SilverScript®

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

CALIFORNIA'S VALUED TRUST
Healthcare Benefits for the Education Community

**January 1, 2027 - December 31, 2027**

# Evidence of Coverage for 2027:

## Your Medicare Prescription Drug Coverage as a Member of SilverScript Employer PDP sponsored by California's Valued Trust (SilverScript) for Plan D

This document gives the details of your Medicare drug coverage from January 1, 2027 - December 31, 2027. **This is an important legal document. Keep it in a safe place.**

This document explains your benefits and rights. Use this document to understand:

- Your plan premium and cost sharing;
- Your prescription drug benefits;
- How to file a complaint if you're not satisfied with a service or treatment;
- How to contact us;
- Other protections required by Medicare law.

**Please Note: This *Evidence of Coverage* is a Medicare-required document and addresses the Medicare Part D portion of your SilverScript coverage. Please see *Important Information About Your Prescription Drug Coverage* from California's Valued Trust that is included with this mailing. It provides additional information about your prescription drug coverage from California's Valued Trust.**

This plan, SilverScript, is offered by SilverScript® Insurance Company. (When this *Evidence of Coverage* says "we," "us," or "our," it means SilverScript Insurance Company. When it says "plan" or "our plan," it means SilverScript).

This document is available for free in Spanish.

Please contact SilverScript Customer Care at 1-888-620-1756 for additional information. (TTY users should call 711.) Hours are 24 hours a day, 7 days a week.

This information is available in a different format, including braille, large print, and audio formats. Please call SilverScript Customer Care if you need plan information in another format.

Benefits, premiums, deductibles, and/or copayments/coinsurance may change on January 1, 2028.

Our formulary and pharmacy network may change at any time. You'll get notice about any changes that may affect you at least 30 days in advance.

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OMB Approval 0938-1051 (Expires: July 31, 2029)

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# Chapter 1:
# Get started as a member

## SECTION 1 You're a member of SilverScript

### Section 1.1 You're enrolled in SilverScript, which is a Medicare Drug Plan

You're covered by Original Medicare or another health plan for your health care coverage, and you chose to get your Medicare drug coverage through our plan, SilverScript.

SilverScript is a Medicare drug plan (PDP). Like all Medicare plans, this Medicare drug plan is approved by Medicare and run by a private company.

### Section 1.2 Legal information about the *Evidence of Coverage*

This *Evidence of Coverage* is part of our contract with you about how SilverScript covers your care. Other parts of this contract include the *List of Covered Drugs (Formulary)* and any notices you get from us about changes to your coverage or conditions that affect your coverage. These notices are sometimes called *riders or amendments*.

The contract is in effect for the months you're enrolled in SilverScript between January 1, 2027, and December 31, 2027.

Medicare allows us to make changes to plans we offer each year. This means we can change the costs and benefits of SilverScript after December 31, 2027. We can also choose to stop offering our plan in your service area, after December 31, 2027.

Medicare (the Centers for Medicare & Medicaid Services) must approve SilverScript each year. You can continue to get Medicare coverage as a member of our plan as long as we choose to continue offering our plan and Medicare renews approval of our plan.

## SECTION 2 Plan Eligibility Requirements

### Section 2.1 Eligibility requirements

You're eligible for membership in our plan as long as you meet all these conditions:

- California's Valued Trust has determined that you are eligible for this plan.
- You have Medicare Part A or Medicare Part B (or you have both Part A and Part B).
- You live in our geographic service area (described in Section 2.2). People who are incarcerated aren't considered to be living in the geographic service area, even if they are physically located in it.
    - When you move, you will have a Special Enrollment Period that will allow you to enroll in a Medicare health or prescription drug plan that is available in your new location, if any.
- You're a United States citizen or national, or an eligible noncitizen.

## Section 2.2 Plan service area for SilverScript

SilverScript is only available to people who live in our plan service area. To stay a member of our plan, you must live in our service area. The service area is the United States or its territories. Please note: If you use a post office box, you may need to provide proof that you live in our service area.

If you move out of our plan's service area, you can't stay a member of this plan. Call Customer Care. When you move, you'll have a Special Enrollment Period to either switch to Original Medicare or enroll in a Medicare health or drug plan in your new location.

If you move or change your mailing address, it's also important to call Social Security. Call Social Security at 1-800-772-1213 (TTY users call 1-800-325-0778).

## Section 2.3 U.S. Citizen or national, or an eligible noncitizen

You must be a U.S. citizen or national, or an eligible noncitizen to be a member of a Medicare health plan. Medicare (the Centers for Medicare & Medicaid Services) will notify SilverScript if you're not eligible to stay a member of our plan. SilverScript must disenroll you if you don't meet this requirement.

# SECTION 3 Important membership materials

## Section 3.1 Our plan membership card

Use your membership card for prescription drugs you get at network pharmacies. You should also show the provider your Medicaid card, if you have one. Sample membership card:




Carry your card with you at all times, and remember to show your card when you get covered prescription drugs. If our plan membership card is damaged, lost, or stolen, call Customer Care right away at 1-888-620-1756 (TTY users call 711) and we'll send you a new card. You may need to use your existing medical card or your red, white, and blue Medicare card to get covered medical care and services.

## Section 3.2 Pharmacy Directory

The *Pharmacy Directory* (SilverScriptEmployerPDP.MemberDoc.com) lists our network pharmacies. **Network pharmacies** are pharmacies that agree to fill covered prescriptions for our plan members. Use the *Pharmacy Directory* to find the network pharmacy you want to use. Go to Chapter 3, Section 2.4 for information on when you can use pharmacies that aren't in our plan's network.

The *Pharmacy Directory* also shows you which pharmacies in our network have preferred cost sharing, which may offer you lower costs than other network pharmacies for some drugs.

If you don't have a *Pharmacy Directory*, you can ask for a copy from Customer Care at 1-888-620-1756 (TTY users call 711). **It can also be found online at SilverScriptEmployerPDP.MemberDoc.com**.

## Section 3.3 Drug List (Formulary)

Our plan has a *List of Covered Drugs (*also called the Drug List or Formulary*)*. It tells which prescription drugs are covered under the Part D benefit included in SilverScript. The drugs on this list are selected by our plan with the help of doctors and pharmacists. The Drug List meets all Medicare requirements. Drugs included in negotiated prices under the Medicare Drug Price Negotiation Program will be included on your Drug List unless they have been removed or replaced as described in Chapter 3, Section 6. Medicare approved the SilverScript Drug List.

The Drug List also tells if there are any rules that restrict coverage for a drug.

We'll give you a copy of the Drug List. To get the most complete and current information about which drugs are covered, view your formulary online at **SilverScriptEmployerPDP.MemberDoc.com**, **cvt4.silverscript.com**, or call Customer Care at 1-888-620-1756 (TTY users call 711).

We will also continue to update our online drug pricing tool as scheduled and provide other required information to reflect drug changes.

## SECTION 4 Summary of Important Costs for 2027

| | Your Costs in 2027 |
|---|---|
| **Monthly plan premium** | Your prescription drug premium is included in the California's Valued Trust (CVT) monthly premium. If you pay your premium directly to California's Valued Trust (CVT) and have any questions, contact California's Valued Trust (CVT) Member Services Department at 1-800-288-9870, Monday through Friday from 8 a.m. to 5 p.m. Pacific Time. TTY users should dial 711. If you are still covered as a retiree, contact your district office. |
| **Part D drug coverage**<br>(Go to Chapter 4 for details, including Annual Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | **Part D drug coverage deductible**<br>**Annual deductible of $150.**<br>**You pay a deductible only for brand name drugs. There is no deductible for generic drugs, except generic drugs that are not on the SilverScript formulary.**<br>The deductible doesn't apply to covered insulin products and most adult Part D vaccines.<br>**Copayment/Coinsurance during the Initial Coverage Stage:** (30-day supply)<br>**Tier 1: Generics**<br>$10.00<br>**Tier 2: Preferred Brands**<br>$40.00<br>**Tier 3: Non-Preferred Brands**<br>$100.00<br>**Tier 4: High Cost/Specialty**<br>$100.00<br>You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible. |

| | Your Costs in 2027 |
|---|---|
| | **Catastrophic Coverage Stage:**<br>Your coverage in this stage is as follows:<br>During the Catastrophic Coverage stage, **you will have no copayment for covered drugs for the remainder of the year.** |

Your costs may include the following:

- Plan Premium (Section 4.1)
- Monthly Medicare Part B Premium (Section 4.2)
- Part D Late Enrollment Penalty (Section 4.3)
- Income Related Monthly Adjusted Amount (Section 4.4)
- Medicare Prescription Payment Plan Amount (Section 4.5)

## Section 4.1 Plan Premium

Your prescription drug premium is included in the California's Valued Trust (CVT) monthly premium. If you pay your premium directly to California's Valued Trust (CVT) and have any questions, contact California's Valued Trust (CVT) Member Services Department at 1-800-288-9870, Monday through Friday from 8 a.m. to 5 p.m. Pacific Time. TTY users should dial 711. If you are still covered as a retiree, contact your district office.

Please contact California's Valued Trust for more information about the premium for this plan.

**In some situations, your plan premium could be less**

There are programs to help people with limited resources pay for their drugs. These include Extra Help and State Pharmaceutical Assistance Programs. The Extra Help program helps people with limited resources pay for their drugs. Learn more about these programs in the Appendix at the end of this document and in Chapter 2, Section 7. If you qualify, enrolling in the program might lower your monthly plan premium.

If you *already* get help from one of these programs, **the information about premiums in this *Evidence of Coverage* may not apply to you.** We sent you an insert, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs* (also known as the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug coverage. If you don't have this insert, call Customer Care at 1-888-620-1756 (TTY users call 711) and ask for the *LIS Rider*.

Medicare Part B and Part D premiums differ for people with different incomes. If you have questions about these premiums, check your copy of *Medicare & You 2027* handbook in the section called *2027 Medicare Costs*. Download a copy from the Medicare website at (https://www.medicare.gov/medicare-and-you) or order a printed copy by phone at 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.

## Section 4.2 Monthly Medicare Part B Premium

### Some members are required to pay other Medicare premiums

**You must have either Part A and/or Part B to be enrolled in a Part D plan. Although most people do not have to pay for Part A, some do. If you have to pay for Part A, you must also have Part B, and you must continue paying your Medicare premiums to stay a member of our plan.**

## Section 4.3 Part D Late Enrollment Penalty

Some members are required to pay a Part D **late enrollment penalty.** The Part D late enrollment penalty is an additional premium that must be paid for Part D coverage if at any time after your Initial Enrollment Period is over, there was a period of 63 days or more in a row when you didn't have Part D or other creditable prescription drug coverage. Creditable prescription drug coverage is coverage that meets Medicare's minimum standards since it is expected to pay, on average, at least as much as Medicare's standard drug coverage. The cost of the late enrollment penalty depends on how long you went without Part D or other creditable prescription drug coverage. You'll generally have to pay this penalty for as long as you have Part D coverage.

If you have a Part D late enrollment penalty, California's Valued Trust (CVT) will bill you the amount of the penalty each month. **If you do not pay the monthly Part D late enrollment penalty, you will be disenrolled from the plan for failure to pay your plan premium.** Remember, if you are disenrolled from the plan, you will lose both your California's Valued Trust (CVT) medical and prescription drug coverage. If you are the retiree, your covered spouse and any other covered dependents will also lose their California's Valued Trust (CVT) medical and prescription drug coverage.

You **don't** have to pay the Part D late enrollment penalty if:

- You get Extra Help from Medicare to help pay your drug costs.
- You went less than 63 days in a row without Part D or other creditable coverage.
- You have had creditable drug coverage through another source (like a former employer, union, TRICARE, or Veterans Health Administration (VA)). Your insurer or your human resources department will tell you each year if your drug coverage is creditable coverage. You may get this information in a letter or in a newsletter from that plan. Keep this information because you may need it if you join a Medicare drug plan later.
    - **Note:** Any letter or notice must state that you had creditable prescription drug coverage that is expected to pay as much as Medicare's standard drug plan pays.
    - **Note:** Prescription drug discount cards, free clinics, and drug discount websites aren't creditable prescription drug coverage.

**Medicare determines the amount of the Part D late enrollment penalty.** Here's how it works:

- If you went 63 days or more without Part D or other creditable prescription drug coverage after you were first eligible to enroll in Part D, our plan will count the number of full months you didn't have coverage.
- Then Medicare determines the amount of the average monthly premium for Medicare drug plans in the nation from the previous year (national base beneficiary premium). For 2027, the average premium amount is $41.33.
- To calculate your monthly penalty, Medicare multiplies the number of uncovered months (penalty percentage) by 1% of the national base beneficiary premium and then rounds that amount to the nearest 10 cents. For example, if you go 14 months without Part D or other creditable coverage, the penalty would be 14% times $41.33, which equals $5.79. This rounds to $5.80. This amount would be added **to the monthly premium for someone with a Part D late enrollment penalty.**

Three important things to know about the monthly Part D late enrollment penalty:

- **The penalty may change each year** because the national base beneficiary premium can change each year.
- **You'll generally continue to pay a penalty** every month for as long as you're enrolled in a plan that has Medicare Part D prescription drug benefits, even if you change plans.
- If you're under 65 and enrolled in Medicare, the Part D late enrollment penalty will reset when you turn 65. After age 65, your Part D late enrollment penalty will be based only on the months you don't have coverage after your initial enrollment period for aging into Medicare.

**If you disagree about your Part D late enrollment penalty, you or your representative can ask for a reconsideration (appeal) of the penalty. The reconsideration is conducted by an independent review organization that is not connected with us.** Generally, you must ask for this reconsideration **within 60 days** from the date on the first letter you get stating you have to pay a Part D late enrollment penalty. However, if you were paying a penalty before you joined our plan, you won't have another chance to ask for a reconsideration of that Part D late enrollment penalty.

**Important: Don't stop paying your Part D late enrollment penalty** while you're waiting for a reconsideration of the decision about your Part D late enrollment penalty. If you do, you could be disenrolled for failure to pay your plan premiums.

## Section 4.4 Income Related Monthly Adjustment Amount

Some members may be required to pay an extra charge, known as the Part D Income Related Monthly Adjustment Amount (IRMAA). The extra charge is calculated using your modified adjusted gross income as reported on your IRS tax return from 2 years ago. If this amount is above a certain amount, you'll pay the standard premium amount and the additional IRMAA. For more information on the extra amount you may have to pay based on your income, visit Medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans.

If you have to pay an extra IRMAA, Social Security, not your Medicare prescription drug plan, will send you a letter telling you what that extra amount will be. The extra amount will be withheld from your Social Security, Railroad Retirement Board, or Office of Personnel Management benefit check, no matter how you usually pay your plan premium, unless your monthly benefit isn't enough to cover the extra amount owed. If your benefit check isn't enough to cover the extra amount, you'll get a bill from Medicare. **You must pay the extra IRMAA to the government. It can't be paid with your monthly plan premium. If you don't pay the extra IRMAA, you'll be disenrolled from our plan.**

If you are disenrolled from this plan, **you will lose both your medical and prescription drug coverage from California's Valued Trust (CVT).** You will not be able to re-enroll in the CVT medical or prescription drug plan in the future. If you are the retiree, your covered spouse and any other covered dependents will also lose their California's Valued Trust (CVT) medical and prescription drug coverage.

If you disagree about paying an extra IRMAA, you can ask Social Security to review the decision. To find out how to do this, call Social Security at 1-800-772-1213 (TTY users call 1-800-325-0778).

### Section 4.5 Medicare Prescription Payment Plan Amount

If you are participating in the Medicare Prescription Payment Plan, each month you'll pay your plan premium (if you have one) and you'll get a bill from your drug plan for your prescription drugs (instead of paying the pharmacy). Your monthly bill is based on what you owe for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year.

Chapter 2, Section 7 talks more about the Medicare Prescription Payment Plan. If you disagree with the amount billed as part of this payment option, you can follow the steps in Chapter 7 to make a complaint or appeal.

## SECTION 5 More information about your monthly premium

### Section 5.1 Your monthly plan premium won't change during the year

We're not allowed to change our plan's monthly plan premium amount during the year. If the monthly plan premium changes for next year we'll tell you in September, and the change will take effect on January 1.

If you become eligible for Extra Help or lose your eligibility for Extra Help during the year, the part of your plan premium you have to pay may change. If you qualify for Extra Help with your drug coverage costs, Extra Help pays part of your monthly plan premiums. If you lose your eligibility for Extra Help during the year you'll need to start paying the full monthly premium, if applicable. Find out more about Extra Help in Chapter 2, Section 7.

## SECTION 6 Keep your plan membership record up to date

Your membership record has information including your address and phone number. It shows your specific plan coverage.

The pharmacists in our plan's network **use your membership record to know what drugs are covered and the cost sharing amounts.** Because of this, it is very important you help to keep your information up to date.

**If you have any of these changes, let us know:**

- Changes to your name, address, or phone number
- Changes in any other health coverage you have, such as from your employer, your spouse or domestic partner's employer, Workers' Compensation, or Medicaid
- Any liability claims, such as claims from an automobile accident
- If you're admitted to a nursing home
- If your designated responsible party, such as a caregiver, changes

If any of this information changes, let us know by contacting California's Valued Trust (CVT) Member Services Department at 1-800-288-9870, Monday through Friday, from 8 a.m. to 5 p.m., Pacific Time. TTY users should dial 711.

It's also important to contact Social Security if you move or change your mailing address. Call Social Security at 1-800-772-1213 (TTY users call 1-800-325-0778).

## SECTION 7 How other insurance works with our plan

Medicare requires us to collect information about any other medical or drug coverage you have so we can coordinate any other coverage with your benefits under our plan. This is called **Coordination of Benefits.**

Once a year, we may send you a letter that lists any other medical or drug coverage we know about. Read this information carefully. If it's correct, you don't need to do anything. If the information isn't correct, or if you have other coverage that's not listed, call Customer Care at 1-888-620-1756 (TTY Users call 711). You may need to give your member ID number to your other insurers (once you confirm their identity) so your bills are paid correctly and on time.

When you have other insurance (like other employer group health coverage), Medicare rules decide whether our plan or your other insurance pays first. The insurance that pays first (the "primary payer"), pays up to the limits of its coverage. The insurance that pays second (the "secondary payer"), only pays if there are costs left uncovered by the primary coverage. The secondary payer may not pay the uncovered costs. If you have other insurance, tell your doctor, hospital, and pharmacy.

These rules apply for employer or union group health plan coverage:

- If you have retiree coverage, Medicare pays first.
- If your group health plan coverage is based on your or a family member's current employment, who pays first depends on your age, the number of people employed by your employer, and whether you have Medicare based on age, disability, or End-Stage Renal Disease (ESRD):

    - If you're under 65 and disabled and you (or your family member) are still working, your group health plan pays first if the employer has 100 or more employees or at least one employer in a multiple employer plan has more than 100 employees.
    - If you're over 65 and you (or your spouse or domestic partner) are still working, your group health plan pays first if the employer has 20 or more employees or at least one employer in a multiple employer plan has more than 20 employees.
- If you have Medicare because of ESRD, your group health plan will pay first for the first 30 months after you become eligible for Medicare.

These types of coverage usually pay first for services related to each type:

- No-fault insurance (including automobile insurance)
- Liability (including automobile insurance)
- Black lung benefits
- Workers' compensation

Medicaid and TRICARE never pay first for Medicare-covered services. They only pay after Medicare, employer group health plans, and/or Medigap have paid.

# Chapter 2:
# Phone numbers and resources

## SECTION 1 SilverScript contacts

For help with claims, billing, or member ID card questions, call or write to Customer Care. We'll be happy to help you.

| SilverScript Customer Care – Contact Information | |
|---|---|
| **Call** | 1-888-620-1756<br>Calls to this number are free, 24 hours a day, 7 days a week.<br>Customer Care also has free language interpreter services available for non-English speakers. |
| **TTY** | 711<br>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.<br>Calls to this number are free, 24 hours a day, 7 days a week. |
| **Fax** | 1-866-552-6205 |
| **Write** | SilverScript Insurance Company<br>P.O. Box 30016<br>Pittsburgh, PA 15222-0330 |
| **Website** | cvt4.silverscript.com |

### California's Valued Trust (CVT) Member Services Department

If you need to update your information or you have questions regarding enrollment, eligibility or your premium, please contact:

California's Valued Trust (CVT) Member Services Department
1-800-288-9870, Monday through Friday, from 8 a.m. to 5 p.m., Pacific Time. TTY users should dial 711.

## How to ask for a coverage decision or appeal

A coverage decision is a decision we make about your coverage or about the amount we will pay for your Part D drugs. An appeal is a formal way of asking us to review and change a coverage decision. For more information on asking for coverage decisions or appeals about your Part D drugs, go to Chapter 7.

| Coverage Decisions and Appeals for Part D Drugs – Contact Information | |
|---|---|
| **Call** | 1-888-620-1756<br>Calls to this number are free, 24 hours a day, 7 days a week. |
| **TTY** | 711<br>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.<br>Calls to this number are free, 24 hours a day, 7 days a week. |
| **Fax** | 1-855-633-7673 |
| **Write** | SilverScript Insurance Company<br>Prescription Drug Plans<br>Coverage Decisions and Appeals Department<br>P.O. Box 52000, MC 109<br>Phoenix, AZ 85072-2000 |

## How to make a complaint

You can make a complaint about us or one of our network pharmacies, including a complaint about the quality of your care. This type of complaint doesn't involve coverage or payment disputes. For more information on how to make a complaint, see Chapter 7.

| Complaints – Contact Information | |
|---|---|
| **Call** | 1-866-884-9478<br>Calls to this number are free, 24 hours a day, 7 days a week. |
| **TTY** | 711<br>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.<br>Calls to this number are free, 24 hours a day, 7 days a week. |
| **Fax** | 1-724-741-4956 |
| **Write** | SilverScript Insurance Company<br>Prescription Drug Plans<br>Grievance Department<br>P.O. Box 14834<br>Lexington, KY 40512 |
| **Medicare Website** | To submit a complaint about SilverScript directly to Medicare, go to www.Medicare.gov/MedicareComplaintForm/home.aspx |

## How to ask us to pay our share of the cost of a drug you received

If you received a bill or paid for drugs (like a pharmacy bill) you think we should pay for, you may need to ask our plan for reimbursement or to pay the pharmacy bill. Go to Chapter 5 for more information.

If you send us a payment request and we deny any part of your request, you can appeal our decision. Go to Chapter 7 for more information.

| Payment Requests – Contact Information | |
|---|---|
| **Call** | 1-888-620-1756<br>Calls to this number are free, 24 hours a day, 7 days a week. |
| **TTY** | 711<br>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.<br>Calls to this number are free, 24 hours a day, 7 days a week. |
| **Write** | SilverScript Insurance Company<br>Prescription Drug Plans<br>Medicare Part D Paper Claim<br>P.O. Box 52066<br>Phoenix, AZ 85072-2066 |

## SECTION 2 Get Help from Medicare

Medicare is the Federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services (CMS). This agency contracts with Medicare Prescription Drug Plans, including our plan.

| Medicare – Contact Information | |
|---|---|
| **Call** | 1-800-MEDICARE (1-800-633-4227)<br>Calls to this number are free, 24 hours a day, 7 days a week. |
| **TTY** | 1-877-486-2048<br>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.<br>Calls to this number are free, 24 hours a day, 7 days a week. |
| **Chat Live** | Chat live at Medicare.gov/talk-to-someone. |
| **Write** | Write to Medicare at<br>PO Box 1270, Lawrence, KS 66044 |
| **Website** | Medicare.gov<br>• Get information about the Medicare health and drug plans in your area, including what they cost and what services they provide.<br>• Find Medicare-participating doctors or other health care providers and suppliers. |

**Medicare – Contact Information**

- Find out what Medicare covers, including preventive services (like screenings, shots or vaccines, and yearly "Wellness" visits).
- Get Medicare appeals information and forms.
- Get information about the quality of care provided by plans, nursing homes, hospitals, doctors, home health agencies, dialysis facilities, hospice centers, inpatient rehabilitation facilities, and long-term care hospitals.
- Look up helpful websites and phone numbers.

You can also visit Medicare.gov to tell Medicare about any complaints you have about SilverScript.

**To submit a complaint to Medicare,** go to Medicare.gov/MedicareComplaintForm/home.aspx. Medicare takes your complaints seriously and will use this information to help improve the quality of the Medicare program.

## SECTION 3 State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state that offers free help, information, and answers to your Medicare questions. Please see the Appendix at the end of this document to find the contact information for the SHIP in your state.

A SHIP is an independent state program (not connected with any insurance company or health plan) that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

SHIP counselors can help you understand your Medicare rights, help you make complaints about your medical care or treatment, and straighten out problems with your Medicare bills. SHIP counselors can also help you with Medicare questions or problems, help you understand your Medicare plan choices, and answer questions about switching plans.

## SECTION 4 Quality Improvement Organizations (QIO)

A designated Quality Improvement Organization (QIO) serves people with Medicare in each state. Please see the Appendix at the end of this document to find the contact information for the Quality Improvement Organization in your state.

Quality Improvement Organizations have a group of doctors and other health care professionals who are paid by Medicare to check on and help improve the quality of care for people with Medicare. The Quality Improvement Organization is an independent organization. It is not connected with our plan.

Contact your Quality Improvement Organization if you have a complaint about the quality of care you have received. For example, you can contact your Quality Improvement Organization if you were given the wrong medication or if you were given medications that interact in a negative way.

## SECTION 5 Social Security

Social Security determines Medicare eligibility and handles Medicare enrollment.

Social Security is also responsible for determining who has to pay an extra amount for their Part D drug coverage because they have a higher income. If you received a letter from Social Security telling you that you have to pay the extra amount and have questions about the amount or if your income went down because of a life-changing event, you can call Social Security to ask for reconsideration.

If you move or change your mailing address, contact Social Security to let them know.

| Social Security – Contact Information | |
|---|---|
| **Call** | 1-800-772-1213<br>Calls to this number are free.<br>Available 8 a.m. to 7 p.m., Monday through Friday.<br>You can use Social Security automated telephone services to get recorded information and conduct some business 24 hours a day. |
| **TTY** | 1-800-325-0778<br>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.<br>Calls to this number are free.<br>Available 8 a.m. to 7 p.m., Monday through Friday. |
| **Website** | www.ssa.gov |

## SECTION 6 Medicaid

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Some people with Medicare are also eligible for Medicaid.

Medicaid offers programs to help people with Medicare pay their Medicare costs, such as their Medicare premiums. These **Medicare Savings Programs** include:

- **Qualified Medicare Beneficiary (QMB):** Helps pay Medicare Part A and Part B premiums and other cost sharing (like deductibles, coinsurance, and copayments). (Some people with QMB are also eligible for full Medicaid benefits (QMB+).)
- **Specified Low-Income Medicare Beneficiary (SLMB):** Helps pay Part B premiums. (Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).)
- **Qualifying Individual (QI):** Helps pay Part B premiums.
- **Qualified Disabled & Working Individuals (QDWI):** Helps pay Part A premiums.

To find out more about Medicaid and Medicare Savings Programs, contact the Medicaid agency in your state using the contact information in the Appendix at the end of this document.

## SECTION 7 Programs to help people pay for prescription drugs

The Medicare website (Medicare.gov/basics/costs/help/drug-costs) has information on ways to lower your prescription drug costs. The programs below can help people with limited incomes.

### Extra Help from Medicare

Medicare and Social Security have a program called Extra Help that can help pay drug costs for people with limited income and resources. If you qualify, you get help paying for your Medicare drug plan's monthly premium, deductible, and copayments *or* coinsurance. This Extra Help also counts toward your out-of-pocket costs.

If you automatically qualify for Extra Help, Medicare will mail you a purple letter to let you know. If you do not automatically qualify, you can apply anytime. To see if you qualify for getting Extra Help:

- Visit secure.ssa.gov/i1020start to apply online.
- Call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

When you apply for Extra Help, you can also start the application process for a Medicare Savings Program (MSP). These state programs provide help with other Medicare costs. Social Security will send information to your state to initiate an MSP application, unless you tell them not to on the Extra Help application.

If you qualify for Extra Help and you think that you are paying an incorrect amount for your prescription at a pharmacy, our plan has a process to help you get evidence of the right copayment amount. If you already have evidence of the right amount, we can help you share this evidence with us.

Documentation from the state or Social Security Administration (SSA) showing your low-income subsidy level is the preferred evidence of your proper cost-sharing level. Please fax your documentation to us at 1-866-552-6205. Please include a phone number where we can contact you. If you cannot provide the documentation and need assistance or would like additional information, contact Customer Care, 24 hours a day, 7 days a week, at 1-888-620-1756. TTY users should call 711.

