



P.O. Box 52424, Phoenix, AZ 85072-2424

SilverScript (Employer PDP) sponsored by RR Donnelley

2013 Summary of Benefits

Learn more about...

PRESCRIPTION DRUG COVERAGE FOR MEDICARE-ELIGIBLE RETIREES

Enclosed are an Opt Out Notice and a Summary of Benefits for your prescription drug coverage that takes effect January 1, 2013 when the RR Donnelley Retiree Prescription Drug Program becomes a company-sponsored Medicare Part D program offered by SilverScript Insurance Company.

As you review the enclosed materials, also keep in mind the following information, since it will help you understand what's changing and what you need to do:

- Do not opt out of the SilverScript Prescription Drug Program (Employer PDP) if you wish to retain retiree medical coverage through RR**

Donnelley. The Opt Out Notice is a required notice and includes Medicare-required wording, but you can disregard it if you want to retain retiree medical coverage. If you wish to opt out, please call the Benefits Center at **1-877-RRD-4BEN** (1-877-773-4236), Monday through Friday, 8 a.m. – 5 p.m., Central Time.

- While your Prescription Drug Program (Employer PDP) will now be offered through SilverScript, you will continue to pay your premiums as you do today.** Do *not* send premiums directly to SilverScript. Your 2013 premium is listed on your Confirmation of Coverage statement and includes the premium for medical and prescription drug coverage (which are tied together). If you have questions about your premiums, contact the Benefits Center.
- There are differences between traditional Medicare Part D and the new drug plan which are coordinated behind-the-scenes.** The following chart illustrates how your PDP coverage works *after* coordination with Medicare Part D:

No change from 2012		
1. Plan Pays & You Pay (Cost depends on drug tier)*	2. Plan Pays & You Pay (Cost depends on drug tier)*	3. Plan Pays
The plan pays its share of the cost of your drugs, and you pay your share of the cost — until <i>total</i> drug payments reach the limit for this initial coverage stage (\$2,970 in 2013).	If you reach this coverage gap stage , the plan will provide supplemental coverage to keep your copays and coinsurance consistent with the initial coverage stage.	You qualify for catastrophic coverage if your true out-of-pocket (also known as TrOOP) costs reach \$4,750. If you reach this stage (most people don't), you will pay no more than the greater of: 5% or \$2.65 for generics (\$6.60 for all other drugs) for the rest of the calendar year (through December 31, 2013). NOTE: The plan will pay 100% of your prescription drug costs if you reach the \$2,500 individual out-of-pocket maximum or \$4,500 family maximum.

No change
from 2012

Continues...

*During these stages, how much you pay depends on which tier the drug is in:

	At Network Pharmacy You Pay...	Through Mail-order You Pay...
Generic Drugs	▪ 20% for up to a 90-day supply	▪ \$10 per prescription for up to a 90-day supply
Preferred Brand Drugs	▪ 20% for up to a 90-day supply	▪ \$30 per prescription for up to a 90-day supply
Non-Preferred Brand Drugs	▪ 40% for up to a 90-day supply	▪ \$60 per prescription for up to a 90-day supply
Specialty Tier	▪ 40% for up to a 30-day supply	▪ NA

For More Information

For questions about...	Contact...	At...
Your prescription drug coverage, including participating pharmacies	SilverScript	<ul style="list-style-type: none"> ▪ 1-855-313-9445; TTY users should call 1-866-236-1069 ▪ http://rrdonnelley.silverscript.com
Enrollment/disenrollment, eligibility, premiums and other general information	RR Donnelley Benefits Center	<ul style="list-style-type: none"> ▪ 1-877-RRD-4BEN (1-877-773-4236), M – F, 8:00 a.m. – 5:00 p.m. Central Time ▪ www.mybenefitsdirectory.com/rrd
Medicare and Medicare Part D	Medicare	<ul style="list-style-type: none"> ▪ 1-800-MEDICARE (1-800-633-4227); TTY users should call 1-877-486-2048 ▪ www.medicare.gov

Watch for Mailings from SILVERSCRIPT™

Mailing	When
Packet, including:	Mid-December
▪ Evidence of coverage ▪ Pharmacy directory ▪ Formulary (list of preferred drugs)	
ID cards	Mid-December

