's pharmacy network?

A28: Yes, but prescriptions should be filled at out-of-network pharmacies only in an emergency or in a non-routine circumstance, such as having no network pharmacies within a reasonable driving distance.

If you use an out-of-network pharmacy within the service area, you may have to pay the full cost for your prescription and submit a paper claim and your itemized receipt to SilverScript for reimbursement. You will be reimbursed the plan's share of the cost.

If you have any questions about whether or not your prescription will be covered at an out-of-network pharmacy, please call SilverScript Customer Care at 1-866-785-5709. TTY users should call 711.

Q29: I regularly travel overseas. Will I be able to get my prescriptions filled before I leave?

A29: Yes. If you will 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 and get the prescription filled before you leave the country.

Q30: What happens if I need to get a prescription filled while I am out of the country?

A30: If you are traveling and need to fill a prescription, you should pay for the medication and save the receipt. Currently, Medicare Part D does not offer drug coverage outside of the United States or U.S. territories. Prescriptions filled outside this service area will continue to be covered under your medical plan. You will need to submit a paper claim to Aetna.

Q31: What is a formulary?

A31: A formulary is a list of drugs covered by the plan. In the case of SilverScript, it is the list of drugs covered by the Medicare Part D portion of the plan. It includes both brand name and generic drugs selected by the plan with the help of doctors and pharmacists.

Q32: What if my drug is not in the formulary?

A32: Through the additional coverage sponsored by the World Bank Group, you are covered for drugs that are not on the SilverScript formulary but are currently covered on the RMIP formulary. If your drug is not listed in the SilverScript abridged formulary that you will receive in your Welcome Kit in December, you can call SilverScript Customer Care at 1-866-785-5709 to find out if it is covered. TTY users should call 711.

Q33: What should I do if I get a letter saying that I am taking a drug not covered by SilverScript?

A33: Call SilverScript Customer Care to find out if your drug is covered by the additional coverage sponsored by the World Bank Group.

If your drug is not on the SilverScript formulary, SilverScript is required by Medicare to send you a letter, even if your medication is covered by the World Bank Group.

Q34: What is Extra Help?

A34: Extra Help is a Medicare program that helps individuals who have low income and resources to pay for prescription drug costs. For 2015, you may qualify if you have

- No more than \$17,655 in income or \$13,640 in resources for an individual
- No more than \$23,895 in income or \$27,250 in resources for a married couple

Q35: How do I know if I am eligible for Extra Help from Medicare?

A35: If Medicare identifies you as a person that qualifies for Extra Help to pay for your prescription drug costs, you will receive a letter from Medicare or the Social Security Administration.

Some people automatically qualify for Extra Help; for instance, if they have full Medicaid coverage, get help from Medicaid to pay their Part B premiums, or if they receive Supplemental Security Income (SSI) benefits.

To see if you qualify for Extra Help, you can:

- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Assistance is available 24 hours a day, 7 days a week.
- Visit www.medicare.gov.
- Call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778.
- Visit www.socialsecurity.gov/prescriptionhelp.

Q36: How does Extra Help work with my World Bank Group coverage?

A36: If you qualify for Extra Help, your share of the cost will be reduced. Extra Help copayments range from \$0 to 15% coinsurance. The Low Income Subsidy (LIS) Rider, which will be included with your SilverScript ID card, will tell you the exact amount of your copayment or coinsurance in 2016.

You will pay the lower of:

- Your Extra Help copayment or coinsurance; or
- Your World Bank Group copay

Q37: What is the Late Enrollment Penalty?

A37: The Late Enrollment Penalty (LEP) is the amount that Medicare requires a person to pay if he/she:

- Did not enroll in a Medicare prescription drug plan when first eligible for Medicare
- Did not have creditable prescription drug coverage – coverage at least as good as Medicare’s standard plan
- Had a break in coverage of more than 63 consecutive days

Q38: I have been covered on the World Bank Group’s retiree medical plan since I retired. Do I have to worry about the late enrollment penalty?

A38: No, the World Bank Group’s retiree prescription drug coverage has always met or exceeded Medicare Part D coverage standard and has therefore been considered creditable coverage.

However, if you get married and your spouse/domestic partner has not been enrolled in Medicare Part D for more than 63 days after he or she became eligible for Medicare, he or she may have a late enrollment penalty.

Q39: What happens if I am contacted by SilverScript about a late enrollment penalty?

A39: If SilverScript contacts you, they may need information about your past prescription drug coverage to send to Medicare. Please make sure you provide the information requested in the notice. You may also ask that any decision about your late enrollment penalty be reconsidered.