- SilverScript Insurance Company will accept any of the following documents as evidence:
    - A copy of your Medicaid card, which includes your name and eligibility date during the period for which you believe you qualified for Extra Help;
    - A copy of a state document that confirms your active Medicaid status during the discrepant period;
    - A printout from the state electronic enrollment file showing your Medicaid status during the discrepant period;
    - A screen-print from the state's Medicaid systems showing your Medicaid status during the discrepant period;
    - Other documentation provided by the state showing your Medicaid status during the discrepant period;

  - A letter from SSA showing that the individual receives Supplemental Security Income (SSI); or
  - An "Important Information" letter from Social Security confirming that the beneficiary is "automatically eligible for Extra Help."

- For beneficiaries who are institutionalized and qualify for zero cost sharing, the following documents will be accepted as evidence of your proper cost-sharing level:
  - A remittance from the facility showing Medicaid payment for a full calendar month for that individual during a month after June of the previous calendar year;
  - A copy of a state document that confirms Medicaid payment on behalf of the individual to the facility for a full calendar month after June of the previous calendar year; or
  - A screen-print from the state's Medicaid systems showing that individual's institutional status based on at least a full calendar month stay for Medicaid payment purposes during a month after June of the previous calendar year.
- When we get the evidence showing the right copayment level, we'll update our system so you can pay the right amount when you get your next prescription. If you overpay your copayment, we'll pay you back either by check or a future copayment credit. If the pharmacy didn't collect your copayment and you owe them a debt, we may make the payment directly to the pharmacy. If a state paid on your behalf, we may make payment directly to the state. Call Customer Care at 1-888-620-1756 (TTY users call 711) if you have questions.

There are programs in Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa to help people with limited income and resources pay their Medicare costs. Programs vary in these areas. Call your local Medical Assistance (Medicaid) office to find out more about its rules (phone numbers are in the Appendix at the end of this document). Or call 1-800-MEDICARE (1-800-633-4227) and say "Medicaid" for more information. TTY users should call 1-877-486-2048. You can also visit Medicare.gov for more information.

### What if you have Extra Help and coverage from a State Pharmaceutical Assistance Program (SPAP)?

Many states offer help paying for prescriptions, drug plan premiums, and/or other drug costs. If you are enrolled in a State Pharmaceutical Assistance Program (SPAP), Medicare's Extra Help pays first. Refer to the Appendix at the end of this document to find the contact information for the SPAP in your state.

### What if you have Extra Help and coverage from an AIDS Drug Assistance Program (ADAP)?

The AIDS Drug Assistance Program (ADAP) helps people living with HIV/AIDS access life-saving HIV medications. Medicare Part D drugs that are on the ADAP formulary qualify for prescription cost sharing help through the ADAP in your state.

**Note:** To be eligible for the ADAP in your state, people must meet certain criteria, including proof of state residence and HIV status, low income (as defined by the state), and uninsured/under-insured status. If you change plans, please notify your local ADAP enrollment worker so you can continue to get help. For information on eligibility criteria, covered drugs, or how to enroll in the program, call the ADAP in your state. Refer to the Appendix at the end of this document to find the contact information for the ADAP in your state.

### State Pharmaceutical Assistance Programs

Many states have State Pharmaceutical Assistance Programs that help some people pay for prescription drugs based on financial need, age, medical condition, or disabilities. Each state has different rules to provide drug coverage to its members. Refer to the Appendix at the end of this document to find the contact information for the State Pharmaceutical Assistance Program in your state, if applicable.

### Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across **the calendar year** (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027; you do not need to submit a new election request to continue participating in 2027.** To learn more about this payment option, call Customer Care at 1-888-620-1756 (TTY users call 711) or visit Medicare.gov.

| Medicare Prescription Payment Plan - Contact Information | |
|---|---|
| **Call** | 1-888-620-1756<br>Calls to this number are free, 24 hours a day, 7 days a week.<br>Customer Care also has free language interpreter services available for non-English speakers. |
| **TTY** | 711<br>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.<br>Calls to this number are free, 24 hours a day, 7 days a week. |
| **Write** | SilverScript Insurance Company<br>P.O. Box 7<br>Pittsburgh, PA 15230 |
| **Website** | cvt4.silverscript.com |

## SECTION 8 Railroad Retirement Board (RRB)

The Railroad Retirement Board is an independent federal agency that administers comprehensive benefit programs for the nation's railroad workers and their families.

If you get your Medicare through the Railroad Retirement Board, let them know if you move or change your mailing address. For questions about your benefits from the Railroad Retirement Board, contact the agency.

| Railroad Retirement Board (RRB) – Contact Information | |
|---|---|
| **Call** | 1-877-772-5772<br>Calls to this number are free.<br>Press "0," to speak with an RRB representative from 9 a.m. to 3:30 p.m., Monday, Tuesday, Thursday, and Friday, and from 9 a.m. to 12 p.m. on Wednesday.<br>Press "1," to access the automated RRB HelpLine and get recorded information 24 hours a day, including weekends and holidays. |
| **TTY** | 1-312-751-4701<br>This number requires special telephone equipment and is only for people who have difficulties hearing or speaking.<br>Calls to this number are *not* free. |
| **Website** | RRB.gov |

## SECTION 9 If you have group insurance or other health insurance from an employer

If you (or your spouse or domestic partner) get benefits from your (or your spouse or domestic partner's) employer or retiree group as part of this plan sponsored by California's Valued Trust, please contact California's Valued Trust (CVT) Member Services Department if you have any questions at 1-800-288-9870, Monday through Friday, from 8 a.m. to 5 p.m., Pacific Time. TTY users should dial 711. You can ask about your (or your spouse or domestic partner's) employer or retiree health benefits, premiums, or the enrollment period. You can call 1-800-MEDICARE (1-800-633-4227) with questions about your Medicare coverage under this plan. TTY users should call 1-877-486-2048.

If you have other drug coverage through your (or your spouse or domestic partner's) employer or retiree group, other than SilverScript, contact **that group's benefits administrator.** The benefits administrator can help you understand how your current drug coverage will work with our plan.

# Chapter 3:
# Using plan coverage for Part D drugs

## SECTION 1 Basic rules for our plan's Part D drug coverage

In addition to your coverage for Part D drugs through our plan, Original Medicare (Medicare Part A and Part B) also covers some drugs:

- Medicare Part A covers prescription drugs you are given during Medicare-covered stays in the hospital or in a skilled nursing facility.
- Medicare Part B also provides benefits for some prescription drugs. Part B prescription drugs include certain chemotherapy drugs, certain drug injections you are given during an office visit, and drugs you are given at a dialysis facility.

The two examples of prescription drugs described above are covered by Original Medicare. (To find out more about this coverage, see your *Medicare & You 2027* handbook.) Your Part D prescription drugs are covered under our plan.

Our plan will generally cover your prescription drugs as long as you follow these basic rules:

- You must have a provider (a doctor, dentist, or other prescriber) write you a prescription, which must be valid under applicable state law.
- Your prescriber must not be on Medicare's Exclusion or Preclusion Lists.
- You generally must use a network pharmacy to fill your prescription. (Go to Section 2 in this chapter.) Or you can fill your prescription through the plan's mail-order service.
- Your drug must be on the plan's Drug List. (Go to Section 3.) *Your prescription drugs on the plan's Drug List are covered by the Medicare Part D portion of your benefit.*
- Your drug must be used for a medically accepted indication. A "medically accepted indication" is a use of the drug that is either approved by the Food and Drug Administration (FDA) or supported by certain references. (Go to Section 3 in this chapter for more information about a medically accepted indication.)
- Your drug may require approval from our plan based on certain criteria before we agree to cover it. (Go to Section 4 for more information.)
- **Please note:** The Drug List does not include any drugs covered by the additional coverage provided by California's Valued Trust.

## SECTION 2 Fill your prescription at a network pharmacy or through our plan's mail-order service

In most cases, your prescriptions are covered only if they are filled at our plan's network pharmacies. (Go to Section 2.4 of this chapter for information about when we cover prescriptions filled at out-of-network pharmacies.)

A network pharmacy is a pharmacy that has a contract with the plan to provide your covered drugs. The term "covered drugs" means all of the Part D drugs that are covered on our plan's Drug List.

You may use an out-of-network pharmacy only in an emergency or non-routine circumstance.

If you use a pharmacy that is not part of our network, 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 amount you paid, less your deductible or copayment, if the drug is on the SilverScript formulary
- Only for the amount that California's Valued Trust (CVT) would have paid at a network pharmacy, minus your deductible or copayment, if the drug is not on the SilverScript formulary and is paid through the additional coverage provided by California's Valued Trust (CVT). If the drug costs more at an out-of-network pharmacy, you pay the difference in cost as well as your deductible or copayment.

## Section 2.1 Network pharmacies

### Find a network pharmacy in your area

To find a network pharmacy, go to your *Pharmacy Directory*, visit our website (SilverScriptEmployerPDP.MemberDoc.com), and/or call Customer Care.

You may go to any of our network pharmacies. Some network pharmacies provide preferred cost sharing, which may be lower than the cost sharing at a pharmacy that offers standard cost sharing. The *Pharmacy Directory* will tell you which network pharmacies offer preferred cost sharing. Contact us to find out more about how your out-of-pocket costs could vary for different drugs.

**Through the additional coverage provided by California's Valued Trust, you may be able to save on your maintenance prescription drugs by changing your 30-day supply to a 90-day supply at any CVS Pharmacy®, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location. These pharmacies are called "preferred network retail pharmacies."**

If you're currently taking any long-term prescription drugs, you can continue to fill your 30-day supplies. However, you may save by changing your 30-day supply to a lower-cost 90-day supply. Filling one 90-day supply may cost you less than three 30-day supplies of the same prescription drug.

### You can choose from two 90-day supply options for the same low price.

**Option 1:** Refill at any CVS Pharmacy, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location, and pick up your prescription drugs at your convenience.

**Option 2:** Refill with CVS Caremark Mail Service Pharmacy and have a 90-day supply of your long-term prescription drugs shipped to your home.

For questions about maintenance drugs with additional coverage provided by California's Valued Trust, including the cost to fill these drugs, please contact Customer Care.

You may use an out-of-network pharmacy only in an emergency or non-routine circumstance.

If you use a pharmacy that is not part of our network, 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 amount you paid, less your deductible or copayment, if the drug is on the SilverScript formulary
- Only for the amount that California's Valued Trust (CVT) would have paid at a network pharmacy, minus your deductible or copayment, if the drug is not on the SilverScript formulary and is paid through the additional coverage provided by California's Valued Trust (CVT). If the drug costs more at an out-of-network pharmacy, you pay the difference in cost as well as your deductible or copayment.

### If the pharmacy leaves the network

If the pharmacy leaves our plan's network, you will have to find a new pharmacy in the network. If the pharmacy you use stays in our network but no longer offers preferred cost sharing, you may want to switch to a different preferred pharmacy, if available. To find another pharmacy in your area, call Customer Care or use the *Pharmacy Directory*. You can also find information on our website at SilverScriptEmployerPDP.MemberDoc.com.

### Specialized Pharmacy

Some prescriptions must be filled at a specialized pharmacy. Specialized pharmacies include:

- Pharmacies that supply drugs for home infusion therapy.
- Pharmacies that supply drugs for residents of a long-term care (LTC) facility. Usually, an LTC facility (such as a nursing home) has its own pharmacy. If you have difficulty getting your Part D benefits in an LTC facility, call Customer Care.
- Pharmacies that serve the Indian Health Service/Tribal/Urban Indian Health Program (not available in Puerto Rico). Except in emergencies, only Native Americans or Alaska Natives have access to these pharmacies in our network.
- Pharmacies that dispense drugs restricted by the FDA to certain locations or that require special handling, provider coordination, or education on its use. To locate a specialized pharmacy, go to your *Pharmacy Directory* (SilverScriptEmployerPDP.MemberDoc.com) or call Customer Care.

## Section 2.2 Our plan's mail-order service

For certain kinds of prescription drugs, you can use our plan's network mail-order service. Generally, the drugs provided through mail order are drugs you take on a regular basis for a chronic or long-term medical condition. The drugs that are not available through the plan's mail-order service are marked as **"NM" for not available at mail** in our Drug List. *There may be additional drugs that are not available at mail and not marked NM, including some hepatitis B medications, post-transplant medications, and oral medications used to treat HIV. For more information, you may contact Customer Care.*

Our plan's mail-order service allows you to order **up to a 90-day supply.** Filling one 90-day supply with a mail-order pharmacy can sometimes cost you less than three 30-day supplies of the same drug.

To get order forms and information about filling your prescriptions by mail, please visit Caremark.com or contact Customer Care.

Usually a mail-order pharmacy order will be delivered to you in no more than 10 days from the date the prescription is approved for processing. If the mail-order pharmacy expects the order to be delayed, they will contact you and help you decide whether to wait for the medication, cancel the mail-order, or fill the prescription at a local pharmacy. If you need to request a rush order because of a mail-order delay, you may contact Customer Care to discuss options which may include filling at a local retail pharmacy or expediting the shipping method. Provide the representative with your ID number and prescription number(s). If you need your medications sooner, please contact Customer Care to discuss second day or next day delivery options. An additional fee may apply for faster delivery.

**New prescriptions the pharmacy receives directly from your doctor's office.** The pharmacy will automatically fill and deliver new prescriptions it receives from health care providers, without checking with you first, **if you have used mail-order services with this plan in the past year.**

If you receive a prescription automatically by mail that you do not want, and you were not contacted to see if you wanted it before it shipped, you may be eligible for a refund.

If you used mail order in the past and do not want the pharmacy to automatically fill and ship each new prescription, please log on to your Caremark.com account or contact Customer Care.

If you never used our mail-order delivery and/or decide to stop automatic fills of new prescriptions, the pharmacy will contact you each time it gets a new prescription from a health care provider to see if you want the medication filled and shipped immediately. It is important to respond each time you are contacted by the pharmacy to let them know whether to ship, delay, or cancel the new prescription.

**Refills on mail-order prescriptions.** For refills of your drugs, you have the option to sign up for an automatic refill program. Under this program, we will automatically fill and deliver your prescription refills when our records show you should be close to running out of your drug.

The pharmacy will contact you prior to shipping each refill to make sure you are in need of more medication, and you can cancel scheduled refills if you have enough of your medication or if your medication has changed.

If you choose not to use our auto-refill program but still want the mail-order pharmacy to send you your prescription, please contact your pharmacy 15 days before your current prescription will run out. This will ensure your order is shipped to you in time.

To opt out of our program that automatically prepares mail-order refills, please log on to your Caremark.com account or contact Customer Care.

If you receive a refill automatically by mail that you do not want, you may be eligible for a refund.

## Section 2.3 How to get a long-term supply of drugs

When you get a long-term supply of drugs, your cost sharing may be lower. Our plan offers two ways to get a long-term supply (also called an extended supply) of maintenance drugs on our plan's Drug List. (Maintenance drugs are drugs you take on a regular basis for a chronic or long-term medical condition.)

1. **Some retail pharmacies** in our network allow you to get a long-term supply of maintenance drugs. Your *Pharmacy Directory* (SilverScriptEmployerPDP.MemberDoc.com) tells you which pharmacies in our network can give you a long-term supply of maintenance prescription drugs. You can also call Customer Care at 1-888-620-1756 (TTY call 711) for more information.
2. Our plan's mail-order service allows you to order up to a 90-day supply. See Section 2.2 of this chapter for more information.

## Section 2.4 Using a pharmacy that is not in our plan's network

You may use an out-of-network pharmacy only in an emergency or non-routine circumstance.

If you use a pharmacy that is not part of our network, 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 amount you paid, less your deductible or copayment, if the drug is on the SilverScript formulary
- Only for the amount that California's Valued Trust (CVT) would have paid at a network pharmacy, minus your deductible or copayment, if the drug is not on the SilverScript formulary and is paid through the additional coverage provided by California's Valued Trust (CVT). If the drug costs more at an out-of-network pharmacy, you pay the difference in cost as well as your deductible or copayment.

Generally, we cover drugs filled at an out-of-network pharmacy *only* when you are not able to use a network pharmacy. **Check first with Customer Care at 1-888-620-1756 (TTY users call 711)** to see if there's a network pharmacy nearby.

We cover prescriptions filled at an out-of-network pharmacy only in these circumstances:

- The prescription is for a medical emergency or urgent care.
- You are unable to get a covered prescription drug in a time of need because there are no 24-hour network pharmacies within a reasonable driving distance.
- The prescription is for a drug that is out of stock at an accessible network retail or mail-service pharmacy (including high-cost and unique prescription drugs).
- If you are evacuated or otherwise displaced from your home because of a Federal disaster or other public health emergency declaration.
- The vaccine is administered in your doctor's office.

If you must use an out-of-network pharmacy, you will generally have to pay the full cost (rather than your normal cost share) at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. (Go to Chapter 5, Section 2 for information on how to ask our plan to pay you back.) You may be required to pay the difference between what you pay for the drug at the out-of-network pharmacy and the cost we would cover at an in-network pharmacy.

**Please check first with Customer Care** to see if there is a network pharmacy nearby.

## SECTION 3 Your drugs need to be on our plan's Drug List

### Section 3.1 The Drug List tells which Part D drugs are covered

Our plan has a *List of Covered Drugs (formulary).* In this *Evidence of Coverage*, **we call it the Drug List.**

The drugs on this list are selected by our plan with the help of doctors and pharmacists. The list meets Medicare's requirements and has been approved by Medicare. The Drug List only shows drugs covered under Medicare Part D.

We generally cover a drug on our plan's Drug List as long as you follow the other coverage rules explained in this chapter and use of the drug is for a medically accepted indication. *A medically accepted indication* is a use of a prescription drug that is *either:*

- Approved by the FDA for the diagnosis or condition for which it is prescribed, or
- Supported by certain references, such as the American Hospital Formulary Service Drug Information and the Micromedex DRUGDEX Information System.

The additional drug coverage provided by California's Valued Trust covers certain prescription drugs not covered under Medicare Part D. Payments made for these prescription drugs will not count toward your total out-of-pocket costs.

Please contact Customer Care for any questions regarding your additional benefit.

The Drug List includes brand name drugs, generic drugs, and biological products (which may include biosimilars).

A brand name drug is a prescription drug sold under a trademarked name owned by the drug manufacturer. Biological products are drugs that are more complex than typical drugs. On the Drug List, when we refer to *drugs*, this could mean a drug or a biological product.

A generic drug is a prescription drug that has the same active ingredients as the brand name drug. Biological products have alternatives called biosimilars. Generally, generics and biosimilars work just as well as the brand name or original biological product and usually cost less. There are generic drug substitutes available for many brand name drugs and biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state law, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

Go to Chapter 10 for definitions of the types of drugs that may be on the Drug List.

### Drugs that aren't on the Drug List

Our plan does not cover all prescription drugs.

- In some cases, the law doesn't allow any Medicare plan to cover certain types of drugs. (For information, go to Section 7.)
- In other cases, we decided not to include a particular drug on the Drug List.
- In some cases, you may be able to obtain a drug that is not on the Drug List. (For more information, go to Chapter 7.)

These drugs may be covered by the additional coverage provided by California's Valued Trust. Please contact Customer Care to find out if your drug is covered.

## Section 3.2 Four cost sharing tiers for drugs on the Drug List

Every drug on our plan's Drug List is in one of four cost sharing tiers. In general, the higher the tier, the higher your cost for the drug:

- **Cost Sharing Tier 1: Generics**
- **Cost Sharing Tier 2: Preferred Brands**
- **Cost Sharing Tier 3: Non-Preferred Brands**
- **Cost Sharing Tier 4: High Cost/Specialty**

To find out which cost sharing tier your prescription drug is in, look in our plan's Drug List. The amount you pay for drugs in each cost sharing tier is shown in Chapter 4.

**Please note:** California's Valued Trust provides additional coverage that may cover drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

## Section 3.3 How to find out if a specific drug is on the Drug List

To find out if a drug is on our Drug List, you have these options:

1. Check the most recent Drug List we provided for information on your drug coverage. (The Drug List includes information for the covered drugs most commonly used by our members. However, we may cover additional drugs that are not included in the provided Drug List. If one of your drugs is not listed on the Drug List, you should contact Customer Care to find out if we cover it.)
2. Visit SilverScriptEmployerPDP.MemberDoc.com. The Drug List on the website is always the most current.
3. Call Customer Care to find out if a particular drug is on our plan's Drug List or to ask for a copy of the list.
4. Use our plan's Real-Time Benefit Tool (cvt4.silverscript.com) to search for drugs on the Drug List to get an estimate of what you will pay and see if there are alternative drugs on the Drug List that could treat the same condition.

# SECTION 4 Drugs with restrictions on coverage

## Section 4.1 Why some drugs have restrictions

For certain prescription drugs, special rules restrict how and when our plan covers them. A team of doctors and pharmacists developed these rules to encourage you and your provider to use prescription drugs in the most effective way. To find out if any of these restrictions apply to a drug you take or want to take, check the Drug List.

If a safe, lower-cost drug will work just as well medically as a higher-cost drug, our plan's rules are designed to encourage you and your provider to use that lower-cost option.

Note that sometimes a drug may appear more than once in our Drug List. This is because the same drugs can differ based on the strength, amount, or form of the drug prescribed by your health care provider, and different restrictions or cost sharing may apply to the different versions of the drug (for example, 10 mg versus 100 mg; one per day versus two per day; tablet versus liquid).

**Please note:** California's Valued Trust provides additional coverage that may cover drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which drugs may or may not be covered, please call Customer Care. You may view this list of drugs, and any restrictions, on our website, cvt4.silverscript.com.

## Section 4.2 Types of restrictions

**If there is a restriction for your drug, it usually means that you or your provider have to take extra steps for us to cover the drug.** Call Customer Care at 1-888-620-1756 (TTY users call 711) to learn what you or your provider can do to get coverage for the drug. **If you want us to waive the restriction for you, you need to use the coverage decision process and ask us to make an exception.** We may or may not agree to waive the restriction for you. (Go to Chapter 7.)

### Getting plan approval in advance

For certain drugs, you or your provider need to get approval from our plan, based on specific criteria, before we agree to cover the drug for you. This is called **prior authorization.** This is put in place to ensure medication safety and help guide appropriate use of certain drugs. If you do not get this approval, your drug might not be covered by our plan. Our plan's prior authorization criteria can be obtained by calling Customer Care at 1-888-620-1756 (TTY users call 711).

### Trying a different drug first

This requirement encourages you to try less costly, but usually just as effective, drugs before our plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, our plan may require you to try Drug A first. If Drug A does not work for you, the plan will then cover Drug B. This requirement to try a different drug first is called **step therapy.** Our plan's step therapy criteria can be obtained by calling Customer Care at 1-888-620-1756 (TTY users call 711).

### Quantity limits

For certain drugs, we limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

### Non-Extended Days Supply (NDS)

For high-cost or specialty prescription drugs, SilverScript limits the amount of the drug that you can receive at one time to a 30-day supply. You will not be able to get a long-term supply (up to 90 days) of these drugs.

You will pay the copayment for a 30-day supply whether your drug is filled at a retail pharmacy or through the mail order pharmacy. These drugs have "NDS" next to the drug name in your formulary.

## SECTION 5 What you can do if one of your drugs isn't covered the way you'd like

There are situations where a drug you take, or that you and your provider think you should take, is not on our Drug List or has restrictions. For example:

- The drug might not be covered at all. Or a generic version of the drug may be covered but the brand name version you want to take is not covered.
- The drug is covered, but there are extra rules or restrictions on coverage.
- The drug is covered, but it is in a cost sharing tier that makes your share of the cost more expensive than you think it should be.
- **If your drug is in a cost sharing tier that makes your cost more expensive than you think it should be, go to Section 5.1 to learn what you can do.**

California's Valued Trust is providing additional coverage to your Medicare Part D prescription drug plan. This drug may be covered. For more information on your drug coverage, please contact Customer Care.

**If your drug is not on the Drug List or is restricted, here are options for what you can do:**

- You may be able to get a temporary supply of the drug.
- You can change to another drug.
- You can ask for an **exception** and ask our plan to cover the drug or remove restrictions from the drug.

### You may be able to get a temporary supply

Under certain circumstances, our plan must provide a temporary supply of a drug you're already taking. This temporary supply gives you time to talk with your provider about the change.

To be eligible for a temporary supply, the drug you take **must no longer be on our plan's Drug List** OR **is now restricted in some way.**

- **If you're a new member,** we'll cover a temporary supply of your drug during the first **90 days** of your membership in our plan.
- **If you were in the plan last year,** we'll cover a temporary supply of your drug during the first **90** days of the calendar year.
- This temporary supply will be for a maximum of a 30-day supply. If your prescription is written for fewer days, we'll allow multiple fills to provide up to a maximum of a 30-day supply of medication. The prescription must be filled at a network pharmacy. (Note that a long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.)
- **For members who've been in our plan for more than 90 days and live in a long-term care facility and need a supply right away:**

  We'll cover one 31-day emergency supply of a particular prescription drug, or less if your prescription is written for fewer days. This is in addition to the above temporary supply.
- If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For questions about a temporary supply, call Customer Care at 1-888-620-1756 (TTY users call 711).

**During the time when you're using a temporary supply of a drug, you should talk with your provider to decide what to do when your temporary supply runs out. You have 2 options:**

### Option 1. You can change to another drug

California's Valued Trust provides additional coverage for some prescription drugs not covered by SilverScript. If your drug is not covered, you may talk with your provider about whether a different drug covered by our plan may work just as well for you. Call Customer Care at 1-888-620-1756 (TTY users call 711) to ask for a list of covered drugs that treat the same medical condition. This list can help your provider find a covered drug that might work for you.

### Option 2. You can ask for an exception

**You and your provider can ask our plan to make an exception and cover the drug in the way you'd like it covered.** If your provider says you have medical reasons that justify asking us for an exception, your provider can help you ask for an exception. For example, you can ask our plan to cover a drug even though it is not on our plan's Drug List. Or you can ask our plan to make an exception and cover the prescription drug without restrictions.

If you're a current member and a prescription drug you take will be removed from the formulary or restricted in some way for next year, we'll tell you about any change before the new year. You can ask for an exception before next year and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement). If we approve your request, we'll authorize coverage for the drug before the change takes effect.

**If you and your provider want to ask for an exception, go to Chapter 7, Section 5.4 to learn what to do.** It explains the procedures and deadlines set by Medicare to make sure your request is handled promptly and fairly.

Drugs in some of our cost sharing tiers are not eligible for this type of exception. We do not lower the cost sharing amount for prescription drugs in Tier 4: High Cost/Specialty.

### Section 5.1 What to do if your drug is in a cost sharing tier you think is too high

If your drug is in a cost sharing tier you think is too high, here are things you can do:

#### You can change to another drug

If your drug is in a cost-sharing tier you think is too high, talk to your provider. There may be a different drug in a lower cost sharing tier that might work just as well for you. You can call Customer Care at 1-888-620-1756 (TTY users call 711) to ask for a list of covered drugs that treat the same medical condition. This list can help your provider find a covered drug that might work for you.

#### You can ask for an exception

**You and your provider can ask our plan to make an exception in the cost sharing tier for a drug so that you pay less for it.** If your provider says you have medical reasons that justify asking us for an exception, your provider can help you request an exception to the rule.

**If you and your provider want to ask for an exception, go to Chapter 7, Section 5.4 for what to do.** It explains the procedures and deadlines set by Medicare to make sure your request is handled promptly and fairly.

We don't lower the cost sharing amount for prescription drugs in Tier 4: High Cost/Specialty.

Drugs in some of our cost sharing tiers are not eligible for this type of exception. We do not lower the cost sharing amount for drugs in the "Preferred" tiers, for any drug in the "Specialty" tier, or any drugs in Tier 1. Coverage of any non-formulary drug is not eligible for a tiering exception.

## SECTION 6 Our Drug List can change during the year

California's Valued Trust is providing additional coverage to your Medicare Part D prescription drug plan. The additional coverage may cover this medication. For more information on your coverage, please contact Customer Care.

Most changes in drug coverage happen at the beginning of each year (January 1). However, during the year, our plan can make some changes to the Drug List. For example, our plan might:

- **Add or remove drugs from the Drug List.**
- **Move a drug to a higher or lower cost sharing tier.**
- **Add or remove a restriction on coverage for a drug.**
- **Replace a brand name drug with a generic version of the drug.**
- **Replace an original biological product with an interchangeable biosimilar version of the biological product.**

We must follow Medicare requirements before we change the plan's Drug List.

### Information on changes to drug coverage

When changes to the Drug List occur, we post information on our website about those changes. We also update our online Drug List regularly. Sometimes you'll get direct notice if changes are made to a drug you take.

### Changes to drug coverage that affect you during this plan year

- **Adding drugs to the Drug List and removing or making changes to a like drug on the Drug List.**
    - When adding another version of a drug to the Drug List, we may remove a like drug from the Drug List, move it to a different cost-sharing tier, add new restrictions, or both. The version of the drug that we add will be on the same or a lower cost-sharing tier and with the same or fewer restrictions.
    - We'll make these changes only if we are adding a new generic version of a brand name drug or add certain new biosimilar versions of an original biological product that was already on the Drug List.
    - We'll tell you at least 30 days before we make the change, or tell you about the change and cover a 30-day fill of the version of the drug you're taking.
- **Removing unsafe drugs and other drugs on the Drug List that are withdrawn from the market.**
    - Sometimes a drug may be deemed unsafe or taken off the market for another reason. If this happens, we may immediately remove the drug from the Drug List. If you take that drug, we'll tell you after we make the change.
- **Making other changes to drugs on the Drug List.**
    - We may make other changes once the year has started that affect drugs you take. For example, based on FDA boxed warnings or new clinical guidelines recognized by Medicare.
    - We'll tell you at least 30 days before we make these changes or tell you about the change and cover an additional 30-day fill of the drug you're taking.

