



2023

Summary of Benefits

January 1, 2023 – December 31, 2023

SilverScript SmartSaver (PDP)

SilverScript Choice (PDP)

SilverScript Plus (PDP)



 **aetna**[™]
medicare solutions

Plans for a healthy you and a healthy budget

1

SilverScript® SmartSaver (PDP)

If you're an active, healthy adult who takes only generic maintenance drugs, or no drugs at all, this plan may be financially attractive.

- Average monthly premium of \$5.92
- The deductible does not apply to Tier 1 drugs. This tier has a \$2 copay*
- Select insulins are as low as \$10 at preferred pharmacies

2

SilverScript® Choice (PDP)

If you receive Extra Help, you may be eligible for a \$0 premium and reduced cost-sharing.

- Average monthly premium of \$33.60
- \$505 deductible applies to all tiers
- \$2 copay for Tier 1 drugs*

3

SilverScript® Plus (PDP)

If you want the security of our most comprehensive prescription drug plan, this might be the plan for you.

- \$0 deductible for all covered drugs
- \$0 copay for up to a 90-day supply of Tier 1 and 2 drugs**

Care. Support. Answers. We're ready to help.

SilverScript SmartSaver and SilverScript Plus plans participate in the Insulin Savings Program, providing affordable and predictable copayments for select insulins through the initial coverage and coverage gap stages of the plan.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if your plan has a deductible that you haven't paid. Call Customer Care for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if your plan has a deductible that you haven't paid.

*At preferred pharmacies in the initial coverage stage.

**Available in the initial coverage and coverage gap stages at a preferred pharmacy.



Aetna Medicare

		SilverScript SmartSaver (PDP)			
	Average monthly plan premium	\$5.92			
	Annual deductible	\$505 (Tiers 2 – 5)*			
	Preferred pharmacies	More than 23,000			
	Network pharmacies	More than 45,000			
Initial coverage stage					
		Preferred pharmacies		Standard pharmacies	
		30-day	90-day	30-day	90-day
	Tier 1 Preferred generic	\$2	\$6	\$19	\$57
	Tier 2 Generic	\$15	\$45	\$20	\$60
	Tier 3 Preferred brand	25%		25%	
	Tier 3 Select Insulins*	\$10	\$30	\$20	\$60
	Tier 4 Non-preferred drug	50%		50%	
	Tier 5 Specialty	25%	N/A	25%	N/A
Coverage gap stage					
	Tier 1	25%*			
	Tier 2				
	Tiers 3 – 5				
Catastrophic					
		You'll pay the greater of 5% of the cost of covered drugs on any tier, or \$4.15 copay for generic drugs (including brand name drugs treated as generic), and \$10.35 copay for all other drugs.			

*Select insulin cost-sharing is applicable in the Deductible, Initial Coverage and Coverage Gap stages.

SilverScript Choice (PDP)				SilverScript Plus (PDP)			
Cost-sharing varies by region							
\$33.60				\$75.58			
\$505				\$0			
More than 23,000				More than 23,000			
More than 65,000				More than 65,000			
Preferred pharmacies		Standard pharmacies		Preferred pharmacies		Standard pharmacies	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
\$2	\$6	\$6 - \$8	\$18 - \$24	\$0	\$0	\$5	\$15
\$7	\$21	\$13 - \$15	\$39 - \$45	\$0	\$0	\$14	\$42
17% or 22%				\$47	\$141	\$47	\$141
N/A				\$35	\$105	\$35	\$105
30% - 44%				50%			
25%	N/A	25%	N/A	33%	N/A	33%	N/A
25%				\$0	\$0	\$5	\$15
				\$0	\$0	\$14	\$42
				25%*			
You'll pay the greater of 5% of the cost of covered drugs on any tier, or \$4.15 copay for generic drugs (including brand name drugs treated as generic) and \$10.35 copay for all other drugs.				You'll pay the greater of 5% of the cost of covered drugs on any tier, or \$4.15 copay for generic drugs (including brand name drugs treated as generic) and \$10.35 copay for all other drugs.			

Why millions like you trust Aetna[®]

Aetna Medicare offers a variety of plans to meet your health care needs



Affordable

\$0 annual deductible:

You'll start saving with your very first prescription on covered drugs.

