



Decide with Confidence

Guide to the D&B Post-65 Retiree SilverScript Prescription Drug Plan





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This guide is a summary of the post-65 retiree prescription drug benefits provided by The Dun & Bradstreet Corporation (D&B) to retirees in the United States. More detailed information is provided in the official Plan Documents and insurance contracts. If there is a conflict between statements in the information in this guide and the Plan Documents and insurance contracts, the Plan Documents and insurance contracts will govern and control the operation of the plan. The Board of Directors of D&B (and/or its delegate) reserves the right to modify, suspend, change, or terminate the plan at any time for all or any group of participants whether actively employed or retired. Because of the many detailed provisions of the Plan, no one other than the Plan Administrator and its authorized Claims Administrator is authorized to advise you as to your coverage and benefits. For this reason, D&B cannot be bound by statements made by unauthorized personnel.

Get to Know the D&B Post-65 Retiree SilverScript Prescription Drug Plan

As a Medicare-eligible retiree who is enrolled in a D&B post-65 retiree medical or prescription drug only plan, you have access to a comprehensive prescription drug plan that is administered by SilverScript® Insurance Company, a subsidiary of CVS Caremark.

Your D&B prescription drug plan consists of two parts:

- 1.) A Medicare Part D Plan sponsored by D&B, which provides the same benefit coverage as a government-sponsored Medicare Part D program.
- 2.) A secondary plan, also referred to as a “wrap” plan, which provides additional coverage to enhance the D&B Medicare Part D benefit.

The combination of both plans will ensure that your final co-payments remain similar to the pre-65 Caremark prescription drug plan.

This guide provides an overview of the D&B Post-65 Retiree SilverScript Prescription Drug Plan.

What Is Medicare Part D?

Medicare Part D is prescription drug coverage under the Medicare program. With Medicare Part D, there is an annual deductible to meet before the plan shares in the cost of care through co-insurance or co-payments. A Medicare Part D Plan also has a coverage gap (also called the “donut hole”) where you have to pay the full costs of your prescription drugs up to a certain limit. Once you are out of the coverage gap, you have a small co-insurance or co-payment to pay.

With the D&B Medicare Part D Plan, you don’t have a coverage gap because you have the D&B-provided “wrap” coverage, which provides more comprehensive coverage than a government-sponsored Medicare Part D plan.

Enrollment

You, or your covered dependent, are automatically enrolled in the D&B Post-65 Retiree SilverScript Prescription Drug Plan on the first of the month in which you, or your covered dependent, reach age 65, or upon becoming eligible for Medicare.

Fidelity will contact you by mail if any personal information on file does not match Medicare’s information. (See page 2 for details.)

Watch for a SilverScript ID Card

You will receive a SilverScript ID card within three weeks of the Centers for Medicare & Medicaid Services (CMS) approving your enrollment in the plan. Each participant in the D&B Post-65 Retiree SilverScript Prescription Drug Plan is considered an individual participant, which means you and any covered Medicare-eligible dependents will each receive a separate prescription drug ID card from SilverScript.

Understand These Plan Features

Know the Personal Information Required by Medicare

As part of the D&B Medicare Part D enrollment process, Medicare requires D&B to obtain the following personal information:

- Health Insurance Claim Number (HICN)—this is a number assigned by Medicare, which is located on your Medicare ID card
- First and last name
- Date of birth
- Gender
- Address (must be a street address, not a P.O. Box or international address)

To automatically enroll you in the D&B Medicare Part D program, the information on Fidelity's system must match the information Medicare has on file. When there is a discrepancy, Fidelity will contact you by mail to update your information. If you do not respond to Fidelity's request to verify your information, your coverage may be cancelled.