If we make any of these changes to any of the drugs you take, talk with your prescriber about the options that would work best for you, including changing to a different drug to treat your condition, or asking for a coverage decision to satisfy any new restrictions on the drug you're taking. You or your prescriber can ask us for an exception to continue covering the drug or version of the drug you've been taking. For more information on how to ask for a coverage decision, including an exception, go to Chapter 7.

### Changes to the Drug List that don't affect you during this plan year

We may make certain changes to the Drug List that aren't described above. In these cases, the change won't apply to you if you're currently taking the drug when the change is made; however, these changes will likely affect you starting January 1 of the next plan year if you stay in the same plan.

In general, changes that won't affect you during the current plan year are:

- We move your drug into a higher cost sharing tier.
- We put a new restriction on the use of your drug.
- We remove your drug from the Drug List.

If any of these changes happen for a drug you take (except for market withdrawal, a generic drug replacing a brand name drug, or other changes noted in the section above), the change won't affect your use or what you pay as your share of the cost until January 1 of the next year.

We won't tell you about these types of changes directly during the current plan year. You'll need to check the Drug List for the next plan year (when the list is available during the open enrollment period) to see if there are any changes to drugs you take that will impact you during the next plan year.

## SECTION 7 Types of drugs we don't cover

The additional coverage provided by California's Valued Trust covers certain drugs not covered under Medicare Part D. Payments made for these drugs will not count toward your total out-of-pocket costs. Please contact SilverScript Customer Care for any questions regarding your additional benefit.

Some kinds of prescription drugs are *excluded*. This means Medicare doesn't pay for these drugs.

If you get drugs that are excluded, you must pay for them yourself (except for certain excluded drugs covered through the additional coverage provided by California's Valued Trust). If you appeal and the requested drug is found not to be excluded under Part D, we'll pay for or cover it. (For information about appealing a decision, go to Chapter 7.)

Here are 3 general rules about drugs that Medicare drug plans will not cover under Part D:

- Our plan's Part D drug coverage can't cover a drug that would be covered under Medicare Part A or Part B.
- Our plan can't cover a drug purchased outside the United States or its territories.
- Our plan can't cover *off-label* use of a drug when the use is not supported by certain references, such as the American Hospital Formulary Service Drug Information and the Micromedex DRUGDEX Information System. *Off-label* use is any use of the drug other than those indicated on a drug's label as approved by the FDA.

In addition, by law, the following categories of drugs are not covered by Medicare drug plans. Our plan covers certain drugs listed below through the additional coverage provided by California's Valued Trust. (See Section 3.1 for more information about Drugs we cover.)

- Non-prescription drugs (also called over-the-counter drugs)
- Drugs used to promote fertility
- Drugs used for the relief of cough or cold symptoms
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Drugs used for the treatment of sexual or erectile dysfunction
- Drugs used for treatment of anorexia, weight loss, or weight gain
- Outpatient drugs for which the manufacturer requires associated tests or monitoring services be purchased only from the manufacturer as a condition of sale

The additional coverage provided by California's Valued Trust covers certain prescription drugs not normally covered in a Medicare prescription drug plan. The amount you pay for these drugs doesn't count toward qualifying you for the Catastrophic Coverage Stage. (For more information about Drugs we cover, see Section 3.1. The Catastrophic Coverage Stage is described in Chapter 4, Section 6.)

California's Valued Trust provides additional coverage to cover drugs that are not included on the SilverScript formulary, as well as certain drugs not covered under Medicare Part D, such as:

- Prescription drugs when used for anorexia, weight loss or weight gain
- Prescription drugs used to promote fertility
- Prescription drugs when used for the symptomatic relief of cough or cold
- Prescription vitamins and mineral products not covered by Part D
- Prescription drugs when used for treatment of sexual or erectile dysfunction
- Prescription drugs for tobacco cessation.

The cost of these drugs will not count towards your Medicare out-of-pocket costs or Medicare total drug costs. Please contact SilverScript Customer Care if you have any questions regarding your additional coverage from California's Valued Trust.

**If you get Extra Help** to pay for your prescriptions, the Extra Help won't pay for drugs that aren't normally covered. If you have drug coverage through Medicaid, your state Medicaid program may cover some prescription drugs not normally covered in a Medicare drug plan. Contact your state Medicaid program to determine what drug coverage may be available to you. (Find phone numbers and contact information for Medicaid in the Appendix.)

## SECTION 8 How to fill a prescription

To fill your prescription, provide your SilverScript plan membership information, (which can be found on your membership card) at the network pharmacy you choose. The network pharmacy will automatically bill our plan for *our* share of your drug cost. This includes any additional coverage provided by California's Valued Trust. You need to pay the pharmacy *your* share of the cost when you pick up your prescription.

If you don't have our plan membership information with you, you or the pharmacy can call our plan to get the information, or you can ask the pharmacy to look up our plan enrollment information.

If the pharmacy can't get the necessary information, **you may have to pay the full cost of the prescription when you pick it up.** You can then **ask us to reimburse you** for our share. Go to Chapter 5, Section 2 for information about how to ask our plan for reimbursement.

## SECTION 9 Part D drug coverage in special situations

### Section 9.1 In a hospital or a skilled nursing facility for a stay covered by our plan

If you're admitted to a hospital or to a skilled nursing facility, Original Medicare (or your Medicare health plan with Part A and B coverage, if applicable) will generally cover the cost of your prescription drugs during your stay. Once you leave the hospital or skilled nursing facility, our plan will cover your prescription drugs as long as the drugs meet all of our rules for coverage described in this chapter.

### Section 9.2 As a resident in a long-term care (LTC) facility

Usually, a long-term care (LTC) facility (such as a nursing home) has its own pharmacy or uses a pharmacy that supplies drugs for all its residents. If you're a resident of an LTC facility, you may get your prescription drugs through the facility's pharmacy or the one it uses, as long as it's part of our network.

Check your *Pharmacy Directory*, SilverScriptEmployerPDP.MemberDoc.com, to find out if your LTC facility's pharmacy or the one it uses is part of our network. If it isn't, or if you need more information or help, call Customer Care at 1-888-620-1756 (TTY users call 711). If you're in an LTC facility, we must ensure that you're able to routinely get your Part D benefits through our network of LTC pharmacies.

If you're a resident in an LTC facility and need a drug that's not on our Drug List or is restricted in some way, go to Section 5 for information about a temporary or emergency supply.

### Section 9.3 If you are taking drugs covered by Original Medicare

California's Valued Trust may provide additional coverage for prescription drugs that would normally be covered under Medicare Part B. For more information, please contact Customer Care.

### Section 9.4 If you have a Medigap (Medicare Supplement Insurance) policy with drug coverage

If you currently have a Medigap policy that includes coverage for prescription drugs, you must contact your Medigap issuer and tell them you enrolled in our plan. If you decide to keep your current Medigap policy, your Medigap issuer will remove the prescription drug coverage portion of your Medigap policy and lower your premium.

Each year, your Medigap insurance company should send you a notice that tells if your prescription drug coverage is creditable and the choices you have for drug coverage. (If the coverage from the Medigap policy is **creditable,** it means that it is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage.) The notice will also explain how much your premium would be lowered if you remove the prescription drug coverage portion of your Medigap policy. If you didn't get this notice, or if you can't find it, contact your Medigap insurance company and ask for another copy.

## Section 9.5 If you also get drug coverage from an employer or retiree group plan

If you have coverage in SilverScript sponsored by California's Valued Trust, other drug coverage through your (or your spouse's or domestic partner's) employer or retiree group, contact **that group's benefits administrator.** They can help you understand how your current drug coverage will work with our plan.

In general, if you have employee or retiree group coverage, the drug coverage you get from us will be *secondary* to your other group coverage. That means your other group coverage pays first.

### Special note about creditable coverage:

If you currently have prescription drug coverage, other than your coverage in SilverScript sponsored by California's Valued Trust, that group's benefits administrator should send you a notice each year that tells if your drug coverage for the next calendar year is creditable.

If the coverage from the group plan is **creditable**, it means that your plan has drug coverage that is expected to pay, on average, at least as much as Medicare's standard drug coverage.

**Keep any notices about creditable coverage** because you may need these notices later to show you maintained creditable coverage. If you didn't get a creditable coverage notice, ask for a copy from the employer or retiree group's benefits administrator or the employer or union.

## Section 9.6 If you're in Medicare-certified hospice

Hospice and our plan don't cover the same drug at the same time. If you're enrolled in Medicare hospice and require certain drugs (e.g., anti-nausea drugs, pain medication, or anti-anxiety drugs) that aren't covered by your hospice because it is unrelated to your terminal illness and related conditions, our plan must get notification from either the prescriber or your hospice provider that the prescription drug is unrelated before our plan can cover the prescription drug. To prevent delays in getting these drugs that should be covered by our plan, ask your hospice provider or prescriber to provide notification before your prescription is filled.

In the event you either revoke your hospice election or are discharged from hospice, our plan should cover your prescription drugs as explained in this document. To prevent any delays at a pharmacy when your Medicare hospice benefit ends, bring documentation to the pharmacy to verify your revocation or discharge.

## SECTION 10 Programs on drug safety and managing medications

We conduct drug use reviews to help make sure our members get safe and appropriate care.

We do a review each time you fill a prescription. We also review our records on a regular basis. During these reviews, we look for potential problems like:

- Possible medication errors
- Drugs that may not be necessary because you take another similar drug to treat the same condition
- Drugs that may not be safe or appropriate because of your age or gender
- Certain combinations of drugs that could harm you if taken at the same time
- Prescriptions for drugs that have ingredients you're allergic to
- Possible errors in the amount (dosage) of a drug you're taking
- Unsafe amounts of opioid pain medications

If we see a possible problem in your use of medications, we'll work with your provider to correct the problem.

### Section 10.1 Drug Management Program (DMP) to help members safely use opioid medications

We have a program that helps make sure members safely use prescription opioids and other frequently abused medications. This program is called a Drug Management Program (DMP). If you use opioid or benzodiazepine medications that you get from several prescribers or pharmacies, or if you had a recent opioid overdose, we may talk to your prescribers to make sure your use of opioid medications is appropriate and medically necessary. Working with your prescribers, if we decide your use of prescription opioid or benzodiazepine medications may not be safe, we may limit how you can get those medications. If we place you in our DMP, the limitations may be:

- Requiring you to get all your prescriptions for opioid or benzodiazepine medications from a certain pharmacy(ies)
- Requiring you to get all your prescriptions for opioid or benzodiazepine medications from a certain prescriber(s)
- Limiting the amount of opioid or benzodiazepine medications we will cover for you

If we plan on limiting how you get these medications or how much you get, we'll send you a letter in advance. The letter will tell you if we will limit coverage of these drugs for you, or if you'll be required to get the prescriptions for these drugs only from a specific prescriber(s) or pharmacy. You'll have an opportunity to tell us which prescribers or pharmacies you prefer to use, and about any other information you think is important for us to know. After you've had the opportunity to respond, if we decide to limit your coverage for these medications, we'll send you another letter confirming the limitation. If you think we made a mistake or you disagree with our decision or with the limitation, you and your prescriber have the right to appeal. If you appeal, we'll review your case and give you a new decision. If we continue to deny any part of your request related to the limitations that apply to your access to medications, we will automatically send your case to an independent reviewer outside of our plan. Go to Chapter 7 for information about how to ask for an appeal.

You won't be placed in our DMP if you have certain medical conditions, such as active cancer-related pain or sickle cell disease, you're getting hospice, palliative, or end-of-life care, or live in a long-term care facility.

## Section 10.2 Medication Therapy Management (MTM) program to help members manage medications

We have a program that can help our members with complex health needs. Our program is called a Medication Therapy Management (MTM) program. This program is voluntary and free. A team of pharmacists and doctors developed the program for us to help make sure our members get the most benefit from the drugs they take.

Some members who have certain chronic diseases and take medications that exceed a specific amount of drug costs or are in a DMP to help them use opioids safely, may be able to get services through an MTM program. If you qualify for the program, a pharmacist or other health professional will give you a comprehensive review of all your medications.

During the review, you can talk about your medications, your costs, and any problems or questions you have about your prescription and over-the-counter medications. You'll get a written summary which has a recommended to-do list that includes steps you should take to get the best results from your medications. You'll also get a medication list that will include all the medications you're taking, how much you take, and when and why you take them. In addition, members in the MTM program will get information on the safe disposal of prescription medications that are controlled substances.

It's a good idea to talk to your doctor about your recommended to-do list and medication list. Bring the summary with you to your visit or anytime you talk with your doctors, pharmacists, and other health care providers. Keep your medication list up to date and with you (for example, with your ID) in case you go to the hospital or emergency room.

If we have a program that fits your needs, we'll automatically enroll you in the program and send you information. If you decide not to participate, notify us and we'll withdraw you. For questions about this program, call Customer Care.

# Chapter 4:
# What you pay for Part D drugs

## SECTION 1 What you pay for Part D drugs

If you are in a program that helps pay for your drugs, **some information in this *Evidence of Coverage* about the costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the *"Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider")*, which tells you about your drug coverage. If you don't have this insert, please call Customer Care and ask for the *LIS Rider*.

We use "drug" in this chapter to mean a Part D prescription drug. Not all drugs are Part D drugs. Some drugs are covered under Medicare Part A or Part B and other drugs are excluded from Medicare coverage by law. Some excluded drugs may be covered by our plan since your plan has additional drug coverage.

To understand payment information, you need to know what drugs are covered, where to fill your prescriptions, and what rules to follow when you get your covered drugs. Chapter 3 explains these rules. When you use our plan's "Real-Time Benefit Tool" to look up drug coverage (cvt4.silverscript.com) the cost you see shows an estimate of the out-of-pocket costs you're expected to pay. You can also get information provided by the "Real-Time Benefit Tool" by calling Customer Care at 1-888-620-1756 (TTY users call 711).

### Section 1.1 Types of out-of-pocket costs you may pay for covered drugs

There are different types of out-of-pocket costs for covered Part D drugs that you may be asked to pay. The amount that you pay for a drug is called *cost sharing*, and there are different ways you may be asked to pay.

- **Deductible** is the amount you must pay for drugs before our plan begins to pay its share.
- **Copayment** is a fixed amount you pay each time you fill a prescription.
- **Coinsurance** is a percentage of the total cost of the drug you pay each time you fill a prescription.

### Section 1.2 How Medicare calculates your out-of-pocket costs

Medicare has rules about what counts and what doesn't count toward your out-of-pocket costs. Here are the rules we must follow to keep track of your out-of-pocket costs.

#### These payments <u>are included</u> in your out-of-pocket costs

**<u>Your out-of-pocket costs include</u>** the payments listed below (as long as they are for covered Part D drugs and you followed the rules for drug coverage explained in Chapter 3):

- The amount you pay for drugs when you're in the following drug payment stage(s):
  - The Deductible Stage

    - The Initial Coverage Stage
- Any payments you made during this plan year under another Medicare drug plan before you joined our plan.
- Any payments for your drugs made by family or friends.
- Any payments made for your drugs by Extra Help from Medicare, employer or union health plans, Indian Health Service, AIDS drug assistance programs, State Pharmaceutical Assistance Programs (SPAP), and most charities.

**Moving to the Catastrophic Coverage Stage:**

When you (or those paying on your behalf) have spent a total of $2,400 in out-of-pocket costs within the calendar year, you move from the Initial Coverage Stage to the Catastrophic Coverage Stage.

## These payments aren't included in your Medicare out-of-pocket costs

Your out-of-pocket costs **don't include** any of these types of payments:

- Drugs you buy outside the United States and its territories.
- Drugs that aren't covered by our plan.
- Drugs you get at an out-of-network pharmacy that don't meet our plan's requirements for out-of-network coverage.
- Prescription drugs covered by Part A or Part B.
- Payments you make toward drugs covered under the additional coverage provided by California's Valued Trust but not normally covered in a Medicare prescription drug plan.
- Payments you make toward prescription drugs not normally covered in a Medicare prescription drug plan.
- Payments for your drugs made by certain insurance plans and government-funded health programs such as TRICARE and the Veterans Health Administration (VA).
- Payments for your drugs made by a third party with a legal obligation to pay for prescription costs (for example, Workers' Compensation.)
- Payments made by drug manufacturers under the Manufacturer Discount Program.

*Reminder:* If any other organization like the ones listed above pays part or all of your out-of-pocket costs for drugs, you're required to tell our plan by calling Customer Care at 1-888-620-1756 (TTY users call 711).

### Tracking your out-of-pocket total costs

- The *Part D Explanation of Benefits (EOB)* you receive includes the current total of your Medicare out-of-pocket costs. When this amount reaches $2,400, the *Part D EOB* will tell you that you left the Initial Coverage Stage and moved to the Catastrophic Coverage Stage.

- **Make sure we have the information we need.** Go to Section 3.1 to learn what you can do to help make sure our records of what you spent are complete and up-to-date.

## SECTION 2 Drug payment stages for SilverScript members

There are 3 **drug payment stages** for your drug coverage under SilverScript. How much you pay for each prescription depends on what stage you're in when you get a prescription filled or refilled. Details of each stage are explained in this chapter. The stages are:

- **Stage 1: Annual Deductible Stage**
- **Stage 2: Initial Coverage Stage**
- **Stage 3: Catastrophic Coverage Stage**

## SECTION 3 Your Part D *Explanation of Benefits (EOB)* explains which payment stage you're in

Our plan keeps track of your prescription drug costs and the payments you make when you get prescriptions at the pharmacy. This way, we can tell you when you move from one drug payment stage to the next. We track 2 types of costs:

- **Out-of-Pocket Costs:** This is how much you have paid. This includes what you paid when you get a covered Part D drug, any payments for your drugs made by family or friends, and any payments made for your drugs by Extra Help from Medicare, employer or union health plans, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs).
- **Total Drug Costs:** This is the total of all payments made for your covered Part D drugs. It includes what our plan paid, what you paid, and what other programs or organizations paid for your covered Part D drugs.

If you filled one or more prescriptions through our plan during the previous month, we'll send you a *Part D EOB*. The *Part D EOB* includes:

- **Information for that month.** This report gives payment details about prescriptions you filled during the previous month. It shows the total drug costs, what our plan paid, and what you and others paid on your behalf.
- **Totals for the year since January 1.** This shows the total drug costs and total payments for your drugs since the year began.
- **Drug price information.** This displays the total drug price, and information about changes in price from first fill for each prescription claim of the same quantity.
- **Available lower cost alternative prescriptions.** This shows information about other available drugs with lower cost sharing for each prescription claim, if applicable.
- **Any additional prescription drug coverage you receive from California's Valued Trust will show up in a separate table on your *Part D EOB*.**

### Section 3.1 Help us keep our information about your drug payments up to date

To keep track of your drug costs and the payments you make for drugs, we use records we get from pharmacies. Here's how you can help us keep your information correct and up to date:

- **Show your membership card every time you get a prescription filled.** This helps make sure we know about the prescriptions you fill and what you pay.
- **Make sure we have the information we need.** There are times you may pay for the entire cost of a prescription drug. In these cases, we won't automatically get the information we need to keep track of your out-of-pocket costs. To help us keep track of your out-of-pocket costs, give us copies of your receipts. **Examples of when you should give us copies of your drug receipts:**
  - When you purchase a covered drug at a network pharmacy at a special price or use a discount card that's not part of our plan's benefit.
  - When you pay a copayment for drugs provided under a drug manufacturer patient assistance program.
  - Any time you buy covered drugs at out-of-network pharmacies or pay the full price for a covered drug under special circumstances.
  - If you're billed for a covered drug, you can ask our plan to pay our share of the cost. For instructions on how to do this, go to Chapter 5.
- **Send us information about the payments others make for you.** Payments made by certain other people and organizations also count toward your out-of-pocket costs. For example, payments made by a State Pharmaceutical Assistance Program (SPAP), an AIDS drug assistance program (ADAP), the Indian Health Service, and charities count toward your out-of-pocket costs. Keep a record of these payments and send them to us so we can track your costs.
- **Check the written report we send you.** When you receive a *Part D EOB*, look it over to be sure the information is complete and correct. If you think something is missing or you have questions, call Customer Care at 1-888-620-1756 (TTY users call 711). You have the option to receive your *Part D EOB* electronically by registering at Caremark.com. The digital format of the EOB provides the same information as the paper copy you receive in the mail today. Once registered at Caremark.com, you will be able to view, save, or print your EOBs and other plan documents. You will receive email notification when you have a new EOB to view.

## SECTION 4 The Deductible Stage

The Deductible Stage is the first payment stage for your prescription drug coverage. This stage begins when you fill your first prescription for the year. When you're in this payment stage, **you must pay the full cost of your drugs** until you reach our plan's annual deductible amount, which is $150 for brand name drugs, for 2027. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.

The **full cost** is usually lower than the normal full price of the drug since our plan negotiated lower costs for most drugs at network pharmacies. The full cost cannot exceed the maximum fair price plus dispensing fees for drugs with negotiated prices under the Medicare Drug Price Negotiation Program.

**You pay a deductible only for brand name drugs. There is no deductible for generic drugs, except generic drugs that are not on the SilverScript formulary.**

Once you pay $150 for your drugs, you leave the Deductible Stage and move on to the Initial Coverage Stage.

## SECTION 5 The Initial Coverage Stage

### Section 5.1 What you pay for a drug depends on the drug and where you fill your prescription

During the Initial Coverage Stage, our plan pays its share of the cost of your covered drugs and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription.

#### Our plan has four cost sharing tiers

Every drug on our plan's Drug List is in one of four cost sharing tiers. In general, the higher the cost sharing tier number, the higher your cost for the drug:

- **Cost Sharing Tier 1: Generics**
- **Cost Sharing Tier 2: Preferred Brands**
- **Cost Sharing Tier 3: Non-Preferred Brands**
- **Cost Sharing Tier 4: High Cost/Specialty**

To find out which cost sharing tier your drug is in, look it up in our plan's Drug List.

You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

#### Your pharmacy choices

How much you pay for a drug depends on whether you get the drug from:

- A network retail pharmacy.
- A network retail pharmacy that offers preferred cost sharing (for maintenance prescription drugs at 90 days) – see Section 5.4 of this chapter. Costs may be less at preferred network pharmacies.
- A standard network pharmacy that offers standard cost sharing.
- The plan's mail-order pharmacy.
- A pharmacy that isn't in our plan's network.

You may use an out-of-network pharmacy only in an emergency or non-routine circumstance.

If you use a pharmacy that is not part of our network, 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 amount you paid, less your deductible or copayment, if the drug is on the SilverScript formulary
- Only for the amount that California's Valued Trust (CVT) would have paid at a network pharmacy, minus your deductible or copayment, if the drug is not on the SilverScript formulary and is paid through the additional coverage provided by California's Valued Trust (CVT). If the drug costs more at an out-of-network pharmacy, you pay the difference in cost as well as your deductible or copayment.

For more information about these pharmacy choices and filling your prescriptions, go to Chapter 3 and our plan's *Pharmacy Directory* (SilverScriptEmployerPDP.MemberDoc.com).

## Section 5.2 Your costs for a *one-month* supply of a drug

During the Initial Coverage Stage, your share of the cost of a covered drug will be either a copayment or coinsurance.

The amount of the copayment or coinsurance depends on the cost sharing tier. Sometimes the cost of the drug is lower than your copayment. In these cases, you pay the lower price for the drug instead of the copayment.

### Your share of the cost when you get a *one-month* supply of a covered Part D drug:

| | **Network Retail Pharmacy** (Up to a 30-day supply available at **any** network pharmacy) | **Mail-Order Pharmacy** (Up to a 30-day supply) | **Long-Term Care (LTC) Pharmacy** (Up to a 31-day supply) |
|---|---|---|---|
| **Tier 1: Generics** | $10.00 | $10.00 | $10.00 |
| **Tier 2: Preferred Brands** | $40.00 | $40.00 | $40.00 |
| **Tier 3: Non-Preferred Brands** | $100.00 | $100.00 | $100.00 |
| **Tier 4: High Cost/Specialty** | $100.00 | $100.00 | $100.00 |

You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

Go to Section 7 of this chapter for more information on cost sharing for Part D vaccines.

## Section 5.3 If your doctor prescribes less than a full month's supply, you may not have to pay the cost of the entire month's supply

Typically, the amount you pay for a drug covers a full month's supply. There may be times when you or your doctor would like you to have less than a month's supply of a drug (for example, when you're trying a medication for the first time). You can also ask your doctor to prescribe, and your pharmacist to dispense, less than a full month's supply, if this will help you plan refill dates better.

If you receive less than a full month's supply of certain drugs, you won't have to pay for the full month's supply.

- If you're responsible for coinsurance, you pay a *percentage* of the total cost of the drug. Since the coinsurance is based on the total cost of the drug, your cost will be lower, since the total cost for the drug will be lower.
- If you're responsible for a copayment for the drug, you only pay for the number of days of the drug that you receive instead of a whole month. We calculate the amount you pay per day for your drug (*the daily cost sharing rate*) and multiply it by the number of days of the drug you receive.

## Section 5.4 Your costs for a *long-term* (up to a 90-day) supply of a covered Part D drug

For some drugs, you can get a long-term supply (also called an *extended supply*). A long-term supply is up to a 90-day supply.

**Please note:** For high-cost or specialty prescription drugs, SilverScript limits the amount of the drug that you can receive at one time to a 30-day supply. You will not be able to get a long-term supply (up to 90 days) of these drugs.

You will pay the copayment for a 30-day supply whether your drug is filled at a retail pharmacy or through the mail order pharmacy. These drugs have "NDS" next to the drug name in your formulary.

The following table shows what you pay when you get a long-term supply of a drug.

Please note: If your covered drug costs less than the copayment amount listed in the chart, you will pay that lower price for the drug. You pay *either* the full price of the drug *or* the copayment amount, *whichever is lower*.

**Your costs for a *long-term* supply of a covered Part D drug:**

| | **Preferred Network Retail Pharmacy** (Up to a 90-day supply) | **Standard Network Retail Pharmacy** (Up to a 90-day supply) | **Mail-Order Pharmacy** (Up to a 90-day supply) |
|---|---|---|---|
| **Tier 1: Generics** | $25.00 | $30.00 | $25.00 |
| **Tier 2: Preferred Brands** | $100.00 | $120.00 | $100.00 |
| **Tier 3: Non-Preferred Brands** | $250.00 | $300.00 | $250.00 |
| **Tier 4: High Cost/Specialty** | N/A | N/A | N/A |

You won't pay more than $70 for up to a two-month supply or $105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

**Through the additional coverage provided by California's Valued Trust, you may be able to save on your maintenance prescription drugs by changing your 30-day supply to a 90-day supply at any CVS Pharmacy, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location. These pharmacies are called "preferred network retail pharmacies."**

If you are currently taking any long-term prescription drugs, you can continue to fill your 30-day supplies. However, you may save by changing your 30-day supply to a lower-cost 90-day supply. Filling one 90-day supply may cost you less than three 30-day supplies of the same prescription drug.

**You can choose from two 90-day supply options for the same low price.**

**Option 1:** Refill at any CVS Pharmacy, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location, and pick up your prescription drugs at your convenience.

**Option 2:** Refill with CVS Caremark Mail Service Pharmacy and have a 90-day supply of your long-term prescription drugs shipped to your home.

For questions about maintenance drugs with additional coverage provided by California's Valued Trust, including the cost to fill these drugs, please contact Customer Care.

## Section 5.5 You stay in the Initial Coverage Stage until your out-of-pocket costs for the year reach $2,400

You stay in the Initial Coverage Stage until your total out-of-pocket costs reach $2,400. You then move to the Catastrophic Coverage Stage.

Your total drug cost is based on adding together what you have paid and what any Part D plan has paid:

- **What you have paid** for all the covered drugs you have gotten since you started with your first drug purchase of the year. This includes the total you paid as your share of the cost for your drugs during the Initial Coverage Stage.
- **What the plan has paid** as its share of the cost for your drugs during the Initial Coverage Stage. (If you were enrolled in a different Part D plan at any time during 2027, the amount that plan paid during the Initial Coverage Stage also counts toward your total drug costs.)

California's Valued Trust provides additional coverage on some prescription drugs that are not normally covered in a Medicare prescription drug plan. Payments made for these drugs will not count toward your Medicare Part D total out-of-pocket costs. To find out which drugs our plan covers, please call Customer Care.

The *Part D EOB* that you receive will help you keep track of how much you, our plan, and any third parties have spent on your behalf for your drugs during the year. Not all members will reach the $2,400 out-of-pocket limit in a year.

