



**RETIRED FIREFIGHTERS  
SECURITY BENEFIT FUND  
OF THE  
UNIFORMED FIREFIGHTERS ASSOCIATION**

OF GREATER NEW YORK LOCAL 94 I.A.F.F. AFL-CIO  
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**Medicare Part D  
Prescription Drug Benefit**

The Retired Firefighters Security Benefit Fund (RFSBF) prescription drug plan is embarking on major changes. In March of 2009 the Executive Board began analyzing whether our RFSBF current 2009 benefit would be creditable as Medicare Part D benefit in 2010. The rules governing what constitutes creditable coverage are determined by the Centers for Medicare and Medicaid Services (CMS) which administers Medicare. As of the summer 2009 it became apparent our existing RFSBF benefit for Medicare Part D eligible members would not have creditable coverage.

At this time the UFA's benefit consultant looked into the possibility of raising the RFSBF prescription drug cap in an attempt to make the program creditable. By August the consultant reported that there was not a fixed dollar figure that would reach the parameters of CMS rules that would make the current plan creditable for Medicare Part D eligible members. At that time Express Scripts and CVS Caremark/SilverScript came to the Board with presentations for administering a creditable Medicare Part D plan for our Medicare members. CVS Caremark/SilverScript were selected for providing the most cost effective maximum benefit for our members.

Non Medicare Part D members and their non Medicare Part D dependents will continue in the current RFSBF PDP (Prescription Drug Plan) administered by CVS/Caremark. Members and dependents with mixed eligibility (both Medicare and non Medicare eligible) will have both plans, RFSBF-PDP administered by CVS Caremark for non medicare members and dependents and Medicare Part D Caremark Silver Scripts for medicare eligible members and dependents. Members and dependents in any Medicare Part D plan do not receive any PICA coverage. HIP-VIP members receive their Medicare Part D coverage thru HIP, therefore are not eligible for the RFSBF SilverScript Medicare Part D benefit. Members participating in TRICARE also are not eligible. These members if contacted by SilverScript must opt-out and can do so by calling SilverScript at 1-888-572-0876.

WTC Drug Benefit will continue for all eligible members for prescriptions that are covered regardless of any other coverage. Until the end of 2009 the RFSBF-PDP was considered creditable coverage by CMS. Going forward, if you are on Medicare and not participating in a Medicare Part D program you will be subject to a 1% per month penalty until you enroll in a Medicare Part D plan or equivalent that has creditable coverage. Below you will find the Summary of Benefits for the SilverScript program.

**Summary of Benefits (with Charts)**

SilverScript Plan Brought to you by Retired Firefighters Security Benefit Fund of the Uniformed Firefighters Association

<b>Original Medicare</b>	<i>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug Program</i>
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<b>Prescription Drugs</b>	Drugs covered under Medicare Part D:
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**General information**

This plan uses a drug list.

People who have limited incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Services) facilities may have different out-of-pocket drug costs. Contact the plan for more details.

- In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.
- Certain prescription drugs will have maximum quantity limits.
- Your provider must get prior authorization from the Retired Firefighters Security Benefit Fund of the Uniformed Firefighters Association plan for certain prescription drugs.