There are certain rules and regulations that D&B needs to comply with to be considered an employer-sponsored Medicare Part D Plan. As a result, here are some important details you should know about:

- ▶ **90-Day Medication Supply at Retail.** Allows participants to fill a 90-day prescription drug supply at all SilverScript retail network pharmacies. However, if you get a 90-day supply at a pharmacy, you will have to pay three co-pays, so there are no real savings with this option. **Note:** *Your co-pay amounts will continue to be less through the mail order pharmacy, so the most cost-effective way to secure a 90-day supply will be through the use of the mail order benefit.* The 90-day at retail opportunity is simply available for your convenience. Keep in mind that you can only receive a 30-day supply of specialty drugs,* regardless of whether they're filled at a retail or mail order pharmacy.
- ▶ **Reduced Co-pays for Participants with Significant Claims.** Provides protection to retirees with very high out-of-pocket costs, also known as Catastrophic Coverage. Once total drug costs reach a pre-set dollar amount for that year (limit is \$6,733.75 in 2013), the Part D plan covers approximately 95% of the Part D drug expenses incurred. The D&B "wrap" plan will sufficiently protect retirees from these high costs, limiting your costs to the required co-pay. However, in some cases, the 95% Medicare Part D benefit will provide greater protection and reduce your out-of-pocket cost. If you qualify for this supplemental benefit during the year, your co-pay will be reduced at the time you purchase your prescription. **Note:** *Limits are reset every calendar year. Once a new calendar year begins, your co-pays will return to the normal amounts until you reach the annual limit.*
- ▶ **Medication Therapy Management (MTM) Program.** The plan provides resources to support participants who take multiple medications, have chronic conditions, and experience high drug costs. Participation is voluntary, but many participants choose to take advantage of the program.

The program provides participants with access to the personal services of a SilverScript pharmacist who can help you manage the prescription drug treatment plan prescribed by your doctor at no additional cost. The pharmacist will review your prescription drugs and over-the-counter products to look for potential drug interactions, discuss any side effects, suggest ways you can manage your medications, and answer your questions. A SilverScript Medicare Advisor, as part of this program, will also discuss how you can manage your out-of-pocket costs and get the most value from your prescription drug plan.
- ▶ **Veterans Affairs (VA) and Pharmacies on Military Bases.** VA and military base pharmacies do not participate in the Medicare Part D program, so you cannot use your D&B Post-65 Retiree SilverScript Prescription Drug Plan at these facilities. You can still use these pharmacies if you choose, but you will need to use your VA or military prescription drug benefit to cover your claims, as these claims won't be covered under the D&B Post-65 Retiree SilverScript Prescription Drug Plan.

*Specialty drugs are high-cost drugs, including infused or injectable drugs that usually require special storage and close monitoring. They are generally prescribed to people with complex medical conditions.

- ▶ **Certain Administrative Procedures for Drugs That May Qualify Under Medicare Part B or D.** There are a small number of medications that may be eligible for reimbursement from either Medicare Part B or D. The determination of which part of Medicare will reimburse you is based on the conditions these drugs are prescribed to treat and where they are administered. As a result, SilverScript will need to collect information from your doctor when these drugs are prescribed to understand whether to submit these claims to Medicare Part B or Medicare Part D for processing. In some cases, this will involve asking the doctor to provide a prior authorization so SilverScript can appropriately process the claim. SilverScript and your pharmacist will work with you and your doctor to collect this information, so there is little to no delay in receiving your prescription.
- ▶ **Low-Income Participants May Pay Less for Coverage.** If you meet certain income and resource limits, you may automatically qualify for additional benefits or “extra help” from Medicare to pay the cost of Medicare prescription drug coverage. The amount of assistance you receive, if any, will depend on your income and resources, and is determined by the federal government. These benefits will generally result in reduced co-pays at the pharmacy and could also result in a reduction in premium contribution requirements for coverage. If you are designated by Medicare as eligible for additional benefits, you will automatically receive these enhanced benefits once SilverScript receives notification from Medicare (Fidelity will reflect a reduction in your monthly premium, if applicable, and SilverScript will process claims at the point of service accordingly). In other cases, you will need to file for these additional benefits; you will receive information from SilverScript to explain how to file for these additional benefits if you feel you may qualify.
- ▶ **Your Premium Could Be Higher Based on Your Income.** Social Security determines if you will pay this additional premium based on your modified adjusted gross income (MAGI) from your most recent federal tax return. Your MAGI is the total of your adjusted gross income and tax-exempt interest income. If you file your taxes as “married, filing jointly” and your MAGI is greater than \$170,000, you will need to pay an additional premium for your Medicare prescription drug coverage. If you file your taxes using a different status and your MAGI is greater than \$85,000, you also need to pay the additional premium. If you are required to pay a Medicare Part D premium because you met or exceeded these income thresholds, you will be contacted directly by the Social Security Administration after enrollment indicating the premium you will be charged, which will be automatically deducted from your Social Security check. For more information, visit www.socialsecurity.gov.