We'll let you know if you reach this amount. Go to Section 1.2 on how Medicare calculates your out-of-pocket costs.

## SECTION 6 The Catastrophic Coverage Stage

You qualify for catastrophic coverage once your Medicare out-of-pocket (also known as TrOOP) costs reach $2,400 for the year.

During the Catastrophic Coverage stage, **you will have no copayment for covered drugs for the remainder of the year.**

## SECTION 7 What you pay for Part D vaccines

**Important message about what you pay for vaccines** — Some vaccines are considered medical benefits and are covered under Part B. Other vaccines are considered Part D drugs. You can find these vaccines listed in our plan's Drug List. Our plan covers most adult Part D vaccines at no cost to you even if you haven't paid your deductible. Refer to our plan's Drug List or contact Customer Care at 1-888-620-1756 (TTY users call 711) for coverage and cost sharing details about specific vaccines.

There are 2 parts to our coverage of Part D vaccinations:

- The first part is the cost of **the vaccine itself.**
- The second part is for the cost of **giving you the vaccine.** (This is sometimes called the "administration" of the vaccine.)

Your costs for a Part D vaccine depend on 3 things:

1. **Whether the vaccine is recommended for adults by an organization called the Advisory Committee on Immunization Practice (ACIP).**
    - Most adult Part D vaccines are recommended by ACIP and cost you nothing.

2. **Where you get the vaccine.**
    - The vaccine itself may be dispensed by a pharmacy or provided by the doctor's office.
3. **Who gives you the vaccine.**
    - A pharmacist or another provider may give the vaccine in the pharmacy. Or a provider may give it in the doctor's office.

What you pay at the time you get the Part D vaccine can vary depending on the circumstances and what **drug payment stage** you're in.

- When you get a vaccine, you may have to pay the entire cost for both the vaccine itself and the cost for the provider to give you the vaccine. You can ask our plan to pay you back for our share of the cost. For most adult Part D vaccines, this means you'll be reimbursed the entire cost you paid.
- Other times, when you get a vaccine, you pay only your share of the cost under your Part D benefit. For most adult Part D vaccines, you pay nothing.

Below are 3 examples of ways you might get a Part D vaccine.

*Situation 1:* You get the Part D vaccine at the network pharmacy. (Whether you have this choice depends on where you live. Some states don't allow pharmacies to give certain vaccines.)

- For most adult Part D vaccines, you pay nothing.
- For other Part D vaccines, you pay the pharmacy your share of the cost for the vaccine itself, which includes the cost of giving you the vaccine.
- Our plan will pay the remainder of the costs.

*Situation 2:* You get the Part D vaccine at your doctor's office.

- When you get the vaccine, you may have to pay the entire cost of the vaccine itself and the cost for the provider to give it to you.
- You can then ask our plan to pay our share of the cost by using the procedures described in Chapter 5.
- For most adult Part D vaccines, you'll be reimbursed the full amount you paid. For other Part D vaccines, you'll be reimbursed the amount you paid, less any coinsurance or copayment for the vaccine (including administration), less any difference between the amount the doctor charges and what we normally pay. (If you get Extra Help, we'll reimburse you for this difference.)

*Situation 3:* You buy the Part D vaccine itself at your network pharmacy and take it to your doctor's office, where they give you the vaccine.

- For most adult Part D vaccines, you pay nothing for the vaccine itself.
- For other Part D vaccines, you  pay the pharmacy your share of the cost for the vaccine itself.

- When your doctor gives you the vaccine, you may have to pay the entire cost for this service.
- You can then ask our plan to pay our share of the cost by using the procedures described in Chapter 5.
- For most adult Part D vaccines, you'll be reimbursed the full amount you paid. For other Part D vaccines, you'll be reimbursed the amount you paid less any coinsurance for the vaccine administration and less any difference between the amount the doctor charges and what we normally pay. (If you get Extra Help, we'll reimburse you for this difference.)

# Chapter 5:
# Asking us to pay our share of the costs for covered drugs

## SECTION 1 Situations when you should ask us to pay our share for covered drugs

Sometimes when you get a prescription drug, you may need to pay the full cost. Other times, you may find you pay more than you expected under the coverage rules of our plan, or you may receive a bill from a provider. In these cases, you can ask our plan to pay you back (reimburse you). There may be deadlines that you must meet to get paid back. Go to Section 2 of this chapter.

Examples of situations in which you may need to ask our plan to pay you back or to pay a bill you received.

1. **When you use an out-of-network pharmacy to fill a prescription**

   If you go to an out-of-network pharmacy, the pharmacy may not be able to submit the claim directly to us. When that happens, you have to pay the full cost of your prescription.

   Save your receipt and send a copy to us when you ask us to pay you back for our share of the cost. Remember that we only cover out-of-network pharmacies in limited circumstances. Please see Section 2 of this chapter. Go to Chapter 3, Section 2.4 to learn about these circumstances. We may not pay you back the difference between what you paid for the drug at the out-of-network pharmacy and the amount that we'd pay at an in-network pharmacy.

You may use an out-of-network pharmacy only in an emergency or non-routine circumstance.

If you use a pharmacy that is not part of our network, 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 amount you paid, less your deductible or copayment, if the drug is on the SilverScript formulary
- Only for the amount that California's Valued Trust (CVT) would have paid at a network pharmacy, minus your deductible or copayment, if the drug is not on the SilverScript formulary and is paid through the additional coverage provided by California's Valued Trust (CVT). If the drug costs more at an out-of-network pharmacy, you pay the difference in cost as well as your deductible or copayment.

2. **When you pay the full cost for a prescription because you don't have our plan membership card with you**

   If you don't have your plan membership card with you, you can ask the pharmacy to call our plan or look up your enrollment information. However, if the pharmacy can't get the

enrollment information they need right away, you may need to pay the full cost of the prescription yourself.

Save your receipt and send a copy to us when you ask us to pay you back for our share of the cost. We may not pay you back the full cost you paid if the cash price you paid is higher than our negotiated price for the prescription.

3. **When you pay the full cost for a prescription in other situations**

   You may pay the full cost of the prescription because you find the drug isn't covered for some reason.

   - Save your receipt and send a copy to us when you ask us to pay you back. In some situations, we may need to get more information from your doctor to pay you back for our share of the cost. We may not pay you back the full cost you paid if the cash price you paid is higher than our negotiated price for the prescription.

4. **If you're retroactively enrolled in our plan**

   Sometimes a person's enrollment in our plan is retroactive. (This means that the first day of his/her enrollment has already passed. The enrollment date may even have occurred last year.)

   If you were retroactively enrolled in our plan and you paid out-of-pocket for any of your prescription drugs after your enrollment date, you can ask us to pay you back for our share of the costs. You'll need to submit paperwork for us to handle the reimbursement.

When you send us a request for payment, we'll review your request and decide whether the drug should be covered. This is called making a **coverage decision**. If we decide it should be covered, we'll pay for our share of the cost for the drug. If we deny your request for payment, you can appeal our decision. Chapter 7 has information about how to make an appeal.

## SECTION 2 How to ask us to pay you back

You can ask us to pay you back by sending us a request in writing. If you send a request in writing, send your receipt documenting the payment you have made. It's a good idea to make a copy of your receipts for your records. **You must submit your claim to us within three (3) years** of the date you received the item, or drug.

To make sure you're giving us all the information we need to make a decision, you can fill out our claim form to make your request for payment.

- You don't have to use the form, but it'll help us process the information faster.
- Download a copy of the form from our website (cvt4.silverscript.com) or call Customer Care at 1-888-620-1756 (TTY users call 711) and ask for the form.

Mail your request for payment together with any bills or paid receipts to us at this address:

SilverScript Insurance Company
Prescription Drug Plans
Medicare Part D Paper Claim
P.O. Box 52066
Phoenix, AZ 85072-2066

## SECTION 3 We'll consider your request for payment and say yes or no

When we receive your request for payment, we'll let you know if we need any additional information from you. Otherwise, we'll consider your request and make a coverage decision.

- If we decide the drug is covered and you followed all the rules, we'll pay for our share of the cost. Our share of the cost might not be the full amount you paid (for example, if you got a drug at an out-of-network pharmacy or if the cash price you paid for a drug is higher than our negotiated price). If you already paid for the drug, we will mail your reimbursement of our share of the cost to you.
- If we decide the prescription drug is *not* covered, or you did not follow all the rules, we won't pay for our share of the cost. We'll send you a letter explaining the reasons why we aren't sending the payment and your rights to appeal that decision.

### Section 3.1 If we tell you that we won't pay for all or part of the drug, you can make an appeal

If you think we made a mistake in turning down your request for payment or the amount we're paying, you can make an appeal. If you make an appeal, it means you're asking us to change the decision we made when we turned down your request for payment. The appeals process is a formal process with detailed procedures and important deadlines. For the details on how to make this appeal, go to Chapter 7.

# Chapter 6:
# Your rights and responsibilities

## SECTION 1 Our plan must honor your rights and cultural sensitivities

### Section 1.1 We must provide information in a way that works for you and consistent with your cultural sensitivities (in languages other than English, braille, large print, or other alternate formats, etc.)

Our plan is required to ensure that all services, both clinical and non-clinical, are provided in a culturally competent manner and are accessible to all enrollees, including those with limited English proficiency, limited reading skills, hearing incapacity, or those with diverse cultural and ethnic backgrounds. Examples of how our plan may meet these accessibility requirements include, but aren't limited to, provision of translator services, interpreter services, teletypewriters, or TTY (text telephone or teletypewriter phone) connection.

Our plan has free interpreter services available to answer questions from non-English speaking members. We can also give you information in braille, large print, or other alternate formats at no cost if you need it. We're required to give you information about our plan's benefits in a format that is accessible and appropriate for you. To get information from us in a way that works for you, please call Customer Care at 1-888-620-1756 (TTY users call 711).

If you have any trouble getting information from our plan in a format that's accessible and appropriate for you, call to file a grievance with SilverScript Insurance Company, Grievance Department, P.O. Box 14834, Lexington, KY 40512. Fax 1-724-741-4956. You may also file a complaint with Medicare by calling 1-800-MEDICARE (1-800-633-4227) or directly with the Office for Civil Rights at 1-800-368-1019 (TTY: 1-800-537-7697).

### Sección 1.1 Debemos proporcionarle información de una manera que sea conveniente para usted y compatible con sus sensibilidades culturales (en otros idiomas además de español, en braille, en tamaño de letra grande o en otros formatos alternativos, etc.)

Nuestro plan está obligado a garantizar que todos los servicios, tanto clínicos como no clínicos, se presten de forma culturalmente competente y sean accesibles a todos los inscritos, incluidos los que tienen un dominio limitado del inglés, una capacidad limitada de lectura, una incapacidad auditiva o un origen cultural y étnico diverso. Entre los ejemplos de cómo nuestro plan puede cumplir con estos requisitos de accesibilidad se incluyen, entre otros, proveer servicios de traducción, servicios de interpretación, teletipos o TTY (teléfono o teléfono de teletipo).

Nuestro plan cuenta con servicios de interpretación gratuitos disponibles para responder las preguntas de los miembros que no hablan inglés. También podemos proporcionarle información en braille, en tamaño de letra grande o en otros formatos alternativos, sin costo alguno, si lo necesita. Debemos proporcionarle información sobre los beneficios del plan en un formato que sea accesible y adecuado para usted. Para obtener información sobre nosotros de una manera que sea conveniente para usted, llame a Atención al Cliente al 1-888-620-1756 (los usuarios de TTY deben llamar al 711).

Si tiene algún problema para obtener información de nuestro plan en un formato que sea accesible y apropiado para usted, llame para presentar una queja ante el Departamento de Quejas de SilverScript Insurance Company, P.O. Box 14834, Lexington, KY 40512. Fax 1-724-741-4956. También puede presentar un reclamo ante Medicare llamando al 1-800-MEDICARE (1-800-633-4227) o directamente ante la Oficina de Derechos Civiles al 1-800-368-1019 (TTY: 1-800-537-7697).

## Section 1.2 We must ensure you get timely access to covered drugs

You have the right to get your prescriptions filled or refilled at any of our network pharmacies without long delays. If you think you're not getting your Part D prescription drugs within a reasonable amount of time, Chapter 7 tells what you can do.

## Section 1.3 We must protect the privacy of your personal health information

Federal and state laws protect the privacy of your medical records and personal health information. We protect your personal health information as required by these laws.

- Your personal health information includes the personal information you gave us when you enrolled in this plan, as well as your medical records and other medical and health information.
- You have rights related to your information and controlling how your health information is used. We give you a written notice, called a *Notice of Privacy Practice*, that tells about these rights and explains how we protect the privacy of your health information.

### How do we protect the privacy of your health information?

- We make sure that unauthorized people don't see or change your records.
- Except for the circumstances noted below, if we intend to give your health information to anyone who isn't providing your care or paying for your care, *we are required to get written permission from you or someone you have given legal power to make decisions for you first*.
- There are certain exceptions that don't require us to get your written permission first. These exceptions are allowed or required by law.
    - We're required to release health information to government agencies that are checking on quality of care.

- Because you're a member of our plan through Medicare, we're required to give Medicare your health information, including information about your Part D drugs. If Medicare releases your information for research or other uses, this will be done according to federal statutes and regulations; typically, this requires that information that uniquely identifies you not be shared.

### You can see the information in your records and know how it's been shared with others

You have the right to look at your medical records held at our plan and to get a copy of your records. We're allowed to charge you a fee for making copies. You also have the right to ask us to make additions or corrections to your medical records. If you ask us to do this, we'll work with your health care provider to decide whether the changes should be made.

You have the right to know how your health information has been shared with others for any purposes that aren't routine.

If you have questions or concerns about the privacy of your personal health information, please call Customer Care at 1-888-620-1756 (TTY users call 711).

## Section 1.4 We must give you information about our plan, our network of pharmacies, and your covered drugs

As a member of SilverScript, you have the right to get several kinds of information from us.

If you want any of the following kinds of information, please call Customer Care at 1-888-620-1756 (TTY users call 711):

- **Information about our plan.** This includes, for example, information about our plan's financial condition.
- **Information about our network pharmacies.** You have the right to get information from us about the qualifications of the pharmacies in our network and how we pay the pharmacies in our network.
- **Information about your coverage and the rules you must follow when using your coverage.** Chapters 3 and 4 provide information about Part D drug coverage.
- **Information about why something is not covered and what you can do about it.** Chapter 7 provides information on asking for a written explanation why a Part D drug isn't covered or if your coverage is restricted. Chapter 7 also provides information on asking us to change a decision, also called an appeal.

## Section 1.5 You have the right to know your treatment options and participate in decisions about your care

You have the right to give instructions about what's to be done if you can't make medical decisions for yourself.

Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you're in this situation. This means, *if you want to*, you can:

- Fill out a written form to give **someone the legal authority to make medical decisions for you** if you ever become unable to make decisions for yourself.
- **Give your doctors written instructions** about how you want them to handle your medical care if you become unable to make decisions for yourself.

Legal documents you can use to give directions in advance in these situations are called **advance directives.** Documents like a **living will** and **power of attorney for health care** are examples of advance directives.

**How to set up an advance directive to give instructions:**

- **Get a form.** You can get an advance directive form from your lawyer, a social worker, or some office supply stores. You can sometimes get advance directive forms from organizations that give people information about Medicare.
- **Fill out the form and sign it.** No matter where you get this form, it's a legal document. Consider having a lawyer help you prepare it.
- **Give copies of the form to the right people.** Give a copy of the form to your doctor and to the person you name on the form who can make decisions for you if you can't. You may want to give copies to close friends or family members. Keep a copy at home.

If you know ahead of time that you're going to be hospitalized and you signed an advance directive, **take a copy with you to the hospital.**

- The hospital will ask whether you have signed an advance directive form and whether you have it with you.
- If you didn't sign an advance directive form, the hospital has forms available and will ask if you want to sign one.

**Filling out an advance directive is your choice** (including whether you want to sign one if you're in the hospital). According to law, no one can deny you care or discriminate against you based on whether or not you signed an advance directive.

### If your instructions aren't followed

If you sign an advance directive and you believe that a doctor or hospital didn't follow the instructions in it, you can file a complaint with the state agency that oversees advance directives. To find the appropriate agency in your state, contact your SHIP. Contact information is in the Appendix at the end of this document.

## Section 1.6 You have the right to make complaints and ask us to reconsider decisions we made

If you have any problems, concerns, or complaints and need to ask for coverage or make an appeal, Chapter 7 of this document tells what you can do. Whatever you do – ask for a coverage decision, make an appeal, or make a complaint – **we're required to treat you fairly.**

### Section 1.7 If you believe you are being treated unfairly or your rights aren't being respected

If you believe you have been treated unfairly or your rights haven't been respected due to your race, disability, religion, sex, health, ethnicity, creed (beliefs), age, or national origin, call the Department of Health and Human Services' **Office for Civil Rights** at 1-800-368-1019 (TTY: 1-800-537-7697), or call your local Office for Civil Rights.

If you believe you've been treated unfairly or your rights haven't been respected, *and it's not* about discrimination, you can get help dealing with the problem you're having from these places:

- **Call Customer Care at 1-888-620-1756 (TTY users call 711).**
- **Call your local SHIP.** For details go to the Appendix at the end of this booklet.
- Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY: 1-877-486-2048.

### Section 1.8 How to get more information about your rights

Get more information about your rights from these places:

- **Call Customer Care at 1-888-620-1756 (TTY users call 711).**
- **Call your local SHIP.** For details go to the Appendix at the end of this booklet.
- **Contact Medicare.**
  - Visit Medicare.gov to read the publication *Medicare Rights & Protections* (available at: Medicare Rights & Protections).
  - Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY: 1-877-486-2048.

## SECTION 2 Your responsibilities as a member of our plan

Things you need to do as a member of our plan are listed below. If you have any questions, call Customer Care at 1-888-620-1756 (TTY users call 711).

- **Get familiar with your covered prescription drugs and the rules you must follow to get these covered prescription drugs.** Use this *Evidence of Coverage* to learn what's covered and the rules you need to follow to get covered drugs.
  - Chapters 3 and 4 give the details about Part D drug coverage.
- **If you have any other drug coverage in addition to our plan, you're required to tell us.** Chapter 1 tells you about coordinating these benefits.
- **Tell your doctor and pharmacist that you're enrolled in our plan.** Show our plan membership card whenever you get your Part D drugs.
- **Help your doctors and other providers help you by giving them information, asking questions, and following through on your care.**

  - To help get the best care, tell your doctors and other health providers about your health problems. Follow the treatment plans and instructions you and your doctors agree on.
  - Make sure your doctors know all the drugs you're taking, including over-the-counter drugs, vitamins, and supplements.
  - If you have questions, be sure to ask and get an answer you can understand.
- **Pay what you owe.** As a plan member, you're responsible for these payments:
  - You, or California's Valued Trust, must pay your plan premiums.
  - For most of your drugs covered by the plan, you must pay your share of the cost when you get the drug.
  - If you are required to pay the extra amount for Part D because of your yearly income, you must continue to pay the extra amount directly to the government to stay a member of our plan.
- **If you move *within* our plan service area, we need to know** so we can keep your membership record up to date and know how to contact you.
- **If you move *outside* our plan service area, you can't remain a member of our plan.**
- **When moving, you should always contact California's Valued Trust (CVT) Member Services Department to update your address at 1-800-288-9870, Monday through Friday, from 8 a.m. to 5 p.m., Pacific Time. TTY users should dial 711.**
- **If you move, tell Social Security (or the Railroad Retirement Board).**

# Chapter 7:
# If you have a problem or complaint (coverage decisions, appeals, complaints)

## SECTION 1 What to do if you have a problem or concern

This chapter explains 2 types of processes for handling problems and concerns:

- For some problems, you need to use the **process for coverage decisions and appeals.**
- For other problems, you need to use the **process for making complaints** (also called grievances).

Both processes have been approved by Medicare. Each process has a set of rules, procedures, and deadlines that must be followed by us and by you.

The information in this chapter will help you identify the right process to use and what to do.

### Section 1.1 Legal terms

There are legal terms for some of the rules, procedures, and types of deadlines explained in this chapter. Many of these terms are unfamiliar to most people. To make things easier, this chapter uses more familiar words in place of some legal terms.

However, it's sometimes important to know correct legal terms. To help know which terms to use to get the right help or information, we include these legal terms when we give details for handling specific situations.

## SECTION 2 Where to get more information and personalized help

We're always available to help you. Even if you have a complaint about our treatment of you, we're obligated to honor your right to complain. You should always call Customer Care at 1-888-620-1756 (TTY users call 711) for help. In some situations, you may also want help or guidance from someone who isn't connected with us. Two organizations that can help are:

**State Health Insurance Assistance Program (SHIP)**

Each state has a government program with trained counselors. The program is not connected with us or with any insurance company or health plan. The counselors at this program can help you understand which process you should use to handle a problem you're having. They can also answer questions, give you more information, and offer guidance on what to do.

The services of SHIP counselors are free. You will find phone numbers and website URLs in the Appendix of this document.

### Medicare

You can also contact Medicare for help.

- Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- Visit Medicare.gov.

## SECTION 3 Which process to use for your problem

**Is your problem or concern about your benefits or coverage?**

This includes problems about whether prescription drugs are covered or not, the way they are covered, and problems related to payment for prescription drugs.

**Yes.**

Go to **Section 4, A guide to coverage decisions and appeals.**

**No.**

Go to **Section 7, How to make a complaint about quality of care, waiting times, customer service, or other concerns.**

## SECTION 4 A guide to coverage decisions and appeals

Coverage decisions and appeals deal with problems related to your benefits and coverage for prescription drugs, including payments. This is the process you use for issues such as whether a prescription drug is covered or not and the way in which the prescription drug is covered.

### Asking for coverage decisions before you get benefits

If you want to know if we'll cover a specific drug before you get it, you can ask us to make a coverage decision for you. A coverage decision is a decision we make about your benefits and coverage or about the amount we'll pay for your prescription drugs.

In limited circumstances a request for a coverage decision will be dismissed, which means we won't review the request. Examples of when a request will be dismissed include if the request is incomplete, if someone makes the request on your behalf but isn't legally authorized to do so or if you ask for your request to be withdrawn. If we dismiss a request for a coverage decision, we'll send a notice explaining why the request was dismissed and how to ask for a review of the dismissal.

We make a coverage decision whenever we decide what's covered for you and how much we pay. In some cases, we might decide a drug isn't covered or is no longer covered for you. If you disagree with this coverage decision, you can make an appeal.

### Making an appeal

If we make a coverage decision, whether before or after you get a benefit, and you aren't satisfied, you can **appeal** the decision. An appeal is a formal way of asking us to review and change a coverage decision we made. Under certain circumstances, you can ask for an expedited or **fast appeal** of a coverage decision. Your appeal is handled by different reviewers than those who made the original decision.

When you appeal a decision for the first time, this is called a Level 1 appeal. In this appeal, we review the coverage decision we made to check to see if we properly followed the rules. When we complete the review, we give you our decision.

In limited circumstances a request for a Level 1 appeal will be dismissed, which means we won't review the request. Examples of when a request will be dismissed include if the request is incomplete, if someone makes the request on your behalf but isn't legally authorized to do so, or if you ask for your request to be withdrawn. If we dismiss a request for a Level 1 appeal, we'll send a notice explaining why the request was dismissed and how to ask for a review of the dismissal.

If we don't dismiss your case but say no to all or part of your Level 1 appeal, you can go on to a Level 2 appeal. The Level 2 appeal is conducted by an independent review organization that is not connected to us. If you are not satisfied with the decision at the Level 2 appeal, you may be able to continue through additional levels of appeal. (This chapter explains Level 3, 4, and 5 appeals.)

## Section 4.1 Get help asking for a coverage decision or making an appeal

Here are resources if you decide to ask for any kind of coverage decision or appeal a decision:

- **Call Customer Care** at 1-888-620-1756 (TTY users call 711).
- **Get free help from** your State Health Insurance Assistance Program.
- **Your doctor or other prescriber can make a request for you.** For Part D drugs, your doctor or other prescriber can request a coverage decision or a Level 1 appeal on your behalf. If your Level 1 appeal is denied, your doctor or prescriber can ask for a Level 2 appeal.
- **You can ask someone to act on your behalf.** You can name another person to act for you as your *representative* to ask for a coverage decision or make an appeal.
    - If you want a friend, relative, or another person to be your representative, call Customer Care at 1-888-620-1756 (TTY users call 711) and ask for the *Appointment of Representative* form. (The form is also available online cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf.) This form gives that person permission to act on your behalf. It must be signed by you and by the person you want to act on your behalf. You must give us a copy of the signed form.

- We can accept an appeal request from a representative without the form, but we can't begin or complete our review until we receive it. If we don't get the form before our deadline for making a decision on your appeal, your appeal request will be dismissed. If this happens, we'll send you a written notice explaining your right to ask the independent review organization to review our decision to dismiss your appeal.

- **You also have the right to hire a lawyer.** You may contact your own lawyer or get the name of a lawyer from your local bar association or other referral service. There are groups that will give you free legal services if you qualify. However, **you aren't required to hire a lawyer** to ask for any kind of coverage decision or appeal a decision.

## SECTION 5 Part D drugs: How to ask for a coverage decision or make an appeal

### Section 5.1 What to do if you have problems getting a Part D drug or want us to pay you back for a Part D drug

Your benefits include coverage for many prescription drugs. To be covered, the prescription drug must be used for a medically accepted indication. (Go to Chapter 3 for more information about a medically accepted indication.) For details about Part D drugs, rules, restrictions, and costs, go to Chapters 3 and 4. **This section is about your Part D drugs only.** To keep things simple, we generally say *drug* in the rest of this section, instead of repeating *covered outpatient prescription drug* or *Part D drug* every time. We also use the term Drug List instead of *List of Covered Drugs* or *formulary*.

- If you don't know if a drug is covered or if you meet the rules, you can ask us. Some drugs require you to get approval from us before we'll cover them.
- If your pharmacy tells you that your prescription can't be filled as written, the pharmacy will give you a written notice explaining how to contact us to ask for a coverage decision.

#### Part D coverage decisions and appeals

**Legal Term:**
An initial coverage decision about your Part D drugs is called a **coverage determination.**

A coverage decision is a decision we make about your benefits and coverage or about the amount we'll pay for your drugs. This section tells what you can do if you're in any of the following situations:

- Asking to cover a Part D drug that's not on our plan's Drug List. **Ask for an exception. Section 5.2**
- Asking to waive a restriction on our plan's coverage for a drug (such as limits on the amount of the drug you can get, prior authorization criteria, or the requirement to try another drug first). **Ask for an exception. Section 5.2**

- Asking to pay a lower cost sharing amount for a covered drug on a higher cost sharing tier. **Ask for an exception. Section 5.2**
- Asking to get pre-approval for a drug. **Ask for a coverage decision. Section 5.4**
- Pay for a prescription drug you already bought. **Ask us to pay you back. Section 5.4**

If you disagree with a coverage decision we made, you can appeal our decision.

This section tells you both how to ask for coverage decisions and how to request an appeal.

## Section 5.2 Asking for an exception

**Legal Terms:**

Asking for coverage of a drug that's not on the Drug List is a **formulary exception.**

Asking for removal of a restriction on coverage for a drug is a **formulary exception.**

Asking to pay a lower price for a covered non-preferred drug is a **tiering exception.**

If a drug isn't covered in the way you'd like it to be covered, you can ask us to make an **exception**. An exception is a type of coverage decision.

For us to consider your exception request, your doctor or other prescriber will need to explain the medical reasons why you need the exception approved. Here are multiple examples of exceptions that you or your doctor or other prescriber can ask us to make:

1. **Covering a Part D drug that's not on our Drug List.** If we agree to cover a drug not on the Drug List, you will need to pay the cost sharing amount that applies to drugs in the highest tier (excluding High Cost/Specialty Tier, if applicable). You can't ask for an exception to the copayment or coinsurance amount we require you to pay for the drug when we agree to cover a drug not on the Drug list.

2. **Removing a restriction for a covered drug.** Chapter 3 describes the extra rules or restrictions that apply to certain drugs on our Drug List. If we agree to make an exception and waive a restriction for you, you can ask for an exception to the cost-sharing amount we require you to pay for the drug.

3. **Changing coverage of a drug to a lower cost sharing tier**, if applicable to your plan. Every drug on our Drug List is in one of four cost sharing tiers. In general, the lower the cost sharing tier number, the less you pay as your share of the cost of the drug.
   - If our Drug List contains an alternative drug(s) for treating your medical condition that is in a lower cost sharing tier than your drug, you can ask us to cover your drug at the cost sharing amount that applies to the alternative drug(s).
   - If the drug you're taking is a biological product, you can ask us to cover your drug at a lower cost sharing amount. This would be the lowest tier cost that contains biological product alternatives for treating your condition.