IMPORTANT REMINDERS ABOUT COVERAGE

- Medicare will *not* allow you to be enrolled in an individual Medicare Part D plan and also participate in the RR Donnelley Prescription Drug Program with SilverScript.
- RR Donnelley retiree medical and prescription drug coverage are tied together. This means if you decline prescription drug coverage, you lose medical coverage.
- If you want to continue your RR Donnelley retiree medical and prescription drug coverage you do not need to contact the Benefits Center nor SilverScript because you are automatically enrolled as shown on your Confirmation of Coverage statement and you can disregard this enclosed Opt Out Notice.
- Once you are enrolled in RR Donnelley retiree medical and prescription drug coverage, it will end if you later elect an individual Medicare Part D plan.
- Also, remember to:
 - ✓ Carefully review your 2013 Confirmation of Coverage statement. If it indicates No Coverage but you want coverage, you need to provide the RR Donnelley Benefits Center a valid Health Insurance Claim Number (HICN), also referred to as your Medicare claim number. **If you do not provide your HICN, you will not be enrolled in RR Donnelley Retiree Medical and Prescription Drug coverage.**

In the unlikely event that there is a discrepancy between the information in this letter and the Summary of Benefits, the Summary of Benefits document will control.

Summary of Benefits for SilverScript (Employer PDP) Prescription Drug Plan

January 1, 2013 - December 31, 2013

Section 1: Introduction

Our plan is offered by *SilverScript® Insurance Company*, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation or exclusion. To get a complete list of our benefits, please call SilverScript (Employer PDP) and ask for the *Evidence of Coverage*.

You have choices in your Medicare prescription drug coverage

Your employer group or union is offering you a plan not generally offered to the public. As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan (PDP), like SilverScript (Employer PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan (MA) that offers prescription drug coverage. You make the choice.

The chart in this booklet lists some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by SilverScript (Employer PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Please note: This prescription coverage is offered in conjunction with your medical coverage. If you choose a Medicare prescription drug plan other than SilverScript (Employer PDP) sponsored by RR Donnelley, you will need to seek medical coverage at your own expense.

Where is SilverScript (Employer PDP) available?

The service area for this plan includes all of the United States and its territories. If you move out of the country, please call Customer Care to update your information.

Who is eligible to join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, live in the service area, and meet any additional requirements established by RR Donnelley.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA private fee-for-service (PFFS) plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a PFFS plan that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

Where can I get my prescriptions?

SilverScript (Employer PDP) has formed a network of pharmacies. You should use a network pharmacy to receive plan benefits. Your cost may be greater if you use an out-of-network pharmacy to fill your prescriptions.

If you use an out-of-network pharmacy, we will reimburse you your total cost minus your cost share amount for the drug. You must submit a paper claim in order to be reimbursed.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Care. Our Customer Care number is listed at the end of this introduction.

Does my plan cover any Medicare Part B or excluded Part D drugs?

RR Donnelley has elected to cover certain drugs not covered under Medicare Part D as described and dispensed as part of a supplemental benefit. These are not subject to the appeals and exceptions process. Please contact Customer Care for any questions regarding your supplemental benefit.

What is a prescription drug formulary?

SilverScript (Employer PDP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. If you have questions about the drugs on our formulary, please contact Customer Care. Phone numbers are located on the back of this booklet.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternate drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

Please note: Your employer provides secondary coverage that may differ in structure from the primary benefit and also cover additional medications. There may be instances where your cost share may be more or less when it is paid by the secondary. If you are unsure about the cost share on the secondary or which drugs may or may not be covered, please call Customer Care to verify drug coverage.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan.

If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

How can I get Extra Help with my prescription drug plan costs or get Extra Help with other Medicare costs?

You may be able to get Extra Help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week and see www.medicare.gov ‘Programs for People with Limited Income and Resources’ in the publication *Medicare & You 2013*,
- Social Security at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778, or
- Your State Medicaid Office.

What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if your Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional plan year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of SilverScript (Employer PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance.

You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost.

You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the *Evidence of Coverage* (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact SilverScript (Employer PDP) for more details.