- ▶ **Late Enrollment Penalty.** You may owe a late enrollment penalty if, at any time after you were first eligible for Medicare, there is a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage. Creditable prescription drug coverage is coverage (for example, from an employer) that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage (D&B's prescription drug plan is considered creditable coverage). If you're subject to the penalty, you may have to pay it each month for as long as you have Medicare prescription drug coverage. Fidelity will be informed if you are subject to this penalty and will increase your D&B medical premium by the required amount. For more information about the late enrollment penalty, call **1-800-MEDICARE (1-800-633-4227)**
- ▶ **Communication Requirements.** Expect to receive several pre- and post-enrollment government-required communications. You will want to keep these communications for your records.
 - Because these are standardized government-prescribed notices, the language is oftentimes vague and potentially confusing since it must apply to multiple plans and participant situations.
 - Some of these communications will be more targeted to your specific situation and will require you to take action, which will be clearly explained in the communication itself.
 - Finally, the government requires that we send these communications individually to each participant enrolled in the program. This means that if you and your spouse are covered under this plan, you will each receive a copy of these communications for the plan.
 - See “Additional Communications You May Receive” on page 5 for details about the various communications you could receive.

Additional Communications You May Receive

As we mentioned previously, under Medicare Part D, the government requires D&B to send a variety of pre- and post-enrollment communications to notify participants of their benefits and procedures.

Some of these mailings are simply for compliance purposes, but there will be a few select pieces for which you will want to pay particular attention based on your situation.

The following table provides details about each communication and its purpose:

Timing	Government - Required Communication
At least 21 calendar days before your prescription drug coverage will begin	<p>Pre-Notification Mailing</p> <p>This mailing informs participants of their automatic enrollment into the D&B Post-65 Retiree SilverScript Prescription Drug Plan.</p> <p>Please review this mailing. You will need to take action only if you want to disenroll from D&B's medical and prescription drug program.</p> <p>It includes:</p> <ul style="list-style-type: none"> • A cover letter from D&B with general information about the program, most of which has been described in this guide. • A high-level Summary of Benefits (SOB) that outlines your prescription drug benefits.
Within 10 days of SilverScript receiving notification from Medicare	<p>Various Enrollment Notices and Forms</p> <p>These are correspondences that are sent to participants as needed based on individual participant facts and circumstances concerning the enrollment process and ongoing program administration.</p> <p>For example, if a participant's enrollment is rejected for any reason, a notice will be sent to the participant to explain the reason for the rejection and the steps the participant can take to successfully complete the enrollment.</p> <p>We expect that most retirees will not receive these mailings; however, if you do, please review these mailings carefully when received, follow the instructions provided, and take any required actions.</p>
Within three weeks of Medicare sending SilverScript approval of enrollment	<p>Confirmation of Enrollment Package</p> <p>This notice is sent shortly after you are successfully enrolled in the program. This package will include your ID card; please review this card to make sure the information on it is correct. You will need to use the new ID card to receive program benefits in 2013. Please review for accuracy and retain this mailing for your records.</p>