- If the drug you're taking is a brand name drug, you can ask us to cover your drug at the cost sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.
- If the drug you're taking is a generic drug, you can ask us to cover your drug at the cost sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
- You can't ask us to change the cost sharing tier for any drug in the High Cost/Specialty tier.
- If we approve your tiering exception request and there's more than one lower cost sharing tier with alternative drugs you can't take, you usually pay the lowest amount.

## Section 5.3 Important things to know about asking for exceptions

### Your doctor must tell us the medical reasons

Your doctor or other prescriber must give us a statement that explains the medical reasons you're asking for an exception. For a faster decision, include this medical information from your doctor or other prescriber when you ask for the exception.

Our Drug List typically includes more than one drug for treating a particular condition. These different possibilities are called *alternative* drugs. If an alternative drug would be just as effective as the drug you're asking for and wouldn't cause more side effects or other health problems, we generally won't approve your request for an exception. If you ask us for a tiering exception, we generally won't approve your request for an exception unless all the alternative drugs in the lower cost sharing tier(s) won't work as well for you or are likely to cause an adverse reaction or other harm.

### We can say yes or no to your request

- If we approve your request for an exception, our approval usually is valid until the end of our plan year. This is true as long as your doctor continues to prescribe the drug for you and that drug continues to be safe and effective for treating your condition.
- If we say no to your request, you can ask for another review by making an appeal.

## Section 5.4 How to ask for a coverage decision, including an exception

**Legal Term:**

A fast coverage decision is called an **expedited coverage determination.**

### Step 1: Decide if you need a standard coverage decision or a fast coverage decision.

**Standard coverage decisions** are made within **72 hours** after we get your request. **Fast coverage decisions** are made within **24 hours** after we get your request.

***If your health requires it, ask us to give you a fast coverage decision.*** **To get a fast coverage decision, you must meet 2 requirements:**

- You must be asking for a *drug you have not yet received*. (You can't ask for a fast coverage decision to be paid back for a drug you have already bought.)
- Using the standard deadlines could cause serious harm to your health or hurt your ability to regain function.
- **If your doctor or other prescriber tells us that your health requires a fast coverage decision, we'll automatically give you a fast coverage decision.**
- **If you ask for a fast coverage decision on your own, without your doctor or prescriber's support, we'll decide whether your health requires that we give you a fast coverage decision.** If we don't approve a fast coverage decision, we'll send you a letter that:
    - Explains that we'll use the standard deadlines.
    - Explains if your doctor or other prescriber asks for the fast coverage decision, we'll automatically give you a fast coverage decision.
    - Tells you how you can file a "fast complaint" about our decision to give you a standard coverage decision instead of the fast coverage decision you asked for. We'll answer your complaint within 24 hours of receipt.

### **Step 2: Ask for a standard coverage decision or a fast coverage decision.**

Start by calling, writing, or faxing our plan to ask us to authorize or provide coverage for the prescription you want. You can also access the coverage decision process through our website. We must accept any written request, including a request submitted on the *CMS Model Coverage Determination Request Form*. Chapter 2 has contact information. To help us process your request, include your name, contact information, and information that shows which denied claim is being appealed.

You, your doctor (or other prescriber), or your representative can do this. You can also have a lawyer act on your behalf. Section 4 of this chapter tells how you can give written permission to someone else to act as your representative.

- **If you're asking for an exception, provide the supporting statement,** which is the medical reasons for the exception. Your doctor or other prescriber can fax or mail the statement to us. Or your doctor or other prescriber can tell us on the phone and follow up by faxing or mailing a written statement if necessary.

### **Step 3: We consider your request and give you our answer.**

#### ***Deadlines for a fast coverage decision***

- We must generally give you our answer within **24 hours** after we receive your request.

  - For exceptions, we'll give you our answer within 24 hours after we receive your doctor's supporting statement. We'll give you our answer sooner if your health requires us to.
  - If we don't meet this deadline, we're required to send your request on to Level 2 of the appeals process, where it will be reviewed by an independent review organization. We'll let you know in writing if your request has been sent to the independent review organization.

- **If our answer is yes to part or all of what you asked for,** we must provide the coverage we agreed to within 24 hours after we receive your request or doctor's statement supporting your request.
- **If our answer is no to part or all of what you requested,** we will send you a written statement that explains why we said no. We will also tell you how you can appeal.

***Deadlines for a standard coverage decision about a drug you didn't receive yet***

- We must generally give you our answer **within 72 hours** after we receive your request.
  - For exceptions, we'll give you our answer within 72 hours after we receive your doctor's supporting statement. We'll give you our answer sooner if your health requires us to.
  - If we don't meet this deadline, we're required to send your request to Level 2 of the appeals process, where it will be reviewed by an independent review organization. We'll let you know in writing if your request has been sent to the independent review organization.
- **If our answer is yes to part or all of what you asked for,** we must **provide the coverage** we agreed to provide **within 72 hours** after we receive your request or doctor's statement supporting your request.
- **If our answer is no to part or all of what you asked for,** we'll send you a written statement that explains why we said no. We'll also tell you how you can appeal.

***Deadlines for a standard coverage decision about payment for a drug you've already bought***

- We must give you our answer **within 14 calendar days** after we receive your request.
  - If we don't meet this deadline, we're required to send your request to Level 2 of the appeals process, where it will be reviewed by an independent review organization. We'll let you know in writing if your request has been sent to the independent review organization.
- **If our answer is yes to part or all of what you asked for,** we're also required to make payment to you within 14 calendar days after we receive your request.
- **If our answer is no to part or all of what you asked for,** we will send you a written statement that explains why we said no. We'll also tell you how you can appeal.

**Step 4: If we say no to your coverage request, you can make an appeal.**

If we say no, you have the right to ask us to reconsider this decision by making an appeal. This means asking again to get the drug coverage you want. If you make an appeal, it means you're going to Level 1 of the appeals process.

## Section 5.5 How to make a Level 1 appeal

**Legal Terms:**

An appeal to our plan about a Part D drug coverage decision is called a plan **redetermination.**

A fast appeal is called an **expedited redetermination.**

### Step 1: Decide if you need a standard appeal or a fast appeal.

***A standard appeal is usually made within 7 calendar days. A fast appeal is generally made within 72 hours. If your health requires it, ask for a fast appeal.***

- If you're appealing a decision we made about a drug, you and your doctor or other prescriber will need to decide if you need a fast appeal.
- The requirements for getting a fast appeal are the same as those for getting a fast coverage decision in Section 5.4 of this chapter.

### Step 2: You, your representative, doctor, or other prescriber must contact us and make your Level 1 appeal. If your health requires a quick response, you must ask for a fast appeal.

- **For standard appeals, submit a written request.** Chapter 2 has contact information.
- **For fast appeals, either submit your appeal in writing or call us at the phone number shown in Chapter 2.**
- **We must accept any written request,** including a request submitted on the *CMS Model Coverage Determination Request Form*, which is available on our website (cvt4.silverscript.com). Include your name, contact information, and information about your claim to help us process your request.
- **You must make your appeal request within 65 calendar days** from the date on the written notice we sent to tell you our answer on the coverage decision. If you miss this deadline and have a good reason for missing it, explain the reason your appeal is late when you make your appeal. We may give you more time to make your appeal. Examples of good cause may include a serious illness that prevented you from contacting us or if we provided you with incorrect or incomplete information about the deadline for asking for an appeal.
- **You can ask for a copy of the information in your appeal and add more information.** You and your doctor may add more information to support your appeal. We're allowed to charge a fee for copying and sending this information to you.

## **Step 3:** We consider your appeal and give you our answer.

- When we review your appeal, we take another careful look at all the information about your coverage request. We check to see if we were following all the rules when we said no to your request. We may contact you or your doctor or other prescriber to get more information.

***Deadlines for a fast appeal***

- For fast appeals, we must give you our answer **within 72 hours after we receive your appeal.** We'll give you our answer sooner if your health requires us to.
    - If we don't give you an answer within 72 hours, we're to send your request to Level 2 of the appeals process, where it will be reviewed by an independent review organization. We'll let you know in writing if your request has been sent to the independent review organization. Section 5.6 explains the Level 2 appeal process.
- **If our answer is yes to part or all of what you asked for,** we must provide the coverage we agreed to within 72 hours after we receive your appeal.
- **If our answer is no to part or all of what you asked for,** we'll send you a written statement that explains why we said no and how you can appeal our decision.

***Deadlines for a standard appeal for a drug you didn't receive yet***

- For standard appeals, we must give you our answer **within 7 calendar days** after we receive your appeal. We'll give you our decision sooner if you didn't get the drug yet and your health condition requires us to do so.
    - If we don't give you a decision within 7 calendar days, we're required to send your request to Level 2 of the appeals process, where it will be reviewed by an independent review organization. We'll let you know in writing if your request has been sent to the independent review organization. Section 5.6 explains the Level 2 appeal process.
- **If our answer is yes to part or all of what you asked for,** we must provide the coverage as quickly as your health requires, but no later than **7 calendar days** after we receive your appeal.
- **If our answer is no to part or all of what you asked for,** we'll send you a written statement that explains why we said no and how you can appeal our decision.

***Deadlines for a standard appeal about payment for a drug you already bought***

- We must give you our answer **within 14 calendar days** after we receive your request.
    - If we don't meet this deadline, we're required to send your request on to Level 2 of the appeals process, where it will be reviewed by an independent review organization. We'll let you know in writing if your request has been sent to the independent review organization.
- **If our answer is yes to part or all of what you asked for,** we're also required to make payment to you within 30 calendar days after we receive your request.

- **If our answer is no to part or all of what you asked for,** we'll send you a written statement that explains why we said no. We'll also tell you how you can appeal.

### Step 4: If we say no to your appeal, you decide if you want to continue with the appeals process and make *another* appeal.

- If you decide to make another appeal, it means your appeal is going to Level 2 of the appeals process.

## Section 5.6 How to make a Level 2 appeal

**Legal Term:**
The formal name for the independent review organization is the **Independent Review Entity.** It is sometimes called the **IRE.**

The **independent review organization is an independent organization hired by Medicare.** It isn't connected with us and is not a government agency. This organization decides whether the decision we made is correct or if it should be changed. Medicare oversees its work.

### Step 1: You (or your representative or your doctor or other prescriber) must contact the independent review organization and ask for a review of your case.

- If we say no to your Level 1 appeal, the written notice we send you will include **instructions on how to make a Level 2 appeal** with the independent review organization. These instructions will tell who can make this Level 2 appeal, what deadlines you must follow, and how to reach the independent review organization.
- **You must make your appeal request within 65 calendar days** from the date on the written notice.
- If we did not complete our review within the applicable timeframe or make an unfavorable decision regarding an **at-risk** determination under our drug management program, we'll automatically forward your request to the IRE. We'll let you know in writing if your request has been sent to the independent review organization.
- We'll send the information we have about your appeal to the independent review organization. This information is called your **case file. You have the right to ask us for a copy of your case file.** We're allowed to charge you a fee for copying and sending this information to you.
- You have a right to give the independent review organization additional information to support your appeal.

### Step 2: The independent review organization reviews your appeal.

- Reviewers at the independent review organization will take a careful look at all the information related to your appeal.

***Deadlines for fast appeal***

- If your health requires it, ask the independent review organization for a *fast appeal*.
- If the independent review organization agrees to give you a *fast appeal*, the independent review organization must give you an answer to your Level 2 appeal **within 72 hours** after it receives your appeal request.

***Deadlines for standard appeal***

- For standard appeals, the independent review organization must give you an answer to your Level 2 appeal **within 7 calendar days** after it receives your appeal if it is for a drug you didn't receive. If you're asking us to pay you back for a drug you already bought, the independent review organization must give you an answer to your Level 2 appeal **within 14 calendar days** after it receives your request.

### **Step 3: The independent review organization gives you its answer.**

***For fast appeals:***

- **If the independent review organization says yes to part or all of what you asked for,** we must provide the drug coverage that was approved by the independent review organization **within 24 hours** after we receive the decision from the independent review organization.

***For standard appeals:***

- **If the independent review organization says yes to part or all of your request for coverage,** we must **provide the drug coverage** that was approved by the independent review organization **within 72 hours** after we receive the decision from the independent review organization.
- **If the independent review organization says yes to part or all of your request to pay you back** for a drug you already bought, we're required to **send payment to you within 30 calendar days** after we receive the decision from the independent review organization.

### **What if the independent review organization says no to your appeal?**

If this organization says **no to part or all of your appeal,** it means they agree with our decision not to approve your request (or part of your request). (This is called **upholding the decision**. It's also called **turning down your appeal**.) In this case, the independent review organization will send you a letter that:

- Explains the decision.
- Lets you know about your right to a Level 3 appeal if the dollar value of the drug coverage you're asking for meets a certain minimum. If the dollar value of the drug coverage you're asking for is too low, you can't make another appeal and the decision at Level 2 is final.

- Tells you the dollar value that must be in dispute to continue with the appeals process.

**Step 4: If your case meets the requirements, you choose whether you want to take your appeal further.**

- There are 3 additional levels in the appeals process after Level 2 (for a total of 5 levels of appeal).
- If you want to go to a Level 3 appeal, the details on how to do this are in the written notice you get after your Level 2 appeal decision.
- The Level 3 appeal is handled by an Administrative Law Judge or attorney adjudicator. Section 6 explains the Level 3, 4, and 5 appeals process.

## SECTION 6 Taking your appeal to Levels 3, 4, and 5

### Section 6.1 Appeal Levels 3, 4, and 5 for Part D Drug Requests

This section may be right for you if you made a Level 1 appeal and a Level 2 appeal, and both of your appeals were turned down.

If the dollar value of the drug you appealed meets a certain minimum level, you may be able to go to additional levels of appeal. If the dollar value is less than the minimum level, you can't appeal any further. The written response you receive to your Level 2 appeal will explain how to make a Level 3 appeal.

For most situations that involve appeals, the last 3 levels of appeal work in much the same way. Here is who handles the review of your appeal at each of these levels.

**Level 3 appeal**

**An Administrative Law Judge** or an attorney adjudicator who works for the federal government will review your appeal and give you an answer.

- **If the answer is yes, the appeals process is over.** We must **authorize or provide the drug coverage** that was approved by Administrative Law Judge or attorney adjudicator **within 72 hours (24 hours for expedited appeals) or make payment no later than 30 calendar days** after we get the decision.
- **If the Administrative Law Judge or attorney adjudicator says no to your appeal, the appeals process *may* or *may not* be over.**
    - If you decide to accept this decision that turns down your appeal, the appeals process is over.
    - If you don't want to accept the decision, you can continue to the next level of the review process. The notice you get will tell you what to do for a Level 4 appeal.

**Level 4 appeal**

The **Medicare Appeals Council** (Council) will review your appeal and give you an answer. The Council is part of the federal government.

- **If the answer is yes, the appeals process is over.** We must **authorize or provide the drug coverage** that was approved by the Council **within 72 hours (24 hours for expedited appeals) or make payment no later than 30 calendar days** after we get the decision.
- **If the answer is no or if the Council denies the review request, the appeals process *may or may not* be over.**
    - If you decide to accept this decision that turns down your appeal, the appeals process is over.
    - If you don't want to accept the decision, you may be able to continue to the next level of the review process. If the Council says no to your appeal, the notice you get will tell you whether the rules allow you to go to a Level 5 appeal and how to continue with a Level 5 appeal.

**Level 5 appeal**

A judge at the **Federal District Court** will review your appeal.

- A judge will review all the information and decide *yes or no* to your request. This is a final answer. There are no more appeal levels after the Federal District Court.

# MAKING COMPLAINTS

## SECTION 7 How to make a complaint about quality of care, waiting times, customer service, or other concerns

### Section 7.1 What kinds of problems are handled by the complaint process

The complaint process is *only* used for certain types of problems. This includes problems about quality of care, waiting times, and customer service. Here are examples of the kinds of problems handled by the complaint process.

| Complaint | Example |
|---|---|
| **Quality of your care** | • Are you unhappy with the quality of the care you received? |
| **Respecting your privacy** | • Did someone not respect your right to privacy or share confidential information? |
| **Disrespect, poor customer service, or other negative behaviors** | • Has someone been rude or disrespectful to you?<br>• Are you unhappy with our Customer Care?<br>• Do you feel you're being encouraged to leave our plan? |
| **Waiting times** | • Have you been kept waiting too long by pharmacists? Or by our Customer Care or other staff at our plan?<br>○ Examples include waiting too long on the phone, in the waiting or exam room, or getting a prescription. |
| **Cleanliness** | • Are you unhappy with the cleanliness or condition of a pharmacy? |
| **Information you get from us** | • Did we fail to give you a required notice?<br>• Is our written information hard to understand? |
| **Timeliness** (These types of complaints are all about the *timeliness* of our actions related to coverage decisions and appeals.) | If you have asked for a coverage decision or made an appeal, and you think we aren't responding quickly enough, you can make a complaint about our slowness. Here are examples:<br>• You asked us for a *fast coverage decision* or a *fast appeal,* and we have said no; you can make a complaint.<br>• You believe we aren't meeting the deadlines for coverage decisions or appeals; you can make a complaint.<br>• You believe we aren't meeting these deadlines for covering or reimbursing you for certain drugs that were approved; you can make a complaint.<br>• You believe we failed to meet required deadlines for forwarding your case to the independent review organization; you can make a complaint. |

## Section 7.2 How to make a complaint

**Legal Terms:**

- A **complaint** is also called a **grievance.**
- **Making a complaint** is called **filing a grievance.**
- **Using the process for complaints** is called **using the process for filing a grievance.**
- A **fast complaint** is also called an **expedited grievance.**

### **Step 1: Contact us promptly – either by phone or in writing.**

- **Calling Customer Care at 1-888-620-1756 (TTY users call 711) is usually the first step.** If there's anything else you need to do, Customer Care will let you know.
- **If you don't want to call (or you called and weren't satisfied), you can put your complaint in writing and send it to us.** If you put your complaint in writing, we'll respond to your complaint in writing.
- Submit a grievance via fax at 1-724-741-4956. Or you may send it to us in writing to:

  SilverScript Insurance Company
  Prescription Drug Plans
  Grievance Department
  P.O. Box 14834
  Lexington, KY 40512

  Upon receipt of your complaint, we will initiate the grievance process.

  - We will respond to you in writing if you ask for a written response or file a written complaint (grievance). Or if your complaint is related to quality of care, we will respond to you in writing.
  - We must notify you of our decision about your complaint (grievance) as quickly as your situation requires based on your health status, but no later than 30 calendar days after receiving your complaint. We may extend the time frame by up to 14 calendar days if you ask for the extension, or if we justify a need for additional information and the delay is in your best interest.
- In certain cases, you have the right to ask for a fast review of your complaint. This is called the Expedited Grievance Process. You are entitled to a fast review of your complaint in the following situations:
  - We deny your request for a fast review of a request for drug benefits.
  - We deny your request for a fast review of an appeal of denied drug benefits.
- You may request an Expedited Grievance by calling Customer Care. We will contact you within 24 hours by phone to notify you of our response. This will also be followed up by a written response.
- The **deadline** for making a complaint is **60 calendar days** from the time you had the problem you want to complain about.

### **Step 2: We look into your complaint and give you our answer.**

- **If possible, we'll answer you right away.** If you call us with a complaint, we may be able to give you an answer on the same phone call.
- **Most complaints are answered within 30 calendar days.** If we need more information and the delay is in your best interest or if you ask for more time, we can **take up to 14 more calendar days** (44 calendar days total) to answer your complaint. If we decide to take extra days, we'll tell you in writing.
- **If you're making a complaint because we denied your request for a fast coverage decision or a fast appeal, we'll automatically give you a fast complaint.** If you have a fast complaint, it means we'll give you **an answer within 24 hours.**

- **If we don't agree** with some or all of your complaint or don't take responsibility for the problem you're complaining about, we'll include our reasons in our response to you.

## Section 7.3 You can also make complaints about quality of care to the Quality Improvement Organization

When your complaint is about *quality of care*, you also have 2 extra options:

- **You can make your complaint directly to the Quality Improvement Organization.** The Quality Improvement Organization is a group of practicing doctors and other health care experts paid by the federal government to check and improve the care given to Medicare patients. Chapter 2 has contact information.

*Or*

- **You can make your complaint to both the Quality Improvement Organization and us at the same time.**

## Section 7.4 You can also tell Medicare about your complaint

You can submit a complaint about SilverScript directly to Medicare. To submit a complaint to Medicare, go to Medicare.gov/MedicareComplaintForm/home.aspx. You may also call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

# Chapter 8:
# Ending membership in our plan

## SECTION 1 Ending your membership in our plan

If you are disenrolled from this plan, **you will lose both your medical and prescription drug coverage from California's Valued Trust (CVT).** You will not be able to re-enroll in the CVT medical or prescription drug plan in the future. If you are the retiree, your covered spouse and any other covered dependents will also lose their California's Valued Trust (CVT) medical and prescription drug coverage.

Ending your membership in SilverScript may be **voluntary** (your own choice) or **involuntary** (not your own choice):

- You might leave our plan because you decide you *want* to leave. Sections 2 and 3 give information on ending your membership voluntarily.
- There are also limited situations where we're required to end your membership. Section 5 of this chapter tells you about situations when we must end your membership.

If you're leaving our plan, our plan must continue to provide your prescription drugs and you'll continue to pay your cost share until your membership ends.

## SECTION 2 When can you end your membership in our plan?

### Section 2.1 You can end your membership during the Open Enrollment Period

You can end your membership in our plan during the **Open Enrollment Period for California's Valued Trust.** During this time, review your health and drug coverage and decide about coverage for the upcoming year.

- **The Open Enrollment Period for California's Valued Trust is from** September 1, 2026 to September 30, 2026.
- **Choose to keep your current coverage or make changes to your coverage for the upcoming year.** If you decide to change to a new plan, you can choose any of the following types of coverage:
    - Another Medicare drug plan.
    - Original Medicare *with* a separate Medicare drug plan.
    - Original Medicare *without* a separate Medicare drug plan.
        - If you choose this option and receive Extra help, Medicare may enroll you in a drug plan, unless you've opted out of automatic enrollment.

- A Medicare health plan. A Medicare health plan is a plan offered by a private company that contracts with Medicare to provide all the Medicare Part A (Hospital) and Part B (Medical) benefits. Most Medicare health plans also include Part D prescription drug coverage.

  If you enroll in most individual Medicare health plans, you'll be disenrolled from SilverScript when your new plan's coverage begins. However, if you choose a Private Fee-for-Service plan without Part D prescription drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that plan and keep SilverScript for your prescription drug coverage. If you don't want to keep our plan, you can choose to enroll in another Medicare prescription drug plan or drop Medicare drug coverage.

- If you are disenrolled from this plan, **you will lose both your medical and prescription drug coverage from California's Valued Trust (CVT).** You will not be able to re-enroll in the CVT medical or prescription drug plan in the future. If you are the retiree, your covered spouse and any other covered dependents will also lose their California's Valued Trust (CVT) medical and prescription drug coverage.

**Note:** If you disenroll from Medicare drug coverage and go without creditable prescription drug coverage for 63 or more days in a row, you may have to pay a Part D late enrollment penalty if you join a Medicare prescription drug plan later.

- **Your membership will end in our plan** when your new plan's coverage starts on January 1.

## Section 2.2 In certain situations, you can end your membership during a Special Enrollment Period

In certain situations, members of SilverScript may be eligible to end their membership at other times of the year. This is known as a **Special Enrollment Period.**

**You may be eligible to end your membership during a Special Enrollment Period** if any of the following situations apply. These are just examples; for the full list you can contact our plan, call Medicare, or visit Medicare.gov:

- Usually, when you move.
- If you have Medicaid.
- If you're eligible for Extra Help paying for your Medicare drug coverage.
- If we violate our contract with you.
- If you're getting care in an institution, such as a nursing home or long-term care (LTC) hospital.
- If you enroll in the Program of All-inclusive Care for the Elderly (PACE). PACE is not available in all states. If you would like to know if PACE is available in your state, please contact Customer Care at 1-888-620-1756 (TTY users call 711).
- **Note:** If you're in a drug management program, you may not be able to change plans. Chapter 3, Section 10 tells you more about drug management programs.

**Enrollment time periods vary** depending on your situation.

**To find out if you are eligible for a Special Enrollment Period,** call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. If you are eligible to end your membership because of a special situation, you can choose to change both your Medicare health coverage and drug coverage. You can choose:

- Another Medicare prescription drug plan.
- Original Medicare *without* a separate Medicare prescription drug plan.
- – *OR* – A Medicare health plan. A Medicare health plan is a plan offered by a private company that contracts with Medicare to provide all Medicare Part A (Hospital) and Part B (Medical) benefits. Some Medicare health plans also include Part D drug coverage.
    - If you enroll in most Medicare health plans, you'll be disenrolled from SilverScript when your new plan's coverage begins. However, if you choose a Private Fee-for-Service plan without Part D prescription drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that plan and keep SilverScript for your prescription drug coverage. If you don't want to keep our plan, you can choose to enroll in another Medicare prescription drug plan or drop Medicare drug coverage.
- If you are disenrolled from this plan, **you will lose both your medical and prescription drug coverage from California's Valued Trust (CVT).** You will not be able to re-enroll in the CVT medical or prescription drug plan in the future. If you are the retiree, your covered spouse and any other covered dependents will also lose their California's Valued Trust (CVT) medical and prescription drug coverage.

**Note:** If you disenroll from Medicare drug coverage and go without creditable prescription drug coverage for 63 days or more in a row, you may have to pay a Part D late enrollment penalty if you join a Medicare drug plan later.

**Your membership will usually end** on the first day of the month after we receive your request to change your plan.

**If you receive Extra Help from Medicare to pay your drug coverage costs:** If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a prescription drug plan, unless you have opted out of automatic enrollment.

## Section 2.3 Get more information about when you can end your membership

If you have questions about ending your membership, you can:

- **Contact California's Valued Trust (CVT) Member Services Department at 1-800-288-9870, Monday through Friday, from 8 a.m. to 5 p.m., Pacific Time. TTY users should dial 711. You can also call SilverScript Customer Care.**
- Find the information in the ***Medicare & You 2027*** handbook.
- Call **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY: 1-877-486-2048.)

## SECTION 3 How to end your membership in our plan

The table below explains how you can end your membership in our plan.

| To switch from our plan to: | Here's what to do: |
|---|---|
| • **A Medicare health plan.** | • Enroll in the new Medicare health plan.<br>• You'll automatically be disenrolled from SilverScript when your new plan's coverage starts. |
| • **Original Medicare *with* a different Medicare drug plan.** | • Enroll in the new Medicare drug plan.<br>• You'll automatically be disenrolled from SilverScript when your new drug plan's coverage starts. |
| • **Original Medicare *without* a separate Medicare drug plan.** | • **Send us a written request to disenroll.** Call California's Valued Trust (CVT) Member Services Department if you need more information on how to do this.<br>• You can also contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.<br>• You'll be disenrolled from SilverScript when your coverage in Original Medicare starts. |

## SECTION 4 Until your membership ends, you must keep getting your drugs through our plan

Until your membership ends and your new Medicare coverage starts, you must continue to get your prescription drugs through our plan.

- **Continue to use our network pharmacies to get your prescriptions filled.**

## SECTION 5 SilverScript must end our plan membership in certain situations

**SilverScript must end your membership in our plan if any of the following happen:**

- If you no longer have either Medicare Part A or Part B.
- If you move out of our service area.
- If you're away from our service area for more than 12 months.
    - If you move or take a long trip, call Customer Care at 1-888-620-1756 (TTY users call 711) to find out if the place you're moving or traveling to is in our plan's area.
- If you become incarcerated (go to prison).
- If you're no longer a United States citizen or national, or an eligible noncitizen.
- If you lie or withhold information about other insurance you have that provides prescription drug coverage.

- If you intentionally give us incorrect information when you're enrolling in our plan and that information affects your eligibility for our plan. (We can't make you leave our plan for this reason unless we get permission from Medicare first.)
- If you continuously behave in a way that's disruptive and makes it difficult for us to provide care for you and other members of our plan. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
- If you let someone else use your membership card to get prescription drugs. (We can't make you leave our plan for this reason unless we get permission from Medicare first.)
    - If we end your membership because of this reason, Medicare may have your case investigated by the Inspector General.
- If you're required to pay the extra Part D amount because of your income and you don't pay it, Medicare will disenroll you from our plan and you'll lose drug coverage.

If you are disenrolled from this plan, **you will lose both your medical and prescription drug coverage from California's Valued Trust (CVT).** You will not be able to re-enroll in the CVT medical or prescription drug plan in the future. If you are the retiree, your covered spouse and any other covered dependents will also lose their California's Valued Trust (CVT) medical and prescription drug coverage.

If you have questions or want more information on when we can end your membership, **you can contact California's Valued Trust (CVT) Member Services Department at 1-800-288-9870, Monday through Friday, from 8 a.m. to 5 p.m., Pacific Time. TTY users should dial 711. You can also call SilverScript Customer Care**.

## Section 5.1 We can't ask you to leave our plan for any health-related reason

SilverScript isn't allowed to ask you to leave our plan for any health-related reason.