- Tier 1 drugs with SilverScript SmartSaver
- Tiers 1 – 5 drugs with SilverScript Plus

Comprehensive

Extensive formularies (drug lists)

We cover nearly all the drugs most commonly prescribed to Medicare members.

Medicare's Part D

Insulin Savings Program

SilverScript SmartSaver and SilverScript Plus plans provide predictable copayments for select insulins through the Initial Coverage and Coverage Gap Stages.

- SilverScript SmartSaver: copay as low as \$10 for a 30-day supply at preferred pharmacies.
- SilverScript Plus: a \$35 copay at any network pharmacy.

Value-driven

Low generic copays

- \$2 copay on Tier 1 drugs with SilverScript SmartSaver and SilverScript Choice*
- \$0 copay for Tier 1 and Tier 2 drugs with SilverScript Plus**

Convenient

Nationwide network of pharmacies

A robust network of retail, chain and neighborhood pharmacies which includes more than 23,000 preferred pharmacies to help you get the most savings coast to coast. We also offer for your convenience:

CVS Caremark[®] Mail Service Pharmacy

Use mail-order to get a 90-day supply of your prescriptions delivered to your door. Mail order shipments are typically received up to 10 days after your prescription is received.

CVS Specialty[®] Pharmacy

Specialty medicines for complex medical conditions often require special shipping or storage. That's why CVS Specialty[®] Pharmacy Services gives you safe and reliable prescription delivery. For more information, visit CVSSpecialty.com.

*For up to a 30-day supply at preferred pharmacies in the initial coverage stage.

**Available in the initial coverage and coverage gap stages at a preferred pharmacy.

Understanding drug payment stages

Up to
\$505

Deductible stage

During this stage, if your plan has a deductible, you'll pay the plan's negotiated drug cost up to the deductible limit.

Once you reach the deductible limit, you'll pay a copayment or coinsurance in the initial coverage stage.

Up to
\$4,660

Initial coverage stage

During this stage, the plan will pay its share of the cost and you'll pay a copayment or coinsurance (your share of the cost) for each prescription you fill until your total drug costs reach \$4,660.

Once you reach \$4,660, you'll enter the coverage gap stage or "donut hole."



Most people will remain in this stage.

Up to
\$7,400

Coverage gap stage

(Also known as the donut hole.)

During this stage, you'll pay 25% of the cost for generics and brands. Our SilverScript Plus plan offers additional coverage in the gap for Tier 1 and Tier 2 drugs. This stage continues until your yearly out-of-pocket drug costs reach \$7,400.

Once your yearly out-of-pocket costs reach \$7,400, you'll move to catastrophic coverage.



Some people will move into this stage.

Through
the end
of the year

Catastrophic coverage stage

In this stage, you'll pay either a copayment or coinsurance amount for each prescription you fill.



Few people will reach this stage.

SilverScript SmartSaver (PDP)