Timing	Government- Required Communication
<p>Within three to four weeks of Medicare sending SilverScript approval of enrollment</p>	<p>Welcome Kit</p> <p>This package confirms your successful enrollment and includes a variety of both general information and important plan materials you will need throughout the plan year, including:</p> <ul style="list-style-type: none"> • Notice of Privacy Practices • Benefits Overview • Formulary Listing for the Medicare Part D Plan (not the “wrap” plan) • Retail Pharmacy Network Directory • Evidence of Coverage (EOC) Document <ul style="list-style-type: none"> – The EOC is a very comprehensive document, which provides significant detail about your plan benefits. Although you may want to review this document at times, you are not required to review this document in detail to use the plan. This document supplements the D&B Medical Plan SPD. <p>Please review the Welcome Kit and the information provided. Also, be sure to keep this Welcome Kit with your other medical materials.</p>
<p>Ongoing throughout the year</p>	<p>Plan Administration Letters</p> <p>These letters are communications that may provide information at the beginning of the plan year and throughout the year. The types of letters include:</p> <ul style="list-style-type: none"> • Transition Supply: (This situation may not apply to you because of the more comprehensive D&B wrap plan.) You may receive a letter indicating that you are eligible for a “transition supply” of a medication you are currently taking, if that medication is now subject to new coverage rules under the D&B Post-65 Retiree SilverScript Prescription Drug Plan. In this case, you are eligible for up to a one-month supply of the medication so your treatment plan is not interrupted while you and SilverScript work with your prescribing doctor to follow the new coverage rules and requirements; this way you can continue to fill the prescription going forward. The letter will provide detailed instructions as to how to proceed. • Formulary Changes: You may receive a letter related to drugs previously covered under a preferred drug list that are no longer covered due to changes in the list or because the drug is now available over the counter. SilverScript may recommend a transition plan or alternative drugs to you and your doctor for treatment. • Changes in Participating Providers: If a doctor or pharmacy you use is no longer approved for participation in the Medicare Part D Plan, you will be notified and instructed to change your prescribing doctor or revisit SilverScript’s pharmacy directory for a nearby retail pharmacy. • Medication Therapy Management (MTM) Program: If you meet the criteria for the program, you will receive information on accessing the voluntary MTM Program to help you get the most from your prescription drug benefits. • Annual Notice of Changes: You may receive this in future benefit years if changes to the plan take place. <p>Please review these mailings carefully and follow the instructions provided, especially if action is required.</p>
<p>One month after you start incurring claims</p>	<p>Explanation of Benefits (EOB)</p> <p>This is a statement that summarizes your prescription drug claims activity for the past month. You will only receive an EOB if you had claims activity for the prior month.</p> <p>Please note that the EOB may include a significant amount of detail concerning your claims activity from the prior month, including details behind the coordination mechanics between the Medicare Part D program and the “wrap” benefit. As a result, these notices may use terms and graphics that you are not familiar with and may be difficult to understand.</p> <p>You won’t need to take action upon receiving an EOB. You should simply keep these notices for your records.</p>

Who to Contact for More Information

Here's who to contact for more information about your D&B Post-65 Retiree SilverScript Prescription Drug Plan coverage:

Who?	For What?	How?
D&B's Benefits Center at Fidelity	Enrollment and cancellation of your coverage, personal information changes, and premium payments.	1-877-362-8953 Monday through Friday, between 8:30 a.m. and 8:00 p.m., Eastern time
SilverScript	Help with your claims and benefits under the D&B Post-65 Retiree SilverScript Prescription Drug Plan.	After you enroll: 1-866-329-1999 Representatives are available 24/7. http://dnb.silverscript.com
Medicare	Information about Medicare Part D.	1-800-MEDICARE (1-800-633-4227) For TTY/TDD assistance: 1-877-486-2048 www.medicare.gov or www.cms.gov

Manage Your Prescription Drugs Online

The SilverScript Web site at **<http://dnb.silverscript.com>** provides you with more information about your D&B prescription drug coverage and helps you manage your prescription drugs. You can access a comprehensive formulary, summary of benefits, mail order form, and temporary ID card on the site. **Note:** *To access your online claims and mail order information under the D&B Post-65 Retiree SilverScript Prescription Drug Plan, you'll need to re-register on the Caremark site using your SilverScript ID. Your current Caremark login information will only show your past coverage.*

Frequently Asked Questions and Answers

Here are some answers to questions you may have about how the D&B Post-65 Retiree SilverScript Prescription Drug Plan works:

Q. Will my spouse, or covered dependent, who is under age 65 be able to participate in the D&B Post-65 Retiree SilverScript Prescription Drug Plan?