### What should you do if this happens?

If you feel that you're being asked to leave our plan because of a health-related reason, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.

## Section 5.2 You have the right to make a complaint if we end your membership in our plan

If we end your membership in our plan, we must tell you our reasons in writing for ending your membership. We must also explain how you can file a grievance or make a complaint about our decision to end your membership.

# Chapter 9:
# Legal notices

## SECTION 1 Notice about governing law

The principal law that applies to this *Evidence of Coverage* document is Title XVIII of the Social Security Act and the regulations created under the Social Security Act by the Centers for Medicare & Medicaid Services, or CMS. In addition, other Federal laws may apply and, under certain circumstances, the laws of the state you live in. This may affect your rights and responsibilities even if the laws are not included or explained in this document.

## SECTION 2 Notice about nondiscrimination

**We don't discriminate** based on race, ethnicity, national origin, color, religion, sex, gender, age, sexual orientation, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location within the service area. All organizations that provide Medicare prescription drug plans, like our plan, must obey federal laws against discrimination, including Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act, Section 1557 of the Affordable Care Act, and all other laws that apply to organizations that get federal funding, and any other laws and rules that apply for any other reason.

If you want more information or have concerns about discrimination or unfair treatment, call the Department of Health and Human Services' **Office for Civil Rights** at 1-800-368-1019 (TTY: 1-800-537-7697) or your local Office for Civil Rights. You can also review information from the Department of Health and Human Services' Office for Civil Rights at HHS.gov/ocr/index.html.

If you have a disability and need help with access to care, call Customer Care at 1-888-620-1756 (TTY users call 711). If you have a complaint, such as a problem with wheelchair access, Customer Care can help.

## SECTION 3 Notice about Medicare Secondary Payer subrogation rights

We have the right and responsibility to collect for covered Medicare prescription drugs for which Medicare is not the primary payer. According to CMS regulations at 42 CFR sections 422.108 and 423.462, SilverScript, as a Medicare prescription drug plan sponsor, will exercise the same rights of recovery that the Secretary exercises under CMS regulations in subparts B through D of part 411 of 42 CFR and the rules established in this section supersede any state laws.

## SECTION 4 Other important legal notices

Prescription drug names listed in this and any other plan documents are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with SilverScript Insurance Company or its affiliates. We include these trademarks here for informational purposes only and do not imply or suggest affiliation between the plan sponsor and such third-party pharmaceutical companies.

# CHAPTER 10:
# Definitions

**Annual Enrollment Period** – The time period of September 1, 2026 until September 30, 2026 of each year when members can change their health or drug plans or switch to Original Medicare.

**Appeal** – An appeal is something you do if you disagree with our decision to deny a request for coverage of prescription drugs or payment for prescription drugs you already got.

**Biological Product** – A prescription drug that is made from natural and living sources like animal cells, plant cells, bacteria, or yeast. Biological products are more complex than other drugs and can't be copied exactly, so alternative forms are called biosimilars. (Go to **"Original Biological Product"** and **"Biosimilar."**)

**Biosimilar** – A biological product very similar, but not identical, to the original biological product. Biosimilars are as safe and effective as the original biological product. Some biosimilars may be substituted for the original biological product at the pharmacy without needing a new prescription. (Go to "**Interchangeable Biosimilar**.")

**Brand Name Drug** – A prescription drug that is manufactured and sold by the pharmaceutical company that originally researched and developed the prescription drug. Brand name prescription drugs have the same active-ingredient formula as the generic version of the drug. However, generic drugs are manufactured and sold by other drug manufacturers and are generally not available until after the patent on the brand name prescription drug has expired.

**Catastrophic Coverage Stage** – The stage in the Part D Drug Benefit that begins when you (or other qualified parties on your behalf) have spent $2,400 in covered prescription drugs during the covered year.

During the Catastrophic Coverage stage, **you will have no copayment for covered drugs for the remainder of the year.**

**Centers for Medicare & Medicaid Services (CMS)** – The Federal agency that administers Medicare.

**Chronic-Care Special Needs Plan (C-SNP)** – C-SNPs are SNPs that restrict enrollment to MA eligible people who have specific severe and chronic diseases.

**Coinsurance** – An amount you may be required to pay, expressed as a percentage (for example 20%) as your share of the cost for prescription drugs after you pay your deductible.

**Complaint** – The formal name for making a complaint is **filing a grievance**. The complaint process is *only* used for certain types of problems. This includes problems about quality of care, waiting times, and the customer service you get. It also includes complaints if our plan doesn't follow the time periods in the appeal process.

**Copayment (or copay)** – An amount you may be required to pay as your share of the cost for a prescription drug. A copayment is a set amount (for example, $10) rather than a percentage.

**Cost Sharing** – Cost sharing refers to amounts that a member has to pay when prescription drugs are received. This is in addition to our monthly premium. Cost sharing includes any combination of the following 3 types of payments: 1) any deductible amount a plan may impose before drugs are covered; 2) any fixed copayment amount that a plan requires when a specific drug is received; or 3) any coinsurance amount, a percentage of the total amount paid for a drug, that a plan requires when a specific prescription drug is received.

**Cost-Sharing Tier** – If applicable for your plan, every prescription drug on the list of covered prescription drugs is in one of four cost sharing tiers. In general, the higher the cost sharing tier, the higher your cost for the prescription drug.

**Coverage Determination** – A decision about whether a drug prescribed for you is covered by our plan and the amount, if any, you're required to pay for the prescription. In general, if you bring your prescription to a pharmacy and the pharmacy tells you the prescription isn't covered under our plan, that isn't a coverage determination. You need to call or write to our plan to ask for a formal decision about the coverage. Coverage determinations are called **coverage decisions** in this document.

**Covered Drugs** – The term we use to mean all of the prescription drugs covered by our plan.

**Creditable Prescription Drug Coverage** – Prescription drug coverage (for example, from an employer or union) that is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. People who have this kind of coverage when they become eligible for Medicare can generally keep that coverage without paying a penalty if they decide to enroll in Medicare drug coverage later.

**Customer Care** – A department within SilverScript responsible for answering your questions about your membership, benefits, grievances, and appeals. See Chapter 2 for information about how to contact SilverScript Customer Care.

**Daily Cost Sharing Rate** – A daily cost sharing rate may apply when your doctor prescribes less than a full month's supply of certain prescription drugs for you and you're required to pay a copayment. A daily cost sharing rate is the copayment divided by the number of days in a month's supply. Here is an example: If your copayment for a one-month supply of a prescription drug is $30, and a one-month's supply in our plan is 30 days, then your "daily cost sharing rate" is $1 per day.

**Deductible** – The amount you must pay for prescriptions before our plan pays.

**Disenroll or Disenrollment** – The process of ending your membership in our plan.

**Dispensing Fee** – A fee charged each time a covered prescription drug is dispensed to pay for the cost of filling a prescription, such as the pharmacist's time to prepare and package the prescription.

**Dual Eligible Special Needs Plans (D-SNP)** – D-SNPs enroll people who are entitled to both Medicare (Title XVIII of the Social Security Act) and medical assistance from a state plan under Medicaid (Title XIX). States cover some Medicare costs, depending on the state and the person's eligibility.

**Dually Eligible Individual** – A person who is eligible for Medicare and Medicaid coverage.

**Emergency** – A medical emergency is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life (and, if you're a pregnant woman, loss of an unborn child), loss of a limb, or loss of function of a limb, or loss of or serious impairment to a bodily function. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.

**Evidence of Coverage (EOC) and Disclosure Information** – This document, along with your enrollment form and any other attachments, riders, or other optional coverage selected, which explains your coverage, what we must do, your rights, and what you have to do as a member of our plan.

**Exception** – A type of coverage decision that, if approved, allows you to get a prescription drug that is not on our formulary (a formulary exception), or get a non-preferred prescription drug at a lower cost sharing level (a tiering exception).You may also ask for an exception if SilverScript requires you to try another prescription drug before getting the prescription drug you're asking for, if our plan requires a prior authorization for a drug and you want us to waive the criteria restriction, or if our plan limits the quantity or dosage of the drug you're asking for (a formulary exception).

**Extra Help** – A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance.

**Generic Drug** – A prescription drug that's approved by the FDA as having the same active ingredient(s) as the brand name prescription drug. Generally, a generic drug works the same as a brand name drug and usually costs less.

**Grievance** – A type of complaint you make about our plan, providers, or pharmacies, including a complaint concerning the quality of your care. This doesn't involve coverage or payment disputes.

**Income Related Monthly Adjustment Amount (IRMAA)** – If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you'll pay the standard premium amount and an Income Related Monthly Adjustment Amount, also known as Part D-IRMAA. Part D-IRMAA is an extra charge added to your premium. Less than 5% of people with Medicare are affected, so most people won't pay a higher premium.

**Initial Coverage Stage** – This is the stage after you pay your deductible (if you have one) and before your out-of-pocket costs for the year have reached the true out-of-pocket threshold amount.

**Initial Enrollment Period** – When you're first eligible for Medicare, the period of time when you can sign up for Medicare Part A and Part B. If you're eligible for Medicare when you turn 65, your Initial Enrollment Period is the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.

There is an exception: if your birthday falls on the first of any month, your 7-month IEP begins and ends one month sooner. For example, if your birthday is July 1, your 7-month IEP is the same as if you were born in June — beginning in March and ending in September.

**Interchangeable Biosimilar** – A biosimilar that may be used as a substitute for an original biosimilar product at the pharmacy without needing a new prescription because it meets additional requirements related to the potential for automatic substitution. Automatic substitution at the pharmacy is subject to state law.

**List of Covered Drugs (formulary or Drug List)** – A list of prescription drugs covered by our plan.

**Low Income Subsidy (LIS)** – Go to Extra Help.

**Manufacturer Discount Program** – A program under which drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics. Discounts are based on agreements between the federal government and drug manufacturers.

**Maximum Fair Price** – The price Medicare negotiated for a selected drug.

**Medicaid (or Medical Assistance)** – A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. State Medicaid programs vary, but most health care costs are covered if you qualify for both Medicare and Medicaid.

**Medically Accepted Indication** – A use of a drug that is either approved by the FDA or supported by certain references, such as the American Hospital Formulary Service Drug Information and the Micromedex DRUGDEX Information system.

**Medicare** – The federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities, and people with End-Stage Renal Disease (generally those with permanent kidney failure who need dialysis or a kidney transplant).

**Medicare Advantage (MA) Plan** – Sometimes called Medicare Part C. A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. A Medicare Advantage plan can be i) an HMO, ii) a PPO, iii) a Private Fee-for-Service (PFFS) plan, or iv) a Medicare Medical Savings Account (MSA) plan. Besides choosing from these types of plans, a Medicare Advantage HMO or PPO plan can also be a Special Needs Plan (SNP). In most cases, Medicare Advantage plans also offer Medicare Part D (prescription drug coverage). These plans are called **Medicare Advantage Plans With Prescription Drug Coverage**.

**Medicare Cost Plan** – A Medicare Cost Plan is a plan operated by a Health Maintenance Organization (HMO) or Competitive Medical Plan (CMP) in accordance with a cost-reimbursed contract under section 1876(h) of the Act.

**Medicare-Covered Services** – Services covered by Medicare Part A and Part B. The term Medicare-Covered Services doesn't include the extra benefits, such as vision, dental, or hearing, that a Medicare Advantage plan may offer.

**Medicare Health Plan** – A Medicare health plan is offered by a private company that contracts with Medicare to provide Part A and Part B benefits to people with Medicare who enroll in our plan. This term includes all Medicare Advantage Plans, Medicare Cost Plans, Special Needs Plans, Demonstration/Pilot Programs, and Programs of All-inclusive Care for the Elderly (PACE).

**Medicare Prescription Drug Coverage (Medicare Part D)** – Insurance to help pay for outpatient prescription drugs, vaccines, biologicals, and some supplies not covered by Medicare Part A or Part B.

**Medication Therapy Management (MTM) program** – A Medicare Part D program for complex health needs provided to people who meet certain requirements or are in a Drug Management Program. MTM services usually include a discussion with a pharmacist or health care provider to review medications.

**Medigap (Medicare Supplement Insurance) Policy** – Medicare supplement insurance sold by private insurance companies to fill **gaps** in Original Medicare. Medigap policies only work with Original Medicare. (A Medicare Advantage plan is not a Medigap policy.)

**Member (Member of our Plan, or Plan Member)** – A person with Medicare who is eligible to get covered services, who has enrolled in our plan and whose enrollment has been confirmed by the Centers for Medicare & Medicaid Services (CMS).

**Network Pharmacy** – A pharmacy that contracts with our plan where members of our plan can get their prescription drug benefits. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

**Original Biological Product** – A biological product that has been approved by the FDA and serves as the comparison for manufacturers making a biosimilar version. It is also called a reference product.

**Original Medicare (*Traditional Medicare* or *Fee-for-Service Medicare*)** – Original Medicare is offered by the government, and not a private health plan like Medicare Advantage plans and prescription drug plans. Under Original Medicare, Medicare services are covered by paying doctors, hospitals, and other health care providers payment amounts established by Congress. You can see any doctor, hospital, or other health care provider that accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share. Original Medicare has 2 parts: Part A (Hospital Insurance) and Part B (Medical Insurance) and is available everywhere in the United States.

**Out-of-Network Pharmacy** – A pharmacy that doesn't have a contract with our plan to coordinate or provide covered prescription drugs to members of our plan. Most drugs you get from out-of-network pharmacies aren't covered by our plan unless certain conditions apply.

**Out-of-Pocket Costs** – Go to the definition for cost sharing above. A member's cost sharing requirement to pay for a portion of prescription drugs received is also referred to as the member's out-of-pocket cost requirement.

- **Medicare True Out-of-Pocket (TrOOP) –** The expenses that count toward a person's Medicare prescription drug plan out-of-pocket threshold (for example, $2,400 in 2027). This includes amounts paid by you or qualified payers on your behalf toward the cost of your covered Medicare Part D drugs. Generally, payments by family and friends and charities count toward TrOOP but not payments by other health plans. TrOOP costs determine when a person's catastrophic coverage portion of their Medicare Part D prescription drug plan will begin. In other words, TrOOP defines when you enter the Catastrophic Coverage Stage of your Medicare Part D drug plan.

**Out-of-Pocket Threshold** – The maximum amount you pay out of pocket for Part D drugs.

**PACE Plan** – A PACE (Program of All-Inclusive Care for the Elderly) plan combines medical, social, and long-term services and supports (LTSS) for frail people to help people stay independent and living in their community (instead of moving to a nursing home) as long as possible. People enrolled in PACE plans get both their Medicare and Medicaid benefits through our plan. PACE is not available in all states. If you would like to know if PACE is available in your state, call Customer Care or see the Appendix of this document.

**Part C** – Go to Medicare Advantage (MA) Plan.

**Part D** – The voluntary Medicare prescription drug benefit program.

**Part D Drugs** – Drugs that can be covered under Part D. We may or may not offer all Part D drugs. Certain categories of drugs have been excluded as covered Part D drugs by Congress.

**Part D Late Enrollment Penalty** – An amount added to your monthly premium for Medicare prescription drug coverage if you go without creditable coverage (coverage that's expected to pay, on average, at least as much as standard Medicare prescription drug coverage) for a continuous period of 63 days or more after you're first eligible to join a Part D plan.

**Preferred Cost Sharing –** Preferred cost sharing means lower costs for certain covered Part D prescription drugs (i.e., for maintenance prescription drugs at 90 days) at preferred network pharmacies.

**Preferred Network Pharmacy** – A network retail pharmacy that accepts the plan's preferred cost sharing for maintenance prescription drugs at 90 days.

**Premium** – The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

**Prior Authorization** – Approval in advance to get certain drugs based on specific criteria. Covered prescription drugs that need prior authorization are marked in the formulary and our criteria are posted on our website.

**Quality Improvement Organization (QIO)** – A group of practicing doctors and other health care experts paid by the federal government to check and improve the care given to Medicare patients.

**Quantity Limits** – A management tool that is designed to limit the use of a drug for quality, safety, or utilization reasons. Limits may be on the amount of the prescription drug that we cover per prescription or for a defined period of time.

**"Real–Time Benefit Tool"** – An online drug pricing tool within your secure member portal at Caremark.com in which enrollees can look up specific formulary and benefit information. This includes cost sharing amounts, alternative formulary medications that may be used for the same health condition as a given drug, and coverage restrictions (Prior Authorization, Step Therapy, Quantity Limits) that apply to alternative medications.

**Selected Drug** – A drug covered under Part D for which Medicare negotiated a Maximum Fair Price.

**Service Area** – A geographic area where you must live to join a particular prescription drug plan. Our plan may disenroll you if you permanently move out of our plan's service area.

**Special Enrollment Period** – A set time when members can change their health or prescription drug plans or return to Original Medicare. Situations in which you may be eligible for a Special Enrollment Period include: if you move outside the service area, if you are getting "Extra Help" with your prescription drug costs, if you move into a nursing home, or if we violate our contract with you.

**Standard Cost Sharing** – Standard cost sharing is cost sharing other than preferred cost sharing offered at a standard network pharmacy.

**Standard Network Pharmacy** – A network retail pharmacy that accepts the plan's standard cost sharing.

**Step Therapy** – A utilization tool that requires you to first try another prescription drug to treat your medical condition before we'll cover the drug your physician may have initially prescribed.

**Supplemental Security Income (SSI)** – A monthly benefit paid by Social Security to people with limited income and resources who are disabled, blind, or age 65 and older. SSI benefits aren't the same as Social Security benefits.

**Important Contact Information for State Agencies**

| **Alabama** | |
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| **SHIP Name and Contact Information** | **Alabama State Health Insurance Assistance Program**, **Address:** RSA Tower, 201 Monroe Street, Suite 350, Montgomery, AL 36104, **Phone:** 1-800-243-5463, 334-242-5743, **TTY:** 1-800-253-0799 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** alabamaageline.gov/ship/ |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0751, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Alabama Medicaid Agency**, **Address:** Central Office, 501 Dexter Avenue, Montgomery, Alabama 36104, **Phone:** 1-800-362-1504, 334-242-5000, **TTY:** 1-800-253-0799 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** medicaid.alabama.gov/ |
| **AIDS Drug Assistance Program** | **Alabama AIDS Drug Assistance Program (ADAP)**, **Address:** Office of HIV Prevention and Care, Alabama Department of Public Health, The RSA Tower, 201 Monroe Street, Suite 1400, Montgomery, AL 36104, **Phone:** 1-866-574-9964, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** alabamapublichealth.gov/hiv/adap.html |
| **State Pharmaceutical Assistance Program (SPAP)** | **Alabama SenioRx Prescription Assistance Program**, **Address:** Department of Senior Services, RSA Tower, 201 Monroe Street, Suite 350, Montgomery, AL 36104, **Phone:** 1-800-243-5463, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** alabamaageline.gov/seniorx/ |

| **Alaska** | |
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| **SHIP Name and Contact Information** | **Alaska Medicare Information Office**, **Address:** Department of Health, 3601 C Street, Suite 902 Anchorage, Alaska 99503, **Phone:** 1-800-478-6065, 907-269-3680, **TTY:** 1-800-770-8973 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:00 PM, **Website:** medicare.alaska.gov |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102, Tallahassee, FL 32317, **Phone:** 1-888-305-6759, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Alaska Medicaid**, **Address:** Alaska Department of Health, Division of Public Assistance, PO Box 110640, 350 Main Street, Room 304, Juneau, AK 99811-0640, **Phone:** 1-800-780-9972 (coverage or billing), 1-800-478-7778 (eligibility), **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** health.alaska.gov/en/division-of-public-assistance/ |
| **AIDS Drug Assistance Program** | **Alaska AIDS Drug Assistance Program (ADAP)**, **Address:** Anchorage – 1057 W. Fireweed Lane, Suite 102, Anchorage, AK 99503, **Phone:** 1-800-478-AIDS (1-800-478-2437), Anchorage: 907-263-2050, Juneau: 907-500-7465, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** alaskanaids.org/index.php/contact |

| Alaska | |
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| **State Pharmaceutical Assistance Program (SPAP)** | **Alaska Senior Benefits Program**, **Address:** Alaska Senior Benefits Program 3601 C Street, Suite 902 Anchorage, Alaska 99503 350 Main Street, Suite 404 Juneau, AK 99811, **Phone:** 1-800-478-7778, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, **Website:** health.alaska.gov/en/services/division-of-public-assistance-dpa-services/senior-benefits-program/ |

| American Samoa | |
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| **State Medicaid Office** | **American Samoa Medicaid State Agency**, **Address:** PO Box 6101, Pago Pago, AS 96799, **Phone:** 684-699-4777 684-699-4780, **TTY:** 711, **Hours:** Monday-Friday 8:00 AM-5:00 PM, **Website:** amsamoamedicaid.com |
| **AIDS Drug Assistance Program** | **Ryan White AIDS Drug Assistance Program**, **Address:** Department of Public Health, LBJ Tropical Medical Center, PO Box F, Pago Pago, AS 96799, **Phone:** 202-434-8090, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** adap.directory/american-samoa |

| Arizona | |
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| **SHIP Name and Contact Information** | **Arizona State Health Insurance Assistance Program**, **Address:** Department of Economic Security, Division of Aging and Adult Services, 1789 W. Jefferson Street, Phoenix, AZ 85007, **Phone:** 1-800-432-4040, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** azship.org/ |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-877-588-1123, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Arizona Health Care Cost Containment System (AHCCCS)**, **Address:** AHCCCS Administration & Central Office 150 N. 18th Ave. Phoenix, AZ 85007, **Phone:** 1-800-654-8713, 602-417-4000, **TTY:** 1-800-842-6520 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 7:00 AM to 9:00 PM, Saturday 8:00 AM to 6:00 PM, **Website:** azahcccs.gov/ |
| **AIDS Drug Assistance Program** | **Arizona AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Health Services, 150 N. 18th Ave., Suite 280, Phoenix, AZ 85007, **Phone:** 1-800-334-1540, 602-364-3610, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** azadap.com |

| Arkansas | |
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| **SHIP Name and Contact Information** | **Arkansas Seniors Health Insurance Information Program (AR SHIIP)**, **Address:** 1 Commerce Way, Little Rock, AR 72202, **Phone:** 1-800-224-6330, **TTY:** 501-683-4468 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** insurance.arkansas.gov/consumer-services/senior-health/ |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-315-0636, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |

| Arkansas | |
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| **State Medicaid Office** | **Arkansas Medicaid**, **Address:** Arkansas Department of Human Services, PO Box 1437, Slot S401, Little Rock, AR 72203-1437, **Phone:** 1-855-372-1084, 1-800-482-5431, **TTY:** 501-682-8933 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 7:00 AM to 7:00 PM, **Website:** humanservices.arkansas.gov/apply-for-services/ |
| **AIDS Drug Assistance Program** | **Ryan White Program, Arkansas AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Health, 4815 W. Markham, Little Rock, AR 72205, **Phone:** 501-661-2408, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** healthy.arkansas.gov/programs-services/topics/ryan-white-program |

| California | |
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| **SHIP Name and Contact Information** | **California Health Insurance Counseling and Advocacy Program (HICAP)**, **Address:** Department of Aging, 2880 Gateway Oaks Drive, Suite 200, Sacramento, CA 95833, **Phone:** 1-800-434-0222, **TTY:** 1-800-735-2929 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 9:00 AM to 4:00 PM, **Website:** aging.ca.gov/hicap/ |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-877-588-1123, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Medi-Cal (California's Medicaid program)**, **Address:** California Department of Health Care Services, 1501 Capitol Avenue, Sacramento, CA 95814, **Phone:** 1-800-430-4263, 916-552-9200, **TTY:** 1-800-430-7077 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 6:00 PM, **Website:** dhcs.ca.gov/services/medi-cal/Pages/default.aspx |
| **AIDS Drug Assistance Program** | **California AIDS Drug Assistance Program (ADAP)**, **Address:** California Department of Public Health Insurance Assistance Section, PO Box 997426, MS 7704, Sacramento, CA 95899-7426, **Phone:** 1-844-421-7050, 916-558-1784, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** cdph.ca.gov/Programs/CID/DOA/pages/oaadap.aspx |

| Colorado | |
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| **SHIP Name and Contact Information** | **Colorado Senior Health Care & Medicare Assistance (SHIP & SMP)**, **Address:** Division of Insurance, 1560 Broadway, Suite 850, Denver, CO 80202, **Phone:** 1-888-696-7213, 1-800-503-5190, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** doi.colorado.gov/insurance-products/health-insurance/senior-health-care-medicare |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0891, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Health First Colorado**, **Address:** Colorado Department of Health Care, Policy & Financing, 303 E. 17th Avenue, Suite 1100, Denver, CO 80203, **Phone:** 1-800-221-3943, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, third Thursday of each month 8:00 AM to 2:00 PM, **Website:** healthfirstcolorado.com/ |

| Colorado | |
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| **AIDS Drug Assistance Program** | **Colorado State Drug Assistance Program (SDAP)**, **Address:** Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, CO 80246, **Phone:** 303-692-2716, 303-692-2000, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, **Website:** cdphe.colorado.gov/state-drug-assistance-program |

| Delaware | |
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| **SHIP Name and Contact Information** | **Delaware Medicare Assistance Bureau (DMAB)**, **Address:** Department of Insurance, 1351 West North Street, Suite 101, Dover, DE 19904, **Phone:** 1-800-336-9500, 302-674-7364, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** insurance.delaware.gov/divisions/dmab/ |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-396-4646, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Delaware Medicaid**, **Address:** Delaware Health and Social Services/Division of Medicaid and Medical Assistance (DMMA), 1901 N. DuPont Highway, New Castle, DE 19720, **Phone:** 1-866-843-7212, 302-571-4900, **TTY:** 1-855-889-4325 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** dhss.delaware.gov/dhss/dmma/medicaid.html |
| **AIDS Drug Assistance Program** | **Delaware AIDS Drug Assistance Program (ADAP)**, **Address:** Division of Public Health (DPH), Thomas Collins Building, 540 S. DuPont Highway, Dover, DE 19901, **Phone:** 302-744-1050, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** ramsellcorp.com/medical_professionals/de.aspx |
| **State Pharmaceutical Assistance Program (SPAP)** | **Delaware Prescription Assistance Program**, **Address:** DXC DPAP, PO Box 950, New Castle, DE 19720-0950, **Phone:** 1-844-245-9580, **TTY:** 1-800-232-5470 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** dhss.delaware.gov/dhss/dmma/dpap.html |

| District of Columbia | |
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| **SHIP Name and Contact Information** | **Health Insurance Counseling Project (HICP)**, **Address:** Department of Aging and Community Living, 500 K Street, NE, Washington, DC 20002, **Phone:** 202-724-5626, **TTY:** 711, **Hours:** Monday–Friday 9:30 AM to 4:30 PM, **Website:** dacl.dc.gov/service/health-insurance-counseling |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-396-4646, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **DC Medicaid**, **Address:** The Department of Health Care Finance – DHCF, 441 4th Street NW, 900S, Washington, DC 20001, **Phone:** 202-442-5988, **TTY:** 711, **Hours:** Monday–Friday 8:15 AM to 4:45 PM, **Website:** dhcf.dc.gov/service/medicaid |
| **AIDS Drug Assistance Program** | **DC Pharmacy Benefits Program**, **Address:** Department of Health, 2201 Shannon Place SE, Washington, DC 20020, **Phone:** 202-671-4815, **TTY:** 711, **Hours:** Monday–Friday 8:15 AM to 4:45 PM, **Website:** dchealth.dc.gov/Pharmacy_Benefits_Program |

| Florida | |
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| **SHIP Name and Contact Information** | **Serving Health Insurance Needs of Elders (SHINE) (Florida SHIP)**, **Address:** Department of Elder Affairs, 4040 Esplanade Way, Suite 270, Tallahassee, FL 32399-7000, **Phone:** 1-800-963-5337, **TTY:** 1-800-955-8770 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** floridashine.org/ |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0751, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Florida Division of Medicaid**, **Address:** Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, FL 32308, **Phone:** 1-877-254-1055, 850-412-4000, **TTY:** 1-866-467-4970 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday, 8:00 AM to 5:00 PM, **Website:** ahca.myflorida.com/medicaid |
| **AIDS Drug Assistance Program** | **Florida AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Health, HIV/AIDS Section, 4052 Bald Cypress Way, Tallahassee, FL 32399, **Phone:** 1-800-352-2437, 844-381-2327, **TTY:** 1-888-503-7118 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** floridahealth.gov/individual-family-health/injury-prevention-wellness/hiv-aids/hiv-aids-management/ |