If you have a late enrollment penalty, the World Bank Group has decided to pay your late enrollment penalty, and any late enrollment penalty your spouse/domestic partner and/or dependent child may have, at this time. However, you may be responsible for paying your late enrollment penalty in the future if your coverage is terminated, you switch to another Medicare prescription drug plan, or the World Bank Group terminates payment of late enrollment penalties.

Q40: Will my income affect what I have to pay for my Medicare coverage?

A40: If your modified adjusted gross income (MAGI) reported on your federal tax return is above a certain amount, Medicare requires that you pay an extra amount for your Medicare coverage. It is called an Income-Related Monthly Adjustment Amount or IRMAA. For Medicare Part D, it is referred to as “D-IRMAA.”

For 2016, if your MAGI from 2014 is over \$85,000 for an individual or \$170,000 for a married couple filing jointly, you must pay this D-IRMAA. You will be notified by Social Security if you have to pay this additional amount.

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 D-IRMAA to the plan.

You will be **reimbursed for any additional premium** you have to pay.

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.

Q41: How do I get reimbursed for the additional premium?

A41: To be reimbursed for any D-IRMAA amount you have to pay, follow the reimbursement process already in place for members who have to pay an IRMAA for Medicare Part B. You will need to submit Form F00032 and supporting documentation annually to request reimbursement.

If you have any questions, please contact the 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. You may also send an email to hroperations@worldbank.org.

Q42: When do I need to get a prior authorization (PA)?

A42: You may need to get a new prior authorization from SilverScript if

- You currently are taking a prescription drug that required a prior authorization through CVS/caremark, or
- There is a “PA” next to your drug in the *Formulary (List of Covered Drugs)* that you will receive in your Welcome Kit in December.

If you are currently taking a drug that will require a prior authorization, you will receive a letter from SilverScript in December with instructions on how to obtain the prior authorization. If you have any questions, please contact SilverScript Customer Care at 1-866-785-5709. TTY users should call 711.

Q43: What do I need to do if my drug can be covered under Part B or Part D?

A43: Certain drugs may be covered under Part B for some medical conditions and under Part D for other medical conditions. If you take a drug that may be covered under Medicare Part B or Medicare Part D, you will have to obtain a Part B or Part D determination (a special kind of prior authorization) before the drug can be filled after January 1, 2016. This process is required in order to determine which coverage – Part B or Part D – covers that use of the drug, based on your medical condition.

In the *Formulary (List of Covered Drugs)*, if your drug has a “B/D” next to it, you will need to obtain a Part B or Part D determination. You will receive a letter in December if you are taking a drug that may be covered by Part B or Part D with instructions on how to obtain the Part B or Part D determination. If you have any questions, contact SilverScript Customer Care at 1-866-785-5709. TTY users should call 711.

Q44: I take a maintenance medication and have refills that will continue after January 1, 2016. What do I need to do?

A44: Any eligible mail-order prescriptions with refills remaining will be transferred automatically to SilverScript. If you have filled your maintenance medications at a retail pharmacy, you just need to go to your pharmacy and show your pharmacist your new SilverScript ID card after January 1, 2016.

If you want to use different network pharmacy, the new pharmacy will call the current pharmacy to have the records transferred.

Q45: What is Medication Therapy Management?

A45: Medicare requires Medicare prescription drug plans to offer an optional, free service called Medication Therapy Management (MTM). If you take multiple medications, have a chronic condition or high drug costs, you may be invited to participate in a MTM program designed for your specific health issue. You may choose not to participate, but you should carefully consider taking advantage of this free service.

Q46: Can I use a manufacturer copay coupon with SilverScript?

A46: No, Medicare Part D is a government program and the use of manufacturers' assistance programs would constitute a violation of the anti-kickback statute. Drug manufacturers who have contracted out with Medicare offer a 50% discount on brand name drugs purchased by members when in the Coverage Gap. These discounts, combined with other subsidies, will reduce future costs to the RMIP and therefore reduce retirees' share of the premium. While you cannot use a manufacturer's coupon for a particular drug, you will benefit both from lower copayments due to the 50% discount available while in the Coverage Gap and from the cost savings that the RMIP realizes through the reduction in future premium increases.

However, you may choose to use the coupon and not have the drug covered under the plan if you believe that financially you would be better off doing so. Keep in mind that if you choose to do this, your out-of-pocket expenses will not be counted toward your World Bank Group maximum out-of-pocket of \$1,200 or your Medicare maximum out-of-pocket or \$4,850, and you will have to pay the full cost of the drug at the pharmacy.