A. No, the D&B Post-65 Retiree SilverScript Prescription Drug Plan is only available to Medicare-eligible retirees. Your spouse, or covered dependent, will be covered under the D&B prescription drug coverage available to non-Medicare-eligible retirees from Caremark, which is also a comprehensive prescription drug plan, provided they satisfy the applicable eligibility requirements.

Q. How is the D&B prescription drug plan better than just enrolling for Medicare Part D prescription drug coverage?

A. The D&B prescription drug plan is more comprehensive than the government-sponsored Medicare Part D coverage. While the D&B plan includes a Medicare Part D plan, it also includes a prescription drug plan provided by D&B (called a “wrap”) that will cover the gaps in the Part D program to provide more comprehensive coverage than with Medicare Part D alone.

Q. Can I drop D&B prescription drug coverage?

A. Yes, you can disenroll from D&B Post-65 Retiree SilverScript Prescription Drug Plan coverage by contacting the D&B Benefits Center at Fidelity. Fidelity will assist you in dropping your coverage through CMS. Coverage will be dropped according to CMS’s notification to Fidelity. **Please keep in mind, if you do disenroll, you will no longer be able to participate in the D&B retiree medical or prescription drug plan and will not be able to re-enroll in the future.** Also take into consideration that if you drop coverage with D&B and do not enroll in another Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare prescription drug plan later. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join for coverage in January of the following year.

Q. Can I be enrolled in another prescription drug plan in addition to D&B coverage?

A. No. If you enroll in another Medicare Part D plan, you and your dependents’ medical and prescription drug coverage under D&B’s program will end, and you will not be permitted to re-enroll in D&B’s programs in the future. If only your covered dependent(s) enroll in another Medicare Part D plan (but you do not), your dependent(s)’ D&B medical and prescription drug coverage will end, and you will not be permitted to re-enroll your dependent(s) in D&B’s program in the future.

Q. Can I enroll in D&B medical coverage only without prescription coverage?

A. No, when you enroll for medical coverage, you are also enrolling in prescription drug coverage.

Q. I go to a small pharmacy in my neighborhood. Will I still be able to fill my prescription there?

A. A very small number of retail pharmacies may not participate in the D&B Post-65 Retiree SilverScript Prescription Drug Plan because they do not participate in the Medicare Part D program or are not in the SilverScript retail network. To find out if your pharmacy is in the plan's network, visit <http://dnb.silverscript.com>.

Q. What is a Health Insurance Claim Number (HICN), and why is it so important?

A. Your HICN is required as part of the Medicare enrollment process to identify whether you're eligible to participate in the D&B Medicare Part D Plan. The HICN is a number assigned to each Medicare beneficiary and located on your Medicare ID card. The number is between seven and 11 digits long and contains numbers and letters. (See page 2 about this requirement.)

Q. How do I change my personal information with Medicare?

A. Contact Medicare at **1-800-633-4227** to change your information. You can also change your information online at www.medicare.gov.

Q. Do I need to pay a separate Medicare Part D premium?

A. Unless you are designated as a high-income participant, you do not need to pay a separate Medicare Part D premium. You still will continue to pay your share of the cost of your D&B retiree medical and prescription drug coverage. (See page 3 for more information.)

Q. Will I have a “donut hole” as part of my D&B coverage?

A. No. Due to the “wrap” feature that the D&B plan provides, you will not be exposed to features related to a Medicare Part D program, including the Medicare Part D coverage gap, or “donut hole.”

Q. Can I opt out of receiving all the communications outlined in this guide?

A. No, you cannot opt out of receiving these communications. With many of them, you don't need to take any action; however, you will need to take action with some. These are identified in this guide.

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