Please call *SilverScript Insurance Company* for more information. Visit us at <http://rrdonnelley.silverscript.com> or, call us:

Current members should call toll-free

1-855-313-9445. (TTY: 1-866-236-1069)

24 hours a day, 7 days a week.

Prospective members should call toll-free

1-877-773-4236. (TTY: 1-866-552-6288)

Monday - Friday. 8:00am - 5:00pm Central.

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the Web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call Customer Care at the phone number listed above.

Este documento podría estar disponible en un idioma distinto al inglés. Para obtener información adicional, llame al servicio al cliente, al número de teléfono indicado más arriba.

Section 2 – Summary of Benefits

Original Medicare

Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.

General information about drugs covered under Medicare Part D

The plan has a *List of Covered Drugs (Formulary)*. We call it the “Drug List” for short. It tells which Part D prescription drugs are covered by SilverScript (Employer PDP). The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. The list must meet requirements set by Medicare. Medicare has approved the SilverScript (Employer PDP) Drug List.

We will send you a copy of the Drug List. To get the most complete and current information about which drugs are covered, you can visit the plan’s website or call Customer Care (Web address and phone numbers are on the back cover of this booklet).

Different out-of-pocket costs may apply for people who

- have limited incomes,
- live in long term care facilities, or

- have access to Indian/Tribal/Urban (Indian Health Service) providers.

Premium:

Please contact your former employer group, union, or trust for more information about the premium for this plan.

(You must continue to pay your Medicare Part B premium.)

Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

The plan offers national in-network prescription coverage (i.e., this would include all of the United States and its territories). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

If you use an out-of-network pharmacy, we will reimburse you your total cost minus your cost share amount for the drug. You must submit a paper claim in order to be reimbursed.

Total yearly drug costs are the total drug costs paid by both you and the plan.

Quantity Limits (QL)

For certain drugs, SilverScript (Employer PDP) limits the amount of the drug that SilverScript (Employer PDP) will cover. For example, SilverScript (Employer PDP) provides up to nine tablets per prescription for *sumatriptan tab 50mg*.

Prior Authorization (PA)

SilverScript (Employer PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before SilverScript (Employer PDP) fill your prescription. If you don't get approval, SilverScript (Employer PDP) will not cover the drug.

Step Therapy (ST)

In some cases, SilverScript (Employer PDP) requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, SilverScript (Employer PDP) will not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript (Employer PDP) will then cover Drug B.

You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's formulary.

If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

You can ask us to provide a higher level of coverage for your drug. If applicable, and your drug is contained in our Non-Preferred Brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Brand tier instead. This would lower the amount you must pay for your drug.

Initial Coverage:

The plan pays its share of the cost of your drugs and **you pay your share of the cost**. You stay in this stage until your payments for the year plus the plan's payments total \$2,970.00.

Network pharmacy		
Generic	<i>You pay 20% of the total cost. (Up to a 30-day supply)</i>	<i>You pay 20% of the total cost. (Up to a 90-day supply)</i>
Brand	<i>You pay 20% of the total cost. (Up to a 30-day supply)</i>	<i>You pay 20% of the total cost. (Up to a 90-day supply)</i>
Non-Preferred Brand	<i>You pay 40% of the total cost. (Up to a 30-day supply)</i>	<i>You pay 40% of the total cost. (Up to a 90-day supply)</i>
Specialty	<i>You pay the applicable tier copay per prescription. (Up to a 30-day supply)</i>	N/A
The plan's mail order service		
Generic	<i>You pay \$10.00 per prescription. (Up to a 30-day supply)</i>	<i>You pay \$10.00 per prescription. (Up to a 90-day supply)</i>
Brand	<i>You pay \$30.00 per prescription. (Up to a 30-day supply)</i>	<i>You pay \$30.00 per prescription. (Up to a 90-day supply)</i>
Non-Preferred Brand	<i>You pay \$60.00 per prescription. (Up to a 30-day supply)</i>	<i>You pay \$60.00 per prescription. (Up to a 90-day supply)</i>
Specialty	N/A	N/A
Network long-term care pharmacy		
Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.		
Generic	<i>You pay 20% per prescription. (Up to a 31-day supply)</i>	N/A
Brand	<i>You pay 20% per prescription. (Up to a 31-day supply)</i>	N/A
Non-Preferred Brand	<i>You pay 40% per prescription. (Up to a 31-day supply)</i>	N/A
Specialty	<i>You pay the applicable tier co-pay per prescription. (Up to a 31-day supply)</i>	N/A

Coverage Gap:

Your former employer, union, or trust will provide supplemental coverage that will keep your copays/coinsurance consistent through the Coverage Gap, therefore you will see no change in copays until you qualify for Catastrophic Coverage.

