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

Kansas Department of Administration
State Employee Health Plan

SilverScript Employer PDP sponsored by State Employee Health Plan (SilverScript)

Annual Notice of Change for 2027

You're enrolled as a member of SilverScript.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by **December 7**, you'll stay in SilverScript.
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*, which is located at SilverScriptEmployerPDP.MemberDoc.com. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

More Resources

- This document is available for free in Spanish.
- Call Customer Care at 1-800-411-3986 for more information. (TTY users call 711.) Hours are 24 hours a day, 7 days a week. This call is free.
- This information is available in a different format, including braille, large print, and audio. Please call Customer Care if you need plan information in another format.

About SilverScript

- SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal.
- When this document says "we," "us," or "our," it means SilverScript® Insurance Company. When it says "plan" or "our plan," it means SilverScript.
- **If you do nothing by December 7, you'll automatically be enrolled in SilverScript.** Starting January 1, 2027, you'll get your drug coverage through SilverScript. Go to Section 2 for more information about how to change plans and deadlines for making a change.

Disclaimers

- The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.
- See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area.
- Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

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

- For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call Customer Care at 1-800-411-3986 (TTY users call 711) if you do not receive your mail-order drugs within this time frame.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* *Your premium can be higher or lower than this amount. Go to Section 1 for details.	Please contact State Employee Health Plan for more information about the premium for this plan.	Please contact State Employee Health Plan for more information about the premium for this plan.
Part D drug coverage (See Section 1 for details.) You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.	**Part D drug coverage deductible** You have no deductible. **Your share of the cost during the Initial Coverage Stage:** **Preferred Network Retail Pharmacy (30-day)** • Preferred Generic: 20% of total cost Maximum $30 • Generic: 20% of total cost Maximum $30 • Preferred Brand: 25% of total cost Maximum $100 • Non-Preferred Drug: 50% of total cost Maximum $150 • Specialty: 25% of total cost **Standard Network Retail Pharmacy (30-day)** • Preferred Generic: 25% of total cost Maximum $30 • Generic: 25% of total cost Maximum $30 • Preferred Brand: 25% of total cost Maximum $100 • Non-Preferred Drug: 50% of total cost Maximum $150 • Specialty: 25% of total cost	**Part D drug coverage deductible** You have no deductible. **Your share of the cost during the Initial Coverage Stage:** **Preferred Network Retail Pharmacy (30-day)** • Preferred Generic: 20% of total cost Maximum $30 • Generic: 20% of total cost Maximum $30 • Preferred Brand: 25% of total cost Maximum $100 • Non-Preferred Drug: 50% of total cost Maximum $150 • Specialty: 25% of total cost **Standard Network Retail Pharmacy (30-day)** • Preferred Generic: 25% of total cost Maximum $30 • Generic: 25% of total cost Maximum $30 • Preferred Brand: 25% of total cost Maximum $100 • Non-Preferred Drug: 50% of total cost Maximum $150 • Specialty: 25% of total cost

	2026 (this year)	2027 (next year)
	Preferred Network Retail Pharmacy (90-day) • Preferred Generic: 20% of total cost Maximum $45 • Generic: 20% of total cost Maximum $45 • Preferred Brand: 25% of total cost Maximum $150 • Non-Preferred Drug: 50% of total cost Maximum $225 • Specialty: N/A **Standard Network Retail Pharmacy (90-day)** • Preferred Generic: 25% of total cost Maximum $45 • Generic: 25% of total cost Maximum $45 • Preferred Brand: 25% of total cost Maximum $150 • Non-Preferred Drug: 50% of total cost Maximum $225 • Specialty: N/A **Mail Order (90-day)** • Preferred Generic: 20% of total cost Maximum $45 • Generic: 20% of total cost Maximum $45 • Preferred Brand: 25% of total cost Maximum $150 • Non-Preferred Drug: 50% of total cost Maximum $225 • Specialty: N/A	**Preferred Network Retail Pharmacy (90-day)** • Preferred Generic: 20% of total cost Maximum $45 • Generic: 20% of total cost Maximum $45 • Preferred Brand: 25% of total cost Maximum $150 • Non-Preferred Drug: 50% of total cost Maximum $225 • Specialty: N/A **Standard Network Retail Pharmacy (90-day)** • Preferred Generic: 25% of total cost Maximum $45 • Generic: 25% of total cost Maximum $45 • Preferred Brand: 25% of total cost Maximum $150 • Non-Preferred Drug: 50% of total cost Maximum $225 • Specialty: N/A **Mail Order (90-day)** • Preferred Generic: 20% of total cost Maximum $45 • Generic: 20% of total cost Maximum $45 • Preferred Brand: 25% of total cost Maximum $150 • Non-Preferred Drug: 50% of total cost Maximum $225 • Specialty: N/A

	2026 (this year)	2027 (next year)
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**Catastrophic Coverage Stage:** During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 – Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium, if applicable, unless it is paid for you by Medicaid.)	Please contact State Employee Health Plan for more information about the premium for this plan.	Please contact State Employee Health Plan for more information about the premium for this plan.

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty – Your monthly plan premium will be more if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more. Chapter 1 in the *Evidence of Coverage* explains the Part D late enrollment penalty.
    - If you are required to pay a Part D late enrollment penalty, the amount of your penalty depends on how long you waited before you enrolled in drug coverage or how many months you were without drug coverage after you became eligible. If you have a Part D late enrollment penalty, you will receive a monthly invoice from SilverScript.
    - If you do not pay the part of your premium that is the Part D late enrollment penalty, you could be disenrolled for failure to pay your plan premium. Therefore, to avoid disenrollment, make sure your Part D late enrollment penalty is paid.
- Higher Income Surcharge – If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 3 for more information about Extra Help from Medicare.

Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes preferred pharmacies, which may offer you lower costs than other network pharmacies for some drugs.

Our network of pharmacies may change for next year. Review the *2027 Pharmacy Directory* at SilverScriptEmployerPDP.MemberDoc.com to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at Caremark.com to use the online pharmacy locator tool.
- Call Customer Care at 1-800-411-3986 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We may make changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, call Customer Care at 1-800-411-3986 (TTY users call 711) for help.

Section 1.3 – Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically and located online at Caremark.com.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 3 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Care 1-800-411-3986 (TTY users call 711) for more information.

Section 1.4 – Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you are in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have included a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you receive Extra Help and didn't get this material, call Customer Care at 1-800-411-3986 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 drug payment stages: the Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Deductible***
  We have no deductible, so this payment stage doesn't apply to you.
- ***Stage 2: Initial Coverage***
  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***
  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Deductible	Because you have no deductible, this payment stage does not apply to you. You will begin in Stage 2. See below for more information.	Because you have no deductible, this payment stage does not apply to you. You will begin in Stage 2. See below for more information.

Drug Cost in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply at a network pharmacy that offers preferred cost sharing or for mail-order prescriptions, go to Chapter 4 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 **Preferred Generic:**	**Standard Cost Sharing** (30-day supply) 25% of total cost Maximum $30 **Preferred Cost Sharing** (30-day supply) 20% of total cost Maximum $30	**Standard Cost Sharing** (30-day supply) 25% of total cost Maximum $30 **Preferred Cost Sharing** (30-day supply) 20% of total cost Maximum $30
Tier 2 **Generic:**	**Standard Cost Sharing** (30-day supply) 25% of total cost Maximum $30 **Preferred Cost Sharing** (30-day supply) 20% of total cost Maximum $30	**Standard Cost Sharing** (30-day supply) 25% of total cost Maximum $30 **Preferred Cost Sharing** (30-day supply) 20% of total cost Maximum $30

	2026 (this year)	2027 (next year)
Tier 3 Preferred Brand:	**Standard Cost Sharing** (30-day supply) 25% of total cost Maximum $100 **Preferred Cost Sharing** (30-day supply) 25% of total cost Maximum $100	**Standard Cost Sharing** (30-day supply) 25% of total cost Maximum $100 **Preferred Cost Sharing** (30-day supply) 25% of total cost Maximum $100
Tier 4 Non-Preferred Drug:	**Standard Cost Sharing** (30-day supply) 50% of total cost Maximum $150 **Preferred Cost Sharing** (30-day supply) 50% of total cost Maximum $150	**Standard Cost Sharing** (30-day supply) 50% of total cost Maximum $150 **Preferred Cost Sharing** (30-day supply) 50% of total cost Maximum $150
Tier 5 Specialty:	**Standard Cost Sharing** (30-day supply) 25% of total cost **Preferred Cost Sharing** (30-day supply) 25% of total cost	**Standard Cost Sharing** (30-day supply) 25% of total cost **Preferred Cost Sharing** (30-day supply) 25% of total cost
Insulin	You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.	You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

SECTION 2 How to Change Plans

To stay in SilverScript, you don't need to do anything. Unless you sign up for a different type of Medicare Health plan or change to Original Medicare by December 7, you'll automatically be enrolled in SilverScript.

If you want to change plans for 2027 follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. Depending on which type of plan you choose, you will automatically be disenrolled from SilverScript. Remember, not all Medicare health plans cover prescription drugs. Also be aware that for many plans you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
    - You will automatically be disenrolled from SilverScript if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), even if that plan does not include prescription drug coverage.

- If you choose a different Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep SilverScript for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from SilverScript. If you are enrolling in this plan type and want to leave our Part D plan, you can disenroll by enrolling in a different Part D plan, or if you don't want to enroll in Part D coverage, you must ask to be disenrolled from SilverScript. To ask to be disenrolled, you must send us a written request or contact 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.

- **To change to Original Medicare with separate Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from SilverScript.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Care at 1-800-411-3986 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227).

Section 2.1 – Deadline for Changing Plans

People with Medicare can make changes to their coverage from **October 15 - December 7** each year.

Section 2.2 – Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
    - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** A State Pharmaceutical Assistance Program (SPAP) helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE (the name and phone numbers for this organization are in the Appendix of your *Evidence of Coverage*).
- **Prescription Cost-Sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through your state's ADAP. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call your state's ADAP (the name and phone numbers for this organization are in the Appendix of your *Evidence of Coverage*). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The 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. 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. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call Customer Care at 1-800-411-3986 or visit Medicare.gov.

SECTION 4 Questions?

Get Help from SilverScript

- **Call Customer Care at 1-800-411-3986. (TTY users call 711.)**

  We're available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage* (it has details about next year's benefits and costs)**

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, look in the 2027 *Evidence of Coverage* for SilverScript. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at SilverScriptEmployerPDP.MemberDoc.com. You can review the *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

- **Visit Caremark.com**

  Our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and information about your covered drugs.

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. They can help you understand your Medicare plan choices and answer questions about switching plans. To learn more about the program, check with your state's SHIP (the name and phone numbers for this organization are in the Appendix of your *Evidence of Coverage*).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area.

- **Read *Medicare & You 2027***

  The *Medicare & You 2027* is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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Kansas Department of Administration
State Employee Health Plan

SilverScript Customer Care

Call	1-800-411-3986 Calls to this number are free, 24 hours a day, 7 days a week. SilverScript Customer Care also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free, 24 hours a day, 7 days a week.
Fax	1-866-552-6205
Write	SilverScript Insurance Company P.O. Box 30016 Pittsburgh, PA 15222-0330
Website	Caremark.com