

SilverScript Basic (PDP) is operated by
SilverScript Insurance Company
P.O. Box 52421
Phoenix, AZ 85072-2421



SILVERSCRIPT®

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STEPHANIE A EBEL
59 CAMINO REAL DR
LODI, CA 95240-0726

October 11, 2014

Your member numbers are:
Member ID: G0314322901
Rx PCN: MEDDADV

107071 1/5

Your Monthly Prescription Drug Summary

For September, 2014

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is *not* a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

Need large print or another format?

To get this material in other formats, or ask for language translation services, call SilverScript Basic (PDP) Customer Care (the number is on this page).

For languages other than English:

This information is available for free in other languages. Please call our customer service number at 1-866-235-5660 (TTY: 1-866-236-1069), 24 hours a day, 7 days a week. Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Servicio al Miembro, al 1-866-235-5660 (teléfono de texto (TTY: 1-866-236-1069), las 24 horas del día, los 7 días de la semana.

Y0080_MULTIPLAN_EOB_2014
CMS Approval 09/04/2013

SilverScript Basic (PDP) Customer Care

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

1-866-235-5660

TTY users call: 1-866-236-1069

On the web at: www.silverscript.com

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

CHART 1.

Your prescriptions for covered Part D drugs
September, 2014

Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
\$0.00	\$3.60	\$283.71 (paid by Extra Help)
\$0.00	\$3.60	\$50.44 (paid by Extra Help)
\$0.00	\$1.20	\$5.19 (paid by Extra Help)
\$0.00	\$0.56	\$4.99 (paid by Extra Help)
\$0.00	\$1.20	\$26.03 (paid by Extra Help)
\$0.00	\$0.28	\$7.62 (paid by Extra Help)

Continued ->

CHART 1.

Your prescriptions for covered Part D drugs
September, 2014

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>DIOVAN TAB 80MG 09/27/2014, WALGREENS Rx#000002283875, 030 day supply</p>	\$0.00	\$1.20	\$131.94 (paid by Extra Help)
<p>TOTALS for the month of: September, 2014 Your "out-of-pocket costs" amount is \$743.24. (This is the amount you paid this month (\$21.60) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$721.64). See definitions in Section 3.) Your "total drug costs" amount is \$743.24. (This is the total for this month of all payments made for your drugs by the plan (\$0.00) and you (\$21.60) plus "other payments" (\$721.64).)</p>	\$0.00 (total for the month)	\$21.60 (total for the month)	\$721.64 (total for the month)
<p>Year-to-date totals 01/01/2014 through 09/30/2014 Your year-to-date amount for "out-of-pocket costs" is \$2,946.87. Your year-to-date amount for "total drug costs" is \$4,989.13. For more about "out-of-pocket costs" and "total drug costs," see Section 3.</p>	\$2,042.26 (year-to-date total)	\$146.44 (year-to-date total)	\$2,800.43 (year-to-date total)

SECTION 3. Your “out-of-pocket costs” and “total drug costs” (amounts and definitions)

We’re including this section to help you keep track of your “out-of-pocket costs” and “total drug costs” because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

Your “out-of-pocket costs”

\$743.24 month of September, 2014.

\$2,946.87 year-to-date (since 01/01/2014).

DEFINITION:

“Out of pocket costs” includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: “Extra Help” from Medicare; Medicare’s Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran’s Administration; Worker’s Compensation; and some other programs.

Learn more. Medicare has made the rules about which types of payments count and do not count toward “out-of-pocket costs” and “total drug costs.” The definitions on this page give you only the main rules. For details, including more about “covered Part D drugs,” see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

Your “total drug costs”

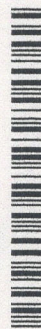
\$743.24 month of September, 2014.

\$4,989.13 year-to-date (since 01/01/2014).

DEFINITION:

“Total drug costs” is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.




- You can call us at SilverScript Basic (PDP) Customer Care (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Did you know there are programs to help people pay for their drugs?

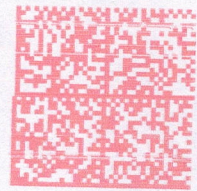
- **“Extra Help” from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program is also called the “low-income subsidy” or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 7 of your *Medicare & You 2014* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.






 Respiratory Care Services
 Pulmonary Rehabilitation
 975 South Fairmont Avenue
 Lodi, CA 95240

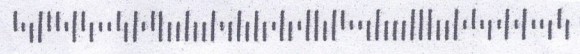
PRESORTED
FIRST CLASS

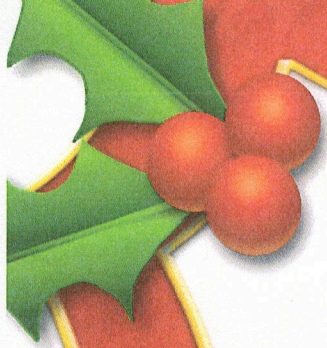


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\$00.40⁶
 10/22/2014
 Mailed From 95204
US POSTAGE

Stephanie Ebel
 59 Camino Real DR.
 Lodi, CA 95240

IPW-SGB 95240





**3rd Annual
Pulmonary Rehab
Christmas Dinner Party**

Thursday, December 11th

**4 p.m. Registration,
Social Hour
5 p.m. Dinner**

**Moose Lodge
3824 E. Woodbridge Rd.
Acampo**

**\$21.00 per person
RSVP by Nov.17th**

**Please make payments by
Dec. 1st to Carol Street**

Questions? Call Rehab at 339-7445