<b>Annual Deductible</b>	\$100.00		
<b>Initial Coverage Level</b>	<i>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:</i>		
<b>Network Retail pharmacy</b> (up to 34-day supply)			
Value Generics	35% with a \$5.00 minimum		
Generics	35% with a \$5.00 minimum		
Preferred Brands	35% with a \$20.00 minimum		
Non-Preferred Brands	35% with a \$20.00 minimum		
Specialty Drugs	35% with a \$20.00 minimum		
<b>Network Mail Service pharmacy</b> (up to 90-day supply)			
Value Generics	35% with a \$15.00 minimum		
Generics	35% with a \$15.00 minimum		
Preferred Brands	35% with a \$60.00 minimum		
Non-Preferred Brands	35% with a \$60.00 minimum		
Specialty Drugs	N/A		
<b>Coverage Gap</b>	<i>After you reach the initial coverage limit, we will continue to provide prescription drug coverage for some generics at the same copayment/coinsurance until your yearly out-of-pocket costs (also known as true out-of-pocket costs or TrOOP costs) reach a maximum amount that Medicare has set. In 2010, that amount is \$4,550. Medicare has rules about what counts and what does not count towards TrOOP costs. When you reach the TrOOP cost limit of \$4,550, you qualify for catastrophic coverage. Please see the Evidence of Coverage Part II for more information on this.</i>		
<b>Network Retail pharmacy</b> (up to 34-day supply)			
Value Generics	35% with a \$5.00 minimum		
Generics	35% with a \$5.00 minimum		
Preferred Brands	You pay 100% of drug costs.		
Non-Preferred Brands	You pay 100% of drug costs.		
Specialty Drugs	You pay 100% of drug costs.		
<b>Network Mail Service pharmacy</b> (up to 90-day supply)			
Value Generics	35% with a \$15.00 minimum		
Generics	35% with a \$15.00 minimum		
Preferred Brands	You pay 100% of drug costs.		
Non-Preferred Brands	You pay 100% of drug costs.		
Specialty Drugs	N/A		
<b>Catastrophic Coverage</b>	<i>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</i>		
Generics (including brand drugs treated as generic)	\$2.50	or	5%
All other drugs	\$6.30	or	5%
<b>Out-of-Network</b>	Plan drugs may be covered in special circumstances, for example, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the co-payment if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from the SilverScript plan.		

# **F.A.Q.'s**

## **1. Tell me about SilverScript.**

SilverScript is the insurer for the Medicare Part D prescription drug plan that is being provided by the Retired Security Benefit Fund (RSBF) of the UFA. SilverScript Insurance Company is a subsidiary of CVS Caremark. It is among the same family of CVS Caremark companies that already provide the reliable services you and your family have become familiar with.

## **2. How do I know if I qualify for Medicare?**

When you become Medicare eligible, you will receive your Medicare (red, white & blue) identification card which entitles you to Medicare. This usually occurs up to three months prior to your 65th birthday or if you have a social security disability for greater than 40 quarters. The Retired Security Benefit Fund of the Uniformed Firefighters Association is providing to you a Medicare Part D plan for you and your Medicare qualified dependents and/or domestic partner.

## **3. If I'm qualified for Medicare what must I do?**

If you are a member of the Retired Security Benefit Fund of the Uniformed Firefighters Association AND are Medicare eligible you will automatically be enrolled in the SilverScript Medicare Part D plan that is being provided by the Retired Security Benefit Fund of the Uniformed Firefighters Association. You will not need to do anything if you want to be enrolled in SilverScript plan effective January 1, 2010.

## **4. If I'm on Medicare and do nothing, what will happen?**

You will automatically be enrolled into the UFA's SilverScript Medicare Part D prescription drug plan effective January 1, 2010. Action by you is only necessary if you DO NOT want to enroll into the SilverScript plan—in that case you must opt out!

## **5. How and why would I opt out of this program?**

You would only opt out of this plan if you have determined you do not want this plan or if by enrolling, you would lose your current medical coverage. If you currently have medical HIP-VIP or TriCare please check with your carrier to see if you can enroll with a Medicare Part D plan WITHOUT losing your medical or drug coverage. If you may lose medical coverage, the SilverScript plan may not be right for you. SilverScript only provides Medicare Part D prescription drug coverage and does not cover medical. In order to opt out you must complete the "Opt-Out" form that you received in mail and submit to Silver Script.

## **6. If I'm retired and not on Medicare, what will happen?**

You will remain in your current UFA RSBF CVS Caremark prescription plan until you are qualified for Medicare. However, if you are not on Medicare, but any of your dependents (or domestic partner) are Medicare-eligible, they will automatically become enrolled into the SilverScript Medicare Part D prescription drug plan.