| Georgia | |
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| **SHIP Name and Contact Information** | **Georgia SHIP**, **Address:** Department of Human Services, Division of Aging Services, 47 Trinity Ave. S.W., Atlanta, GA 30334, **Phone:** 1-866-552-4464 (Option 4), **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** aging.georgia.gov/georgia-ship |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0751, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Georgia Medicaid**, **Address:** The Department of Community Health (DCH), 2 Martin Luther King Jr. Drive SE, East Tower, Atlanta, GA 30334, **Phone:** Toll Free: 1-877-423-4746, Customer Service: 404-657-5468, Eligibility: 404-651-9982, Member Services: 866-211-0950, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** medicaid.georgia.gov/ |
| **AIDS Drug Assistance Program** | **Georgia AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Public Health, 200 Piedmont Avenue, SE, Atlanta, GA 30334, **Phone:** 404-656-9805, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** dph.georgia.gov/hiv-care/aids-drug-assistance-program-adap |

| Guam | |
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| **SHIP Name and Contact Information** | **Guam State Health Insurance Assistance Program (SHIP)**, **Address:** Guam Department of Public Health and Social Services, 123 Chalan Kareta, Mangilao, Guam 96913-6304, **Phone:** 671-735-7415, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** dphss.guam.gov |

| Guam | |
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| **State Medicaid Office** | **Guam Medicaid**, **Address:** Department of Public Health & Social Services, 761 South Marine Corps Drive, Tamuning, GU 96913, **Phone:** 671-300-7330, **TTY:** 711, **Hours:** 8:00 AM to 4:00 PM, **Website:** dphss.guam.gov |
| **AIDS Drug Assistance Program** | **Guam Medicaid**, **Address:** Department of Public Health & Social Services, 761 South Marine Corps Drive, Tamuning, GU 96913, **Phone:** 671-300-7330, **TTY:** 711, **Hours:** 8:00 AM to 4:00 PM, **Website:** dphss.guam.gov |

| Hawaii | |
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| **SHIP Name and Contact Information** | **Hawaii SHIP**, **Address:** Executive Office on Aging Hawaii State Department of Health No. 1 Capitol District, 250 South Hotel St. Suite 406, Honolulu, Hawaii 96813-2831, **Phone:** 1-888-875-9229, 808-586-7299, **TTY:** 1-866-810-4379 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 7:45 AM to 4:30 PM, **Website:** hawaiiship.org/ |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-877-588-1123, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Hawaii Med-QUEST (Quality, Universal Access, Efficiency, Sustainability, Transformation)**, **Address:** Department of Human Services, 1350 S. King Street, Suite 200, Honolulu, HI 96814, **Phone:** 808-524-3370 (Oahu), 1-800-316-8005 (Neighbor Islands), **TTY:** 711, **Hours:** Monday–Friday 7:45 AM to 4:30 PM, **Website:** medquest.hawaii.gov/ |
| **AIDS Drug Assistance Program** | **Hawaii HIV Drug Assistance Program (HDAP)**, **Address:** State Department of Health Harm Reduction Services Branch, 3627 Kilauea Ave., Suite 306, Honolulu, HI 96816, **Phone:** 808-733-9362, 808-733-9361, 808-733-9360, **TTY:** 711, **Hours:** Monday–Friday 7:45 AM to 2:30 PM, **Website:** health.hawaii.gov/harmreduction/about-us/hiv-programs/hiv-medical-management-services/ |

| Idaho | |
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| **SHIP Name and Contact Information** | **Idaho Senior Health Insurance Benefits Advisors (SHIBA)**, **Address:** Department of Insurance, 700 W. State Street, 3rd Floor, PO Box 83720, Boise, ID 83720-0043, **Phone:** 1-800-247-4422, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, except state holidays, **Website:** doi.idaho.gov/SHIBA/ |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-877-588-1123, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Idaho Medicaid**, **Address:** Idaho Department of Health and Welfare, PO Box 83720, Boise, ID 83720-0036, **Phone:** 1-888-528-5861, 1-877-456-1233, **TTY:** 1-888-791-3004 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** healthandwelfare.idaho.gov/services-programs/medicaid-health |
| **AIDS Drug Assistance Program** | **Idaho AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Health and Welfare, Division of Public Health, 450 W. State Street, PO Box 83720, Boise, ID 83702, **Phone:** 208-985-3019, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** healthandwelfare.idaho.gov/health-wellness/diseases-conditions/hiv |

| Illinois | |
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| **SHIP Name and Contact Information** | **Senior Health Insurance Program (Illinois SHIP)**, **Address:** Department on Aging, One Natural Resources Way, Suite 100, Springfield, IL 62702-1271, **Phone:** 1-800-252-8966, **TTY:** 711, **Hours:** Monday–Friday 8:30 AM to 5 PM, **Website:** ilaging.illinois.gov/ship |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-524-9900, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Illinois Medicaid**, **Address:** Department of Healthcare and Family Services (HFS), Prescott Bloom Building, 201 South Grand Avenue East, Springfield, Illinois 62763, **Phone:** 1-800-843-6154, 1-866-468-7543, **TTY:** 1-800-447-6404 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** hfs.illinois.gov/about/about.html |
| **AIDS Drug Assistance Program** | **Illinois AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Public Health, Medication Assistance Program, 525 W. Jefferson Street, 1st Floor, Springfield, IL 62761, **Phone:** 1-800-825-3518, 1-800-243-2437, **TTY:** 1-800-547-0466, **Hours:** Monday–Friday 9:00 AM to 4:00 PM, **Website:** dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/ryan-white-care-and-hopwa-services |

| Indiana | |
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| **SHIP Name and Contact Information** | **Indiana State Health Insurance Assistance Program**, **Address:** Department of Insurance, 311 W. Washington Street, Indianapolis, IN 46204, **Phone:** 1-800-452-4800, **TTY:** 1-866-846-0139 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** in.gov/ship/ |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-524-9900, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Indiana Medicaid**, **Address:** Family and Social Services Administration, 402 W. Washington Street, Room W392, PO Box 7083, Indianapolis, IN 46204, **Phone:** 1-800-457-4584, **TTY:** 1-800-743-3333 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** in.gov/fssa/ompp/ |
| **AIDS Drug Assistance Program** | **Indiana AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Health, 2 N. Meridian Street, Suite C, Indianapolis, IN 46204, **Phone:** 1-866-588-4948 (Option 1), **TTY:** 711, **Hours:** Monday–Friday 8:15 AM to 4:45 PM, **Website:** in.gov/health/hiv-std-viral-hepatitis/hiv-services/ |
| **State Pharmaceutical Assistance Program (SPAP)** | **HoosierRx**, **Address:** 402 W. Washington, Room 372, Indianapolis, IN 46204, **Phone:** 1-866-267-4679, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 4:30 PM, **Website:** IN.gov/HoosierRx |

| Iowa | |
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| **SHIP Name and Contact Information** | **Iowa Senior Health Insurance Information Program (SHIIP)**, **Address:** Insurance Division, 1963 Bell Ave., Suite 100, Des Moines, IA 50315, **Phone:** 1-800-351-4664, **TTY:** 1-800-735-2942 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:00 PM, **Website:** shiip.iowa.gov/ |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-755-5580, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Iowa Medicaid**, **Address:** Iowa Department of Health and Human Services, 321 East 12th Street, Des Moines, IA, 50319, **Phone:** 1-800-338-8366, 515-256-4606, **TTY:** 1-800-735-2942 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** hhs.iowa.gov/programs/welcome-iowa-medicaid |
| **AIDS Drug Assistance Program** | **Iowa AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Public Health, 321 E. 12th Street, Des Moines, IA 50319-0075, **Phone:** 515-204-3746, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** hhs.iowa.gov/health-prevention/hiv-sti-and-hepatitis/hivaids-program |

| Kansas | |
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| **SHIP Name and Contact Information** | **Senior Health Insurance Counseling for Kansas (SHICK)**, **Address:** Department for Aging and Disability Services, New England Building, 503 S. Kansas Ave., Topeka, KS 66603-3404, **Phone:** 1-800-860-5260, **TTY:** 785-291-3167 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:30 AM to 5:00 PM, **Website:** kdads.ks.gov/services-programs/aging/medicare-programs/senior-health-insurance-counseling-for-kansas-shick |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-755-5580, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **KanCare (Kansas' Medicaid program)**, **Address:** KanCare Clearinghouse, PO Box 3599, Topeka, KS 66601, **Phone:** 1-800-792-4884, **TTY:** 711 This number requires special telephone equipment and is only for people who have difficulties hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** kancare.ks.gov/ |
| **AIDS Drug Assistance Program** | **Kansas AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Health and Environment, Division of Public Health, 1000 SW Jackson Street, Suite 210, Topeka, KS 66612, **Phone:** 785-296-6174, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** kdhe.ks.gov/359/AIDS-Drug-Assistance-Program |

| Kentucky | |
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| **SHIP Name and Contact Information** | **Kentucky State Health Insurance Assistance Program**, **Address:** Cabinet for Health and Family Services, 275 E. Main Street, 3E-E, Frankfort, KY 40601, **Phone:** 1-877-293-7447 (Option 2), 502-564-6930, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** chfs.ky.gov/agencies/dail/Pages/ship.aspx |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0751, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Kentucky Medicaid**, **Address:** Cabinet for Health and Family Services (CHFS), 275 E. Main St., Frankfort, KY 40621, **Phone:** Member Services: 1-800-635-2570, Eligibility: 1-855-306-8959, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** chfs.ky.gov/agencies/dms/Pages/default.aspx |
| **AIDS Drug Assistance Program** | **Kentucky AIDS Drug Assistance Program (KADAP)**, **Address:** Department of Public Health, 275 East Main Street, HS2E-C, Frankfort, KY 40621, **Phone:** 1-800-420-7431, 502-564-6539, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** chfs.ky.gov/agencies/dph/dehp/hab/pages/services.aspx |
| **State Pharmaceutical Assistance Program (SPAP)** | **Kentucky Prescription Assistance Program (KPAP)**, **Address:** 275 East Main Street, HS1W-B, Frankfort, KY 40621, **Phone:** 1-800-633-8100, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:00 PM, **Website:** chfs.ky.gov/agencies/dph/dpqi/hcab/Pages/kpap.aspx |

| Louisiana | |
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| **SHIP Name and Contact Information** | **Louisiana Senior Health Insurance Information Program (SHIIP)**, **Address:** Department of Insurance, 1702 N. Third Street, PO Box 94214, Baton Rouge, LA 70802, **Phone:** 1-800-259-5300, 225-342-5301, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** ldi.la.gov/consumers/senior-health-shiip |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-315-0636, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Louisiana Medicaid**, **Address:** Louisiana Department of Health, 628 N. 4th Street, Baton Rouge, LA 70802, **Phone:** 1-888-342-6207, **TTY:** 1-855-526-3346 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** ldh.la.gov/page/about-medicaid |
| **AIDS Drug Assistance Program** | **Louisiana Health Access Program (LA HAP)**, **Address:** Department of Health, 1450 Poydras Street, Suite 2136, New Orleans, LA 70112, **Phone:** 504-568-7474, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** lahap.org/ |

| Maine | |
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| **SHIP Name and Contact Information** | **Maine State Health Insurance Assistance Program**, **Address:** Department of Health and Human Services, 109 Capitol Street, 11 State House Station, Augusta, Maine 04333, **Phone:** 1-800-262-2232, 1-877-353-3771, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** maine.gov/dhhs/oads/get-support/older-adults-disabilities/older-adult-services/ship-medicare-assistance |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-319-8452, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **MaineCare**, **Address:** Department of Health and Human Services, Office for Family Independence, 114 Corn Shop Lane Farmington, ME 04938, **Phone:** 1-800-977-6740, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** maine.gov/dhhs/ofi/programs-services/health-care-assistance |
| **AIDS Drug Assistance Program** | **Maine AIDS Drug Assistance Program (ADAP)**, **Address:** 40 State House Station Augusta, ME 04330 United States, **Phone:** 207-287-3747, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** maine.gov/dhhs/mecdc/infectious-disease/hiv-std/contacts/adap.shtml |
| **State Pharmaceutical Assistance Program (SPAP)** | **MaineCare Rx Plus**, **Address:** Department of Human Services, 13 Prescott Drive Machias, Maine 04654, **Phone:** 1-866-796-2463, **TTY:** 207-287-1828 or 1-800-423-4331 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 7:00 AM to 4:00 PM, **Website:** maine.gov/dhhs/ |

| Maryland | |
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| **SHIP Name and Contact Information** | **Maryland State Health Insurance Assistance Program**, **Address:** Maryland Department of Aging, 36 S Charles Street, 12th Floor Baltimore, Maryland 21201, **Phone:** 1-800-243-3425, 410-767-1100, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, **Website:** aging.maryland.gov/Pages/state-health-insurance-program.aspx |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-396-4646, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Maryland Medicaid**, **Address:** Department of Health, Herbert R. O'Conor State Office Building, 201 W. Preston Street, Baltimore, MD 21201-2399, **Phone:** 1-877-463-3464, 410-767-6500, **TTY:** 711, **Hours:** Monday–Friday 8:30 AM to 5:00 PM, **Website:** mmcp.health.maryland.gov/Pages/home.aspx |
| **AIDS Drug Assistance Program** | **Maryland AIDS Drug Assistance Program (MADAP)**, **Address:** Department of Health, 1223 W. Pratt Street, Baltimore, MD 21223, **Phone:** 1-800-205-6308, 410-767-6535, **TTY:** 1-800-735-2258 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:30 AM to 4:30 PM, **Website:** health.maryland.gov/phpa/OIDPCS/Pages/MADAP.aspx |

| Maryland | |
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| **State Pharmaceutical Assistance Program (SPAP)** | **Maryland Senior Prescription Drug Assistance Program (SPDAP)**, **Address:** Maryland – SPDAP c/o International Software Systems Inc., PO Box 749, Greenbelt, Maryland 20768-0749, **Phone:** 1-800-551-5995, **TTY:** 1-800-877-5156 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** marylandspdap.com/ |

| Massachusetts | |
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| **SHIP Name and Contact Information** | **SHINE (Serving Health Insurance Needs of Everyone) (Massachusetts SHIP)**, **Address:** Executive Office of Aging & Independence, 1 Ashburton Place, 5th Floor, Boston, MA 02108, **Phone:** 1-800-243-4636, **TTY:** 1-800-439-2370 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, **Website:** mass.gov/health-insurance-counseling |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-319-8452, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **MassHealth (Massachusetts' Medicaid program)**, **Address:** 100 Hancock St. 1st Floor Quincy, MA 02171, **Phone:** 1-800-841-2900, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** mass.gov/orgs/masshealth |
| **AIDS Drug Assistance Program** | **Massachusetts HIV/AIDS Drug Assistance Program (HDAP)**, **Address:** Community Resource Initiative, The Schrafft's City Center, 529 Main Street, Suite 301, Boston, MA 02129, **Phone:** 1-800-228-2714, 617-502-1700, **TTY:** 1-800-497-4648 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking., **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** crihealth.org/drug-assistance/hdap/ |
| **State Pharmaceutical Assistance Program (SPAP)** | **Prescription Advantage**, **Address:** PO Box 15153, Worcester, MA 01615-0153, **Phone:** 1-800-243-4636, **TTY:** 711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, **Website:** mass.gov/prescription-drug-assistance |

| Michigan | |
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| **SHIP Name and Contact Information** | **MI Options**, **Address:** PO Box 30676, Lansing MI 48909, **Phone:** 1-800-803-7174, **TTY:** 1-888-263-5897 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 8:00 PM, **Website:** michigan.gov/MDHHSMIOptions |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-524-9900, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Michigan Medicaid**, **Address:** Health & Human Services, 333 S. Grand Ave, PO Box 30195, Lansing, Michigan 48909, **Phone:** 1-800-642-3195, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** michigan.gov/medicaid |

| Michigan | |
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| **AIDS Drug Assistance Program** | **Michigan Drug Assistance Program (MIDAP)**, **Address:** Department of Health and Human Services, PO Box 30727 Lansing, MI 48909, **Phone:** 1-888-826-6565, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, **Website:** michigan.gov/dap |

| Minnesota | |
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| **SHIP Name and Contact Information** | **Minnesota Aging Pathways**, **Address:** Elmer L. Anderson Human Services, 540 Cedar Street, St. Paul, MN 55164, **Phone:** 1-800-333-2433, **TTY:** 1-800-627-3529 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00AM to 4:30 PM, **Website:** mn.gov/aging-pathways/ |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-524-9900, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Medical Assistance (MA) (Minnesota's Medicaid program)**, **Address:** Department of Human Services, 540 Cedar Street, Saint Paul, MN 55101, **Phone:** 1-800-657-3739, 651-431-2670, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:00 PM, **Website:** mn.gov/dhs/health-care-coverage/ |
| **AIDS Drug Assistance Program** | **Minnesota Aids Drug Assistance Program**, **Address:** Minnesota Department of Human Services, PO Box 64972, St. Paul, MN 55164-0972, **Phone:** 1-800-657-3761, 651-431-2398, 651-431-2414, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, **Website:** mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/hiv-aids/programs-services/medications.jsp |

| Mississippi | |
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| **SHIP Name and Contact Information** | **Mississippi State Health Insurance Assistance Program (SHIP)**, **Address:** Department of Human Services, Division of Aging and Adult Services, 200 South Lamar St., Jackson, MS 39201, **Phone:** 1-844-822-4622, 601-709-0624, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** mdhs.ms.gov/aging/finding-services-for-older-adults/ |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0751, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Mississippi Division of Medicaid**, **Address:** MS Division of Medicaid, PO Box 2222, Jackson, Mississippi 39225, **Phone:** 1-800-421-2408, 601-359-6050, **TTY:** 711, **Hours:** Monday–Friday 7:30 AM to 5:00 PM, **Website:** medicaid.ms.gov/ |
| **AIDS Drug Assistance Program** | **Mississippi AIDS Drug Assistance Program (ADAP)**, **Address:** State Department of Health, PO Box 1700, Jackson, MS 39215, **Phone:** 1-888-343-7373, 601-362-4879, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** msdh.ms.gov/msdhsite/_static/14,13047,150.html |

| Missouri | |
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| **SHIP Name and Contact Information** | **Missouri SHIP**, **Address:** Department of Commerce & Insurance, 601 W. Nifong Blvd., Ste. A, Columbia, MO 65203-6804, **Phone:** 1-800-390-3330, **TTY:** 1-800-735-2966 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 9:00 AM to 4:00 PM, **Website:** missouriship.org |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-755-5580, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Missouri Medicaid (MO HealthNet)**, **Address:** Department of Social Services, 615 Howerton Court, PO Box 6500, Jefferson City, MO 65102-6500, **Phone:** 573-751-3425, **TTY:** 1-800-735-2966 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** mydss.mo.gov/mhd |
| **AIDS Drug Assistance Program** | **Missouri AIDS Drug Assistance Program**, **Address:** Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102, **Phone:** 573-751-6439, 1-888-252-8045, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** health.mo.gov/living/healthcondiseases/communicable/hivaids/casemgmt.php |
| **State Pharmaceutical Assistance Program (SPAP)** | **Missouri Rx Plan (MORx)**, **Address:** PO Box 2700, Jefferson City, MO 65102, **Phone:** 1-800-375-1406, 1-855-373-9994, **TTY:** 1-800-735-2966 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 6:00 AM to 6:00 PM, **Website:** mydss.mo.gov/mhd/morx-general-faqs# |

| Montana | |
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| **SHIP Name and Contact Information** | **Montana State Health Insurance Assistance Program (SHIP)**, **Address:** Department of Public Health and Human Services, Senior and Long Term Care Division, 1100 N Last Chance Gulch, 4th Floor, Helena MT 59601, **Phone:** 1-800-551-3191, **TTY:** 1-800-833-8503 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** dphhs.mt.gov/sltc/aging/ship |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0891, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Montana Medicaid**, **Address:** Department of Public Health and Human Services (DPHHS), 111 North Sanders Street, Helena, MT 59601-4520, PO Box 4210, Helena, MT 59604-4210, **Phone:** 1-800-362-8312 (Member Help Line), 1-888-706-1535 (Eligibility), **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices |
| **AIDS Drug Assistance Program** | **Montana AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Public Health and Human Services, Cogswell Building, Room C-211, 1400 Broadway, Helena, MT 59620, **Phone:** 406-444-3565, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** dphhs.mt.gov/publichealth/hivstd/treatment/mtryanwhiteprog |

| Montana | |
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| **State Pharmaceutical Assistance Program (SPAP)** | **Montana Big Sky Rx Program**, **Address:** PO Box 202915, Helena, MT 59620-2915, **Phone:** 1-866-369-1233, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** dphhs.mt.gov/SLTC/aging/BigSky |

| Nebraska | |
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| **SHIP Name and Contact Information** | **Nebraska SHIP**, **Address:** The Nebraska Department of Insurance, PO Box 95087, Lincoln, Nebraska 68509-5087, **Phone:** 1-800-234-7119, **TTY:** 1-800-833-7352 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** doi.nebraska.gov/ship-smp |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-755-5580, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Nebraska Medicaid**, **Address:** Department of Health and Human Services, 301 Centennial Mall South, Lincoln, NE 68509, **Phone:** 1-855-632-7633 (Eligibility), 402-471-3121 (Division of Medicaid), **TTY:** 1-800-833-7352 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** dhhs.ne.gov/Pages/medicaid-and-long-term-care.aspx |
| **AIDS Drug Assistance Program** | **Nebraska AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Health & Human Services, PO Box 95026, Lincoln, NE 68509-5026, **Phone:** 402-471-2101, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** dhhs.ne.gov/Pages/HIV-Care.aspx |

| Nevada | |
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| **SHIP Name and Contact Information** | **Nevada State Health Insurance Assistance Program (SHIP)**, **Address:** Aging and Disability Service Division Administrative Office, 1550 College Parkway Carson City, NV 89706, **Phone:** 1-800-307-4444, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** adsd.nv.gov/Programs/Seniors/Medicare_Assistance_Program_(MAP)/MAP_Prog/ |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-877-588-1123, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Nevada Medicaid**, **Address:** Department of Health and Human Services, PO Box 30042, Reno, NV 89520-3042, **Phone:** 1-877-638-3472, 775-684-3600, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** dhcfp.nv.gov/Members/Home/ |
| **AIDS Drug Assistance Program** | **Nevada AIDS Drug Assistance Program (ADAP)/Nevada Medication Assistance Program (NMAP)**, **Address:** Department of Health and Human Services, 2290 S. Jones Blvd., Las Vegas, Nevada 89146, **Phone:** 702-486-0768, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** endhivnevada.org/adap-nmap/ |

| New Hampshire | |
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| **SHIP Name and Contact Information** | **ServiceLink (New Hampshire SHIP)**, **Address:** Department of Health & Human Services, Brown Building, 129 Pleasant Street, Concord, NH 03301, **Phone:** 1-866-634-9412, **TTY:** 1-800-735-2964 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:30 AM to 4:30 PM, **Website:** servicelink.nh.gov |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-319-8452, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **New Hampshire Medicaid (Medical Assistance) program**, **Address:** Department of Health & Human Services, Division of Medicaid Services, 129 Pleasant Street, Concord, NH 03301, **Phone:** 1-844-275-3447, **TTY:** 1-800-735-2964 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:00 PM, **Website:** dhhs.nh.gov/programs-services/medicaid |
| **AIDS Drug Assistance Program** | **New Hampshire AIDS Drug Assistance Program**, **Address:** Department of Health & Human Services, 29 Hazen Drive, Concord, NH 03301, **Phone:** 603-271-4502, 603-271-4496, **TTY:** 1-800-735-2964 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:00 PM, **Website:** dhhs.nh.gov/programs-services/disease-prevention/infectious-disease-control/nh-ryan-white-care-program/nh-aids |

| New Jersey | |
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| **SHIP Name and Contact Information** | **New Jersey State Health Insurance Assistance Program (SHIP)**, **Address:** State Health Insurance Assistance Program, Division of Aging Services, PO Box 807, Trenton, NJ 08625, **Phone:** 1-800-792-8820, **TTY:** 711, **Hours:** Monday–Friday 8:30 AM to 4:30 PM, **Website:** nj.gov/humanservices/doas/services/q-z/ship/ |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-866-815-5440, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **NJ Department of Human Services, Division of Medical Assistance & Health Services**, **Address:** NJ Department of Human Services, Division of Medical Assistance and Health Services, PO Box 712, Trenton, NJ 08625-0712, **Phone:** 1-800-701-0710, **TTY:** 711, **Hours:** Monday and Thursday 8:00 AM to 8:00 PM, Tuesday, Wednesday, Friday 8:00 AM to 5:00 PM, **Website:** state.nj.us/humanservices/dmahs/ |
| **AIDS Drug Assistance Program** | **New Jersey AIDS Drug Distribution Program (ADDP)**, **Address:** Department of Health, PO Box 360, Trenton, NJ 08625-0360, **Phone:** 1-877-613-4533, 1-800-624-2377, **TTY:** 711, **Hours:** 24 hours a day, 7 days a week, **Website:** nj.gov/health/hivstdtb/hiv-aids/medications.shtml |

| New Mexico | |
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| **SHIP Name and Contact Information** | **Consumer Elder Rights Division (CERD) State Health Insurance Assistance Program (SHIP)**, **Address:** New Mexico Aging & Long-Term Services Department, 2550 Cerrillos Road, Santa Fe, NM 87505, **Phone:** 1-800-432-2080, **TTY:** 505-476-4937 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** aging.nm.gov |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-315-0636, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Turquoise Care (New Mexico's Medicaid program)**, **Address:** New Mexico Health Care Authority, PO Box 2348, Santa Fe, NM 87504-2348, **Phone:** 1-800-283-4465, **TTY:** 711, **Hours:** Monday–Friday 7:00 AM to 6:30 PM, **Website:** hsd.state.nm.us/turquoise-care/ |
| **AIDS Drug Assistance Program** | **New Mexico AIDS Drug Assistance Program (ADAP)**, **Address:** Homestead Office 5300 Homestead NE, Suite 110, Albuquerque, NM 87110, **Phone:** 505-709-7618, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** nmhealth.org/about/phd/idb/hats/ |
| **State Pharmaceutical Assistance Program (SPAP)** | **New Mexico Medical Insurance Pool (NMMIP)**, **Address:** PO 780548, San Antonio, TX 78278, **Phone:** 1-866-306-1882, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** nmmip.org |

| New York | |
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| **SHIP Name and Contact Information** | **Health Insurance Information, Counseling and Assistance (HIICAP)**, **Address:** 2 Empire State Plaza, 5th Floor, Albany, NY 12223, **Phone:** 1-800-701-0501, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** aging.ny.gov/health-insurance-information-counseling-and-assistance |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-866-815-5440, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **New York State Medicaid Program**, **Address:** New York State Department of Health, Corning Tower, Empire State Plaza, Albany, NY 12237 You can write to your Local Department of Social Services (LDSS). Find the address for your LDSS at health.ny.gov/health_care/medicaid/ldss., **Phone:** 1-800-541-2831, **TTY:** 711 , **Hours:** Monday–Friday 8:00 AM to 8:00 PM, Saturday 9:00 AM to 1:00 PM, **Website:** health.ny.gov/health_care/medicaid |
| **AIDS Drug Assistance Program** | **New York AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Health, Uninsured Care Programs, Empire Station, PO Box 2052, Albany, NY 12220-0052, **Phone:** 1-800-542-2437, 1-844-682-4058, 518-459-1641, **TTY:** 518-459-0121 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, **Website:** health.ny.gov/diseases/aids/general/resources/adap/ |

| New York | |
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| **State Pharmaceutical Assistance Program (SPAP)** | **Elderly Pharmaceutical Insurance Coverage (EPIC) Program**, **Address:** EPIC, PO Box 15018, Albany, NY 12212-5108, **Phone:** 1-800-332-3742, **TTY:** 1-800-290-9138 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** health.ny.gov/health_care/epic/ |

| North Carolina | |
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| **SHIP Name and Contact Information** | **Medicare and Seniors' Health Insurance Information Program (SHIIP) (North Carolina SHIP)**, **Address:** Department of Insurance, 3200 Beechleaf Court, Raleigh NC 27604, **Phone:** 1-855-408-1212, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** ncdoi.gov/consumers/medicare-and-seniors-health-insurance-information-program-shiip |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0751, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **NC Medicaid, Division of Health Benefits**, **Address:** 2501 Mail Service Center, Raleigh, NC 27699-2501, **Phone:** 1-888-245-0179, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** medicaid.ncdhhs.gov/ |
| **AIDS Drug Assistance Program** | **North Carolina HIV Medication Assistance Program (NC HMAP)**, **Address:** Department of Health and Human Services, 1907 Mail Service Center, Raleigh, NC 27699-1907, **Phone:** 1-877-466-2232, 919-733-9161, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** epi.dph.ncdhhs.gov/cd/hiv/hmap.html |

| North Dakota | |
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| **SHIP Name and Contact Information** | **North Dakota State Health Insurance Assistance Program (SHIP)**, **Address:** Insurance Department, 600 E. Boulevard Ave., 5th Floor, Bismarck, ND 58505-0320, **Phone:** 1-888-575-6611, **TTY:** 1-800-366-6888 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Thursday 8:00 AM to 5:00 PM, Friday 8:00 AM to 12:00 PM, **Website:** insurance.nd.gov/shic-medicare |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0891, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **North Dakota Medicaid**, **Address:** Medical Services Division, North Dakota Health and Human Services, 600 E. Boulevard Ave., Dept. 325, Bismarck, ND 58505-0250, **Phone:** 1-800-755-2604, 701-328-7068, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** hhs.nd.gov/healthcare/medicaid |