Network pharmacy		
Generic	<i>You pay 20% of the total cost. (Up to a 30-day supply)</i>	<i>You pay 20% of the total cost. (Up to a 90-day supply)</i>
Brand	<i>You pay 20% of the total cost. (Up to a 30-day supply)</i>	<i>You pay 20% of the total cost. (Up to a 90-day supply)</i>
Non-Preferred Brand	<i>You pay 40% of the total cost. (Up to a 30-day supply)</i>	<i>You pay 40% of the total cost. (Up to a 90-day supply)</i>
Specialty	<i>You pay the applicable tier copay per prescription. (Up to a 30-day supply)</i>	N/A
The plan's mail order service		
Generic	<i>You pay \$10.00 per prescription. (Up to a 30-day supply)</i>	<i>You pay \$10.00 per prescription. (Up to a 90-day supply)</i>
Brand	<i>You pay \$30.00 per prescription. (Up to a 30-day supply)</i>	<i>You pay \$30.00 per prescription. (Up to a 90-day supply)</i>
Non-Preferred Brand	<i>You pay \$60.00 per prescription. (Up to a 30-day supply)</i>	<i>You pay \$60.00 per prescription. (Up to a 90-day supply)</i>
Specialty	N/A	N/A
Network long-term care pharmacy		
Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.		
Generic	<i>You pay 20% per prescription. (Up to a 31-day supply)</i>	N/A
Brand	<i>You pay 20% per prescription. (Up to a 31-day supply)</i>	N/A
Non-Preferred Brand	<i>You pay 40% per prescription. (Up to a 31-day supply)</i>	N/A

Specialty	<i>You pay the applicable tier co-pay per prescription. (Up to a 31-day supply)</i>	N/A
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Catastrophic Coverage:

You qualify for Catastrophic Coverage once your true out-of-pocket (also known as TrOOP) costs reach \$4,750.00 for the year. During Catastrophic Coverage you will pay no more than the greater of 5% coinsurance or \$2.65 for generics (or drugs treated as generic) and \$6.60 for all other drugs. The Plan will pay the rest. Since your employer group or union is providing secondary coverage on your plan you may pay less.

Out-of-Network:

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount 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 SilverScript (Employer PDP) for its share of the costs. Please refer to your *Evidence of Coverage* for more information.

If you use an out-of-network pharmacy, we will reimburse you your total cost minus your cost share amount for the drug. You must submit a paper claim in order to be reimbursed.

Contact SilverScript (Employer PDP) or Medicare for more Information

If you have any questions, please contact SilverScript (Employer PDP) Customer Care 24 hours a day, 7 days a week, at 1-855-313-9445. TTY users should call 1-866-236-1069.

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the Web.

This information is available for free in other languages. Please contact our Customer Care number at 1-855-313-9445 for additional information. (TTY users should call 1-866-236-1069.) Hours are 24 hours a day, 7 days a week. Customer Care also has free language interpreter services available for non-English speakers.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese con nuestro Servicio al Cliente, al 1-855-313-9445 para obtener información adicional. (Los usuarios de teléfono de texto (TTY) deben llamar al 1-866-236-1069.) El horario es las 24 horas del día, los 7 días de la semana. El Servicio al Cliente también tiene servicios gratuitos de interpretación disponibles para personas que no hablan inglés.



P.O. Box 52424, Phoenix, AZ 85072-2424

SilverScript (Employer PDP) Customer Care

CALL	1-855-313-9445 Calls to this number are free. 24 hours a day, 7 days a week. Customer Care also has free language interpreter services available for non-English speakers.
TTY	1-866-236-1069 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	1-888-472-1129
WRITE	P.O. Box 280200 Nashville, TN 37228
WEBSITE	http://rrdonnelley.silverscript.com