## **7. What is the procedure for when I turn 65 (ageing in) and become Medicare qualified?**

You must call the RSBF of the UFA at 212-683-4723, and fax a copy of your Medicare ID card so they can record your new Medicare ID# in the system. This is necessary so that you can be enrolled into the SilverScript Medicare Part D prescription drug plan.

## **8. What happens if inaccurate info is forwarded to SilverScript?**

Please call the UFA's RSBF at 212-683-4723 and provide the correct information. To ensure you and your family's coverage is not accidentally interrupted or terminated, it is important that we have your most recent address, name, telephone numbers and your Medicare ID# or event changes, i.e. marriage, divorce.

## **9. What if I am currently being covered by HIP-VIP or TriCare?**

If you have current coverage by HIP-VIP or TriCare please call these plans to determine if you will lose medical coverage if you become enrolled into the SilverScript Medicare Part D prescription drug plan. If you may lose medical coverage, the SilverScript plan may not be right for you. Remember, SilverScript only provides Medicare Part D prescription drug coverage.

## **10. How does this affect my PICA (chemotherapy drugs or injectables) coverage?**

Members on Medicare are not eligible for PICA (chemotherapy drugs or injectables). Non Medicare qualified RSBF members, dependents or domestic partners will continue to be covered by PICA.

**11. How does this affect my WTC prescription coverage?**

Your WTC prescription coverage will still remain. Please continue to present your WTC ID card to the pharmacy for your coverage.

**12. If I reside or plan on traveling for a long period of time outside the US, how will I get my SilverScript Medicare Part D prescription drugs?**

Drugs delivered to locations outside of the US are not covered by the SilverScript Medicare Part D prescription drug plan. Please make sure that you receive adequate quantities of your prescription drugs before you begin your extended travels outside of the US. Please permit enough time before your trip to allow for the necessary time needed to obtain your prescription medications—and also if a new prescription is required from your physician.

**13. Can I still use mail order for my maintenance drugs?**

Yes. You will still be able to access the same mail order service that you have been accustomed to receiving. If you have any available and remaining mail order refills, these will automatically be transferred to the SilverScript Medicare Part D prescription drug plan.

**14. Do I have to pay a deductible for myself and my spouse since we're both on Medicare?**

Yes. Because the SilverScript prescription drug plan is a Medicare Part D plan, you and your Medicare qualified spouse (and dependents) are covered as separate individuals. Combined shared family deductibles will no longer apply. Therefore, the \$100 deductible will apply to each of you separately.

**15. Since I'm on Medicare and my spouse and dependents are not, do they still have to pay the \$125 deductible under the UFA/CVS Caremark drug plan?**

Yes. If your wife or dependents are not yet Medicare-qualified, then the current UFA/CVS Caremark drug plan still covers them. They will remain in the UFA/CVS Caremark plan until they become Medicare qualified and will be automatically enrolled in the SilverScript Medicare Part D prescription drug plan when that occurs.

**16. When will I receive my Silver Scripts ID card?**

The cards will be triggered once CMS approves the eligibility. Between creating the card and shipping them it is about 10 days after CMS approval.

**17. What do I do if I have not received my Silver Script ID card before January 1, 2010?**

The member will have their card information on a letter that is enclosed with the summary of benefit sent by SilverScript. In the right hand corner you will find what the pharmacy needs to process a claim.

**18. If a member has better coverage under his/hers spouses plan can they be enrolled with them instead of SilverScript?**

Yes.

**19. If that member wants to join SilverScript later down the line when can he/she do this?**

Yes During Open Enrollment, 11/15/Year to 12/31/Year. (OEP)

**20. If that member loses coverage under their spouses can they enroll with Silver Script?**

Yes, subject to the rules set forward by the Center for Medicare and Medicaid Services (CMS). A late entrant penalty may apply if the plan the member had been enrolled in is not considered "creditable coverage".