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SilverScript Insurance Company

Empire Plan Medicare Rx

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

**Important Plan Information**

<Member First Name> <Member Last Name>

<Mailing Address 1>

<Mailing Address 2>

<City>, <State> <ZIP>

<Date>

Dear <Member First Name> <Member Last Name>,

Thank you for placing your trust in Empire Plan Medicare Rx prescription drug plan, sponsored by the New York State Health Insurance Program (NYSHIP) and administered by SilverScript® Insurance Company (SSIC), for your Medicare Part D prescription drug coverage.

We see that you may be taking the following drug(s).

|  |
| --- |
| **Drug Name** |
| <Drug Name> |
| <Drug Name> |

**If you are no longer taking these drugs, simply disregard this letter.** If you are currently taking these drugs, please continue to review this letter for important information that you should know.

On November 12, 2024, the Centers for Medicare & Medicaid Services (CMS) published the End Stage Renal Disease (ESRD) Prospective Payment System Calendar Year 2025 Final Rule.

**Why this is important**

Based on the changes announced in the Final Rule, oral-only drugs (phosphate binders and the phosphate lowering agent XPHOZAH®) associated with renal dialysis services will no longer be Part D covered drugs when prescribed for a member receiving renal dialysis services.

Beginning January 1, 2025, these drugs will be provided through your renal dialysis provider. You will no longer be able to fill these drugs at the pharmacy. You should work with your renal dialysis provider to obtain these drugs. **Remember, you should not stop taking your medication unless directed by your prescriber.**

**Contact us**

We want to help you understand how your plan works. If you have questions, visit us at **empireplanrxprogram.com** or call The Empire Plan at 1-877-7-NYSHIP (**1-877-769-7447**) and select option 4 for the Empire Plan Prescription Drug Program, 24 hours a day, 7 days a week. TTY users call **711**.

Sincerely,

SilverScript Insurance Company

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.

The formulary may change at any time. You will receive notice when necessary.

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