| North Dakota | |
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| **AIDS Drug Assistance Program** | **North Dakota AIDS Drug Assistance Program (ADAP)**, **Address:** Ryan White Program Part B, North Dakota Dept. of Health, Division of Disease Control, 2635 East Main Ave., Bismarck, ND 58506-5520, **Phone:** 1-800-472-2622, 701-328-2310, **TTY:** 711 or 1-800-366-6888 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking., **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** ndhealth.gov/hiv/RyanWhite |

| Northern Mariana Islands | |
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| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-877-588-1123, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Northern Mariana Islands Medical Assistance for the Needy (MAN) Program**, **Address:** Commonwealth Medicaid Agency, Government Building No. 1252, Capitol Hill Rd., Caller Box 10007 Saipan MP 96950, **Phone:** 670-664-4880, 670-664-4882, 670-664-4886, 670-664-4887, 670-664-4888 (Eligibility), 670-664-4883, 670-664-4884 (Claims), **TTY:** 711, **Hours:** Monday–Thursday 7:30 AM to 1:00 PM, Closed on Fridays and holidays, **Website:** medicaid.cnmi.mp/ |
| **AIDS Drug Assistance Program** | **Ryan White HIV/AIDS Program**, **Address:** CNMI Department of Public Health, PO Box 500409, Saipan, MP 96950, **Phone:** 670-234-8950, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** https://www.chcc.health/ |

| Ohio | |
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| **SHIP Name and Contact Information** | **Ohio Senior Health Insurance Information Program (OSHIIP)**, **Address:** Department of Insurance, 50 W. Town Street, Third Floor, Suite 300, Columbus, OH 43215, **Phone:** 1-800-686-1578, **TTY:** 711, **Hours:** Monday–Friday 7:30 AM to 5:00 PM, **Website:** insurance.ohio.gov/consumers/medicare/01-oshiip |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-524-9900, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Ohio Medicaid**, **Address:** Ohio Department of Medicaid, 50 W. Town Street, Suite 400, Columbus, OH 43215, **Phone:** 1-800-324-8680, **TTY:** 711, **Hours:** Monday–Friday 7:00 AM to 8:00 PM, Saturday 8:00 AM to 5:00 PM, **Website:** medicaid.ohio.gov/ |
| **AIDS Drug Assistance Program** | **Ohio HIV Drug Assistance Program (OHDAP)**, **Address:** Department of Health, 246 N. High Street, Columbus, OH 43215, **Phone:** 1-800-777-4775, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Ryan-White-Part-B-HIV-Client-Services/AIDS-Drug-Assistance-Program/ |

| Oklahoma | |
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| **SHIP Name and Contact Information** | **Oklahoma State Health Insurance Counseling Program (SHIP)**, **Address:** Insurance Department, 400 NE 50th Street, Oklahoma City, OK 73105, **Phone:** 1-800-763-2828, 405-521-6628, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** oid.ok.gov/consumers/information-for-seniors/ |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-315-0636, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **SoonerCare**, **Address:** Oklahoma Health Care Authority, 4345 N. Lincoln Blvd., Oklahoma City, OK 73105, **Phone:** 1-800-987-7767, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** oklahoma.gov/ohca.html |
| **AIDS Drug Assistance Program** | **Oklahoma AIDS Drug Assistance Program (ADAP)**, **Address:** State Department of Health, Sexual Health and Harm Reduction Services, 123 Robert S. Kerr Avenue, Suite 1702, Oklahoma City, OK 73102-6406, **Phone:** 405-271-4636, 1-800-535-2437, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** oklahoma.gov/health/services/personal-health/sexual-health-and-harm-reduction-service/community-resources---partners.html |
| **State Pharmaceutical Assistance Program (SPAP)** | **RX for Oklahoma**, **Address:** Oklahoma State Department of Health, 123 Robert S. Kerr Ave., Ste. 1702, Oklahoma City, OK 73102-6406, **Phone:** 1-877-794-6552, 405-243-2939, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** oklahoma.gov/health/health-education/community-outreach/community-health/nursing-service/rx-for-oklahoma-prescription-assistance.html |

| Oregon | |
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| **SHIP Name and Contact Information** | **Oregon Senior Health Insurance Benefits Assistance (SHIBA)**, **Address:** Department of Consumer and Business Services 350 Winter Street, NE, Salem OR 97309-0405, **Phone:** 1-800-722-4134, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** shiba.oregon.gov/ |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0891, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Oregon Health Plan (OHP)**, **Address:** 500 Summer Street, NE, E-20, Salem, OR 97301-1097, **Phone:** 1-800-527-5772, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** oregon.gov/oha/hsd/ohp/Pages/index.aspx |
| **AIDS Drug Assistance Program** | **Oregon AIDS Drug Assistance Program (CAREAssist)**, **Address:** Oregon Health Authority, 800 NE Oregon Street, Suite 1105, Portland, OR 97232, **Phone:** 971-673-0144, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** oregon.gov/oha/PH/DiseasesConditions/HIVSTDViralHepatitis/HIVCareTreatment/CAREAssist/Pages/index.aspx |

| Pennsylvania | |
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| **SHIP Name and Contact Information** | **Pennsylvania Medicare Education and Decision Insight (PA MEDI)**, **Address:** Department of Aging, 555 Walnut Street, 5th Floor, Harrisburg, PA 17101-1919, **Phone:** 1-800-783-7067, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** pa.gov/agencies/aging/aging-programs-and-services/pa-medi-medicare-counseling.html |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-396-4646, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Community HealthChoices**, **Address:** Office of Medical Assistance Programs (OMAP) Health and Human Services Building Room 515, PO Box 2675 Harrisburg, PA 17105, **Phone:** 1-800-692-7462, 1-866-550-4355, **TTY:** 711 or 1-800-451-5886 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:30 AM to 4:45 PM, **Website:** pa.gov/agencies/dhs/resources/medicaid/chc |
| **AIDS Drug Assistance Program** | **Pennsylvania Special Pharmaceutical Benefits Program (SPBP)**, **Address:** Department of Health, Special Pharmaceutical Benefits Program, PO Box 8808, Harrisburg, PA 17105-8808, **Phone:** 1-800-922-9384, **TTY:** 711, **Hours:** Monday–Friday 8:30 AM to 5:00 PM, **Website:** health.pa.gov/topics/programs/HIV/Pages/Special-Pharmaceutical-Benefits.aspx |
| **State Pharmaceutical Assistance Program (SPAP)** | **Pharmaceutical Assistance Contract for the Elderly (PACE)/PACE Needs Enhancement Tier (PACENET)**, **Address:** PACE/PACENET, PO Box 8806, Harrisburg, PA 17105-8806, **Phone:** 1-800-225-7223, **TTY:** 1-800-222-9004 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking , **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** aging.pa.gov/aging-services/prescriptions/Pages/default.aspx |
| **State Pharmaceutical Assistance Program (SPAP)** | **Special Pharmaceutical Benefits Program - Mental Health, Address:** Department of Human Services - OMHSAS, Business Partner Support Unit - SPBP-MH Program, Commonwealth Tower, 12th Floor, PO Box 2675, Harrisburg, PA 17105-2675, **Phone:** 1-877-356-5355 Option 3, **TTY:** 711, **Hours:** Monday–Friday 8:30 AM to 5:00 PM, **Website:** pa.gov/agencies/dhs.html |
| **State Pharmaceutical Assistance Program (SPAP)** | **Chronic Renal Disease Program (CRDP)**, **Address:** The Chronic Renal Disease Program, Pennsylvania Department of Health, Division of Child and Adult Health Services, 625 Forster St., 7th Floor East Wing, Harrisburg, PA 17120-0701, **Phone:** 1-800-225-7223, **TTY:** 711, **Hours:** Monday–Friday 8:30 AM to 5:00 PM, **Website:** health.pa.gov/topics/programs/Chronic-Renal-Disease |

| Puerto Rico | |
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| **SHIP Name and Contact Information** | **Programa Estatal de Asistencia Sobre Seguros de Salud (SHIP: State Health Insurance Assistance Program)**, **Address:** Oficina del Procurador de las Personas de Edad Avanzada, Oficina Central, Avenida Ponce de León, Parada 16 Edificio 1064 tercer piso, Santurce (altos del edificio de Marshalls), San Juan, PR 00919-1179, **Phone:** 1-800-981-0056 (Mayaguez); 1-800-981-7735 (Ponce); 1-877-725-4300 (San Juan), **TTY:** 787-919-7291 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** oppea.pr.gov/ |

| Puerto Rico | |
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| **State Medicaid Office** | **Medicaid Program**, **Address:** Department Of Health, PO Box 70184, San Juan, PR 00936-8184, **Phone:** 787-641-4224, **TTY:** 787-625-6955 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday-Friday 8:00 AM to 6:00 PM, **Website:** medicaid.pr.gov |
| **AIDS Drug Assistance Program** | **Ryan White Part B/ADAP Program**, **Address:** Departamento de Salud, OCASET, Programa Ryan White Parte B, PO Box 70184, San Juan, PR 00936-8184, **Phone:** 787-765-2929 (Ext. 5106-5137), **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** salud.pr.gov/CMS/137 |

| Rhode Island | |
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| **SHIP Name and Contact Information** | **Rhode Island State Health Insurance Assistance Program (SHIP)**, **Address:** Office of Healthy Aging, 25 Howard Ave., Building 57, Cranston, RI 02920, **Phone:** 1-888-884-8721, **TTY:** 401-462-0740 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:30 AM to 4:00 PM, **Website:** oha.ri.gov/Medicare |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-319-8452, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Rhode Island Executive Office of Health and Human Services (EOHHS)**, **Address:** 3 West Road, Cranston, RI 02920, **Phone:** 1-855-840-4774, **TTY:** 711, **Hours:** Monday–Friday 8:30 AM to 3:00 PM, **Website:** eohhs.ri.gov/consumer/health-care |
| **AIDS Drug Assistance Program** | **Rhode Island AIDS Drug Assistance Program (ADAP)**, **Address:** Executive Office of Health & Human Services, 3 West Rd., Cranston, RI 02920, **Phone:** 401-462-3294, 401-462-3295, **TTY:** 711, **Hours:** Monday–Friday 8:30 AM to 4:30 PM, **Website:** eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx |
| **State Pharmaceutical Assistance Program (SPAP)** | **RI Pharmaceutical Assistance to Elders (RIPAE)**, **Address:** RI Office of Health Aging, 25 Howard Avenue, Louis Pasteur Bldg., #57 Cranston, RI 02920, **Phone:** 401-462-3000, 401-462-0560, **TTY:** 401-462-0740 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** oha.ri.gov/what-we-do/access/health-insurance-coaching/drug-cost-assistance |

| South Carolina | |
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| **SHIP Name and Contact Information** | **Insurance Counseling Assistance and Referrals for Elders (I-Care) Program (South Carolina SHIP)**, **Address:** Department on Aging, 1301 Gervais Street, Suite 350, Columbia, SC 29201, **Phone:** 1-800-868-9095, **TTY:** 1-888-842-3620 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:30 AM to 5:00 PM, **Website:** getcaresc.com/guide/insurance-counseling-medicaremedicaid |

| South Carolina | |
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| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0751, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Healthy Connections (South Carolina's Medicaid program)**, **Address:** Department of Health and Human Services (SCDHHS), PO Box 8206, Columbia, SC 29202-8206, **Phone:** 1-888-549-0820, **TTY:** 1-888-842-3620 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 6:00 PM, **Website:** scdhhs.gov/ |
| **AIDS Drug Assistance Program** | **South Carolina AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Health and Environmental Control, 2600 Bull Street, Columbia, SC 29201, **Phone:** 1-800-856-9954, 1-800-322-2437, **TTY:** 711, **Hours:** Monday–Friday 8:30 AM to 5:00 PM, **Website:** dph.sc.gov/diseases-conditions/infectious-diseases/hivaids/aids-drug-assistance-program |

| South Dakota | |
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| **SHIP Name and Contact Information** | **Senior Health Information and Insurance Education (SHIINE) (South Dakota SHIP)**, **Address:** Department of Human Services, Division of Long Term Services and Support, 3800 E Hwy 34 - Hillsview Plaza, c/o 500 E. Capitol Avenue, Pierre, SD 57501, **Phone:** 1-888-854-5321, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 4:30 PM, **Website:** dhs.sd.gov/en/ltss/shiine |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0891, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **South Dakota Medicaid**, **Address:** Department of Social Services, 700 Governors Drive, Pierre, SD 57501, **Phone:** 1-800-597-1603, 605-773-3495, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** dss.sd.gov/medicaid/ |
| **AIDS Drug Assistance Program** | **South Dakota AIDS Drug Assistance Program (ADAP)**, **Address:** South Dakota Department of Health, Ryan White Part B CARE Program, 615 E. 4th Street, Pierre, SD 57501-1700, **Phone:** 1-800-592-1861, 605-773-3737, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** doh.sd.gov/topics/diseases/infectious-diseases/disease-prevention-services/hivaids/ryan-white-part-b-program/ |

| Tennessee | |
|---|---|
| **SHIP Name and Contact Information** | **Tennessee State Health Insurance Assistance Program (SHIP)**, **Address:** 1104 England Drive, Cookeville, TN 38501, **Phone:** 1-877-801-0044, **TTY:** 1-800-848-0299 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** tnmedicarehelp.com/?page_id=13327 |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0751, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |

| Tennessee | |
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| **State Medicaid Office** | **TennCare Medicaid (Tennessee's Medicaid program)**, **Address:** 310 Great Circle Road, Nashville, TN 37243, **Phone:** 1-855-259-0701 (Applications), 1-800-342-3145 (General), **TTY:** 1-877-779-3103 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 7:00 AM to 6:00 PM, **Website:** tn.gov/tenncare |
| **AIDS Drug Assistance Program** | **Tennessee AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Health, 4th Floor, Andrew Johnson Tower, 710 James Robertson Pkwy Nashville, TN 37243, **Phone:** 615-741-7500, 1-800-525-2437, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:00 PM, **Website:** tn.gov/health/rwb.html |

| Texas | |
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| **SHIP Name and Contact Information** | **Texas Health Information, Counseling and Advocacy Program (HICAP)**, **Address:** Texas Department of Aging and Disability Services 701 West 51st Street, Austin TX 78751, **Phone:** 1-800-252-9240, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** hhs.texas.gov/services/health/medicare |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-315-0636, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Texas Medicaid Program**, **Address:** Health and Human Services (HHS), North Austin Complex, 4601 W. Guadalupe St., Austin, TX 78751-3146, PO Box 13247, Austin, Texas 78711-3247, **Phone:** 1-800-252-8263, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 6:00 PM, **Website:** hhs.texas.gov/services/health/medicaid-chip |
| **AIDS Drug Assistance Program** | **Texas HIV Medication Program (THMP)**, **Address:** Texas Health and Human Services, ATTN: MSJA, MC 1873, PO Box 149347, Austin, TX 78714-9347, **Phone:** 1-800-255-1090, 737-255-4300, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** dshs.texas.gov/hivstd/meds |
| **State Pharmaceutical Assistance Program (SPAP)** | **Kidney Health Care Program (KHC)**, **Address:** Kidney Health Care, MC 1938, PO Box 149030, Austin, TX 78714-9947, **Phone:** 1-800-222-3986, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** hhs.texas.gov/services/health/chronic-kidney-disease/kidney-health-care |

| U.S. Virgin Islands | |
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| **SHIP Name and Contact Information** | **Virgin Islands State Health Insurance Assistance Program (VISHIP)**, **Address:** 1131 King Street, Ste. 101, Christiansted, St. Croix, VI 00820; 5049 Kongens Gode, St. Thomas, VI 00802, **Phone:** 340-773-6449 (St. Croix), 340-774-2991 (St. Thomas/St. John), **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** ltg.gov.vi/departments/vi-ship-medicare/ |
| **State Medicaid Office** | **Virgin Islands Medicaid Program**, **Address:** Department of Human Services, 1303 Hospital Ground, Knud Hansen Complex/Building A, St. Thomas, VI 00802; 3012 Golden Rock, Christiansted, St. Croix, VI 00820, **Phone:** DHS Head Quarters in St. John, Cruz Bay, St. John: 340-715-6929 (Customer Support), 340-774-0930 (St. Thomas), 340-718-2980 (St. Croix), 340-776-6334 (St. John), **TTY:** 711, **Hours:** Monday–Friday 7:00 AM to 7:00 PM, **Website:** dhs.vi.gov/office-of-medicaid/ |

| U.S. Virgin Islands | |
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| **AIDS Drug Assistance Program** | **Ryan White HIV/AIDS Program**, **Address:** John Moorehead Complex (Old Hospital), Communicable Diseases Clinic, Building I, St. Thomas, VI 00802, **Phone:** 340-774-9000, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** doh.vi.gov/programs/communicable-diseases/ |
| **State Pharmaceutical Assistance Program (SPAP)** | **VI State Pharmaceutical Assistance Program**, **Address:** St. Thomas Office, 1303 Hospital Ground, Knud Hansen Complex / Building A, St. Thomas, VI 00802, St. Croix Office, 3011 Golden Rock, Christiansted, St Croix, VI 00820, St. John Office, DHS Head Quarters in St. John, Cruz Bay, St. John, **Phone:** St Thomas: 340-774-0930, St. Croix: 340-773-2323, St. John: 340-776-6334, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** dhs.vi.gov/ |

| Utah | |
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| **SHIP Name and Contact Information** | **Utah Senior Health Insurance Information Program (SHIP)**, **Address:** Department of Human Services 195 North 1950 West Salt Lake City UT 84116, **Phone:** 1-800-541-7735, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** daas.utah.gov/seniors/ |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0891, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Utah Medicaid**, **Address:** Department of Health and Human Services, Cannon Health Building 288 North 1460 West, Salt Lake City, UT 84116, **Phone:** 1-866-435-7414, 1-866-608-9422, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM MST (Tuesday hours are 11:00 AM to 5:00 PM), **Website:** medicaid.utah.gov/ |
| **AIDS Drug Assistance Program** | **Utah AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Health and Human Services, 288 N 1460 West, PO Box 142104, Salt Lake City, UT 84114-2104, **Phone:** 801-538-6197, 801-538-6191, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** epi.utah.gov/ryan-white/ |

| Vermont | |
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| **SHIP Name and Contact Information** | **Vermont State Health Insurance Assistance Program (SHIP)**, **Address:** Department of Disabilities, Aging and Independent Living, Adult Services Division 280 State Drive, HC2 South, Waterbury, VT 05671-2070, **Phone:** 1-800-642-5119, **TTY:** 711, **Hours:** Monday–Friday 8:30 AM to 4:30 PM, **Website:** asd.vermont.gov/services/ship |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-319-8452, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Vermont Medicaid Programs**, **Address:** Agency of Human Services, Department of Vermont Health Access, 280 State Drive, Waterbury, VT 05671-1500, **Phone:** 1-800-250-8427, **TTY:** 711, **Hours:** Monday–Friday 7:45 AM to 4:30 PM, **Website:** dvha.vermont.gov/members |

| Vermont | |
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| **AIDS Drug Assistance Program** | **Vermont Medication Assistance Program (VMAP)**, **Address:** Department of Health, 280 State Drive, Waterbury, VT 05671-8300 , **Phone:** **802-951-4005**, **1-800-464-4343**, **TTY:** **711**, **Hours:** Monday–Friday 7:45 AM to 4:30 PM, **Website:** **healthvermont.gov/immunizations-infectious-disease/hiv/care** |
| **State Pharmaceutical Assistance Program (SPAP)** | **VPharm and Healthy Vermonters Programs**, **Address:** Green Mountain Care, Application and Document Processing Center, 280 State Drive, Waterbury, VT 05671-1500, **Phone:** **1-800-250-8427**, **TTY:** **711**, **Hours:** Monday–Friday 8:30 AM to 4:30 PM, **Website:** **dvha.vermont.gov/members/prescription-assistance** |

| Virginia | |
|---|---|
| **SHIP Name and Contact Information** | **Virginia Insurance Counseling and Assistance Program (VICAP)**, **Address:** 5620 Cox Rd., Glen Allen, VA 23060, **Phone:** **1-800-552-3402**, **TTY:** **711**, **Hours:** Monday–Friday 8:30 AM to 5:00 PM, **Website:** **www.vda.virginia.gov/vicap.htm** |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** **1-888-396-4646**, **TTY:** **711**, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** **commencehealthqio.cms.gov/en** |
| **State Medicaid Office** | **Virginia Medicaid**, **Address:** Department of Medical Assistance Services, 600 E. Broad Street, Richmond, VA 23219, **Phone:** **1-800-643-2273**, **1-804-786-6145**, **TTY: TDD:** **1-888-221-1590** This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 7:00 PM and Saturday 9:00 AM to 12:00 PM, **Website:** **dmas.virginia.gov/** |
| **State Medicaid Office** | **Cardinal Care**, **Address:** Department of Medical Assistance Services, 600 E. Broad Street, Suite 1300, Richmond, Virginia 23219, **Phone:** **1-800-643-2273**, **1-804-786-6145**, **TTY: TDD:** **1-888-221-1590** This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 7:00 PM and Saturday 9:00 AM to 12:00 PM, **Website:** **dmas.virginia.gov/**<br><br>For questions about your Cardinal Care Managed Care Medicaid coverage, visit **www.virginiamanagedcare.com** or contact the Virginia Medicaid Member HelpLine at **1-800-643-2273** (TTY: **1-800-817-6608**).<br><br>Questions can also be submitted online at **ask.vamedicaid.dmas.virginia.gov/ask-va-medicaid#/**. This is Virginia Medicaid's online request portal. That website also provides answers to frequently asked questions about Virginia Medicaid. |
| **AIDS Drug Assistance Program** | **Virginia Medication Assistance Program (VA MAP)**, **Address:** Department of Health, 109 Governor Street, Richmond, VA 23219, **Phone:** **1-855-362-0658**, **1-800-533-4148**, **TTY:** **711**, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** **vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/** |
| **State Pharmaceutical Assistance Program (SPAP)** | **Virginia Medication Assistance Program (VA MAP)**, **Address:** Department of Health, 109 Governor Street, Richmond, VA 23219, **Phone:** **1-855-362-0658**, **1-800-533-4148**, **TTY:** **711**, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, **Website:** **vdh.virginia.gov/disease-prevention/disease-prevention/hiv-care-services/** |

| Washington | |
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| **SHIP Name and Contact Information** | **Washington Statewide Health Insurance Benefits Advisors (SHIBA)**, **Address:** Office of the Insurance Commissioner, PO Box 40255, Olympia, WA 98504-0255, **Phone:** 1-800-562-6900, **TTY:** 360-586-0241 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:30 AM to 4:30 PM, **Website:** insurance.wa.gov/insurance-resources/medicare |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102, Tallahassee, FL 32317, **Phone:** 1-888-305-6759, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Washington Apple Health**, **Address:** Health Care Authority, Cherry Street Plaza, 626 8th Avenue SE, Olympia, WA 98501, **Phone:** 1-800-562-3022, **TTY:** 711, **Hours:** Monday–Friday 7:00 AM to 5:00 PM, **Website:** hca.wa.gov/ |
| **AIDS Drug Assistance Program** | **Washington Early Intervention Program (EIP)**, **Address:** State Department of Health, Client Services, PO Box 47841, Olympia, WA 98504-7841, **Phone:** 1-877-376-9316, 360-236-3426, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 5:00 PM, except state holidays, **Website:** doh.wa.gov/YouandYourFamily/IllnessandDisease/HIV/ClientServices/ADAPandEIP |

| West Virginia | |
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| **SHIP Name and Contact Information** | **West Virginia State Health Insurance Assistance Program (WV SHIP)**, **Address:** Bureau of Senior Services, 1900 Kanawha Blvd. East, (3rd Floor Town Center Mall) Charleston, WV 25305, **Phone:** 304-558-3317, 877-987-4463, **TTY:** 711, **Hours:** Monday–Friday 8:30 AM to 5:00 PM, **Website:** wvship.org/ |
| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-396-4646, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **West Virginia Medicaid program**, **Address:** Department of Health and Human Resources, Bureau for Medical Services, 350 Capitol Street, Room 251, Charleston, West Virginia 25301-3709, **Phone:** 304-558-1700, **TTY:** 711, **Hours:** Monday–Friday 8:30 AM to 5:00 PM, **Website:** dhhr.wv.gov/bms/Pages/default.aspx |
| **AIDS Drug Assistance Program** | **West Virginia AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Health & Human Resources, PO Box 6360, Wheeling, WV 26003, **Phone:** 304-232-6822, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:00 PM, **Website:** oeps.wv.gov/rwp/pages/default.aspx |

| Wisconsin | |
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| **SHIP Name and Contact Information** | **Wisconsin State Health Insurance Assistance Program (SHIP)**, **Address:** Department of Health Services, 1 W. Wilson Street, Madison, WI 53703, **Phone:** 1-800-242-1060, **TTY:** 711 or 262-347-3045 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:30 PM, **Website:** dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm |

| Wisconsin | |
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| **Quality Improvement Organization** | **Commence Health**, **Address:** BFCC-QIO Program Commence Health, PO Box 2687 Virginia Beach, VA 23450, **Phone:** 1-888-524-9900, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Saturday–Sunday/Holidays 10:00 AM to 4:00 PM local time, **Website:** commencehealthqio.cms.gov/en |
| **State Medicaid Office** | **Wisconsin Medicaid**, **Address:** Department of Health Services, 201 E Washington Ave, Rm B300, Madison, WI 53703, **Phone:** 1-800-362-3002, **TTY:** 711 or 800-947-3529 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 6:00 PM, **Website:** dhs.wisconsin.gov/medicaid/index.htm |
| **AIDS Drug Assistance Program** | **Wisconsin HIV Drug Assistance Program (HDAP)**, **Address:** Division of Public Health, ATTN: HDAP, PO Box 2659 Madison, WI 53701-2659, **Phone:** 800-991-5532, **TTY:** 711 or 1-800-947-3529 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 8:00 AM to 4:00 PM, **Website:** dhs.wisconsin.gov/hiv/hdap-clients.htm |
| **State Pharmaceutical Assistance Program (SPAP)** | **SeniorCare**, **Address:** Senior Care, PO Box 6710, Madison, WI 53716-0710, **Phone:** 1-800-657-2038, **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 6:00 PM, **Website:** dhs.wisconsin.gov/seniorcare/index.htm |

| Wyoming | |
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| **SHIP Name and Contact Information** | **Wyoming State Health Insurance Information Program (WSHIIP)**, **Address:** Wyoming Dept. of Insurance, 106 W. Adams Ave., Riverton, WY 82501, **Phone:** 1-800-856-4398, **TTY:** 711, **Hours:** Monday–Friday 7:00 AM to 4:00 PM, **Website:** wyomingseniors.com/services/wyoming-state-health-insurance-information-program |
| **Quality Improvement Organization** | **Acentra Health**, **Address:** 1650 Summit Lake Dr., Suite 102 Tallahassee, FL 32317, **Phone:** 1-888-317-0891, **TTY:** 711, **Hours:** Monday–Friday 9:00 AM to 5:00 PM, Weekends and holidays 10:00 AM to 4:00 PM, Eastern, Central, Mountain, Pacific, Alaska, and Hawaii-Aleutian time, **Website:** acentraqio.com |
| **State Medicaid Office** | **Wyoming Medicaid**, **Address:** Wyoming Department of Health 3001 E. Pershing Blvd., Suite 125 Cheyenne, WY 82001, **Phone:** 1-855-294-2127, **TTY:** 1-855-329-5205 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking, **Hours:** Monday–Friday 7:00 AM to 6:00 PM, **Website:** wyomingmedicaid.com |
| **AIDS Drug Assistance Program** | **Wyoming AIDS Drug Assistance Program (ADAP)**, **Address:** Department of Health, 401 Hathaway Building, Cheyenne, WY 82002, **Phone:** 307-777-5856 (HIV Treatment Program Manager), 307-777-6563 (ADAP Coordinator), **TTY:** 711, **Hours:** Monday–Friday 8:00 AM to 4:00 PM, **Website:** health.wyo.gov/publichealth/communicable-disease-unit/hiv/resources-for-patients/ |

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| **Website** | cvt4.silverscript.com |

### California's Valued Trust (CVT) Member Services Department

If you need to update your information or you have questions regarding enrollment, eligibility or your premium, please contact:

California's Valued Trust (CVT) Member Services Department

1-800-288-9870, Monday through Friday, from 8 a.m. to 5 p.m., Pacific Time. TTY users should dial 711.

## State Health Insurance Assistance Program

A State Health Insurance Assistance Program (SHIP) is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. You will find contact information for the SHIP in your state in the Appendix of this document.

***PRA Disclosure Statement*** *According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1051. If you have comments or suggestions for improving this form, write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*