Regional states	Premium	Deductible T2 – 5	Preferred pharmacies 30-day supply (retail/mail-order ³)				
			T1	T2	T3	T3 SI	T4
Northern New England (NH, ME)	\$4.20	\$505	\$2	\$15	25%	\$10	50%
Central New England (CT, MA, RI, VT)	\$6.80	\$505	\$2	\$15	25%	\$10	50%
New York	\$10.90	\$505	\$2	\$15	25%	\$10	50%
New Jersey	\$6.80	\$505	\$2	\$15	25%	\$10	50%
Mid-Atlantic (DE, DC, MD)	\$7.60	\$505	\$2	\$15	25%	\$10	50%
Pennsylvania, West Virginia	\$5.20	\$505	\$2	\$15	25%	\$10	50%
Virginia	\$5.10	\$505	\$2	\$15	25%	\$10	50%
North Carolina	\$4.20	\$505	\$2	\$15	25%	\$10	50%
South Carolina	\$5.70	\$505	\$2	\$15	25%	\$10	50%
Georgia	\$7.30	\$505	\$2	\$15	25%	\$10	50%
Florida	\$8.40	\$505	\$2	\$15	25%	\$10	50%
Alabama, Tennessee	\$7.40	\$505	\$2	\$15	25%	\$10	50%
Michigan	\$3.20	\$505	\$2	\$15	25%	\$10	50%
Ohio	\$5.10	\$505	\$2	\$15	25%	\$10	50%
Indiana, Kentucky	\$4.80	\$505	\$2	\$15	25%	\$10	50%
Wisconsin	\$6.60	\$505	\$2	\$15	25%	\$10	50%
Illinois	\$4.90	\$505	\$2	\$15	25%	\$10	50%
Missouri	\$5.80	\$505	\$2	\$15	25%	\$10	50%
Arkansas	\$7.60	\$505	\$2	\$15	25%	\$10	50%
Mississippi	\$4.70	\$505	\$2	\$15	25%	\$10	50%
Louisiana	\$7.70	\$505	\$2	\$15	25%	\$10	50%
Texas	\$6.60	\$505	\$2	\$15	25%	\$10	50%
Oklahoma	\$7.10	\$505	\$2	\$15	25%	\$10	50%
Kansas	\$2.80	\$505	\$2	\$15	25%	\$10	50%
Upper MW and N. Plains ¹	\$4.70	\$505	\$2	\$15	25%	\$10	50%
New Mexico	\$8.80	\$505	\$2	\$15	25%	\$10	50%
Colorado	\$5.80	\$505	\$2	\$15	25%	\$10	50%
Arizona	\$5.40	\$505	\$2	\$15	25%	\$10	50%
Nevada	\$7.90	\$505	\$2	\$15	25%	\$10	50%
Oregon, Washington	\$1.60	\$505	\$2	\$15	25%	\$10	50%
Idaho, Utah	\$5.10	\$505	\$2	\$15	25%	\$10	50%
California	\$4.50	\$505	\$2	\$15	25%	\$10	50%
Hawaii	\$5.80	\$505	\$2	\$15	25%	\$10	50%
Alaska	\$5.30	\$505	\$2	\$15	25%	\$10	50%

¹ IA, MN, MT, ND, NE, SD, WY

² Long-term care (LTC) and home infusion pharmacies use standard pharmacy cost-sharing. For LTC, you'll get up to a 31-day supply.

This plan provides insulins at affordable copayments of no more than \$35 for a 30-day supply at all network pharmacies for covered insulins through all stages of the Part D benefit. These copayments apply at retail, mail or long-term care pharmacies.

Standard pharmacies 30-day supply ² (retail/mail-order ³)							90-day supply (retail/ mail-order ³)	Coverage gap (donut hole)
T5	T1	T2	T3	T3 SI	T4	T5		
25%	\$19	\$20	25%	\$20	50%	25%	Tiers 1 and 2 3x copay Tiers 3 and 4 Applicable coinsurance Tier 5 – N/A	25% brand/ generic
25%	\$19	\$20	25%	\$20	50%	25%		
25%	\$19	\$20	25%	\$20	50%	25%		
25%	\$19	\$20	25%	\$20	50%	25%		
25%	\$19	\$20	25%	\$20	50%	25%		
25%	\$19	\$20	25%	\$20	50%	25%		
25%	\$19	\$20	25%	\$20	50%	25%		
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25%	\$19	\$20	25%	\$20	50%	25%		
25%	\$19	\$20	25%	\$20	50%	25%		
25%	\$19	\$20	25%	\$20	50%	25%		
25%	\$19	\$20	25%	\$20	50%	25%		
25%	\$19	\$20	25%	\$20	50%	25%		
25%	\$19	\$20	25%	\$20	50%	25%		

³ The typical number of business days after the mail-order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail-order delivery. T3 SI = Select Insulins on Tier 3. Pricing applies to the Deductible, Initial Coverage and Coverage Gap stages.

SilverScript Choice (PDP)

Regional states	Premium	Deductible	Preferred pharmacies 30-day supply (retail/mail-order ³)			
			T1	T2	T3	T4
Northern New England (NH, ME)	\$29.40	\$505	\$2	\$7	17%	36%
Central New England (CT, MA, RI, VT)	\$35.30	\$505	\$2	\$7	17%	35%
New York	\$40.70	\$505	\$2	\$7	17%	35%
New Jersey	\$35.30	\$505	\$2	\$7	17%	36%
Mid-Atlantic (DE, DC, MD)	\$35.60	\$505	\$2	\$7	17%	38%
Pennsylvania, West Virginia	\$39.60	\$505	\$2	\$7	17%	39%
Virginia	\$34.70	\$505	\$2	\$7	17%	40%
North Carolina	\$35.50	\$505	\$2	\$7	17%	37%
South Carolina	\$31.60	\$505	\$2	\$7	17%	39%
Georgia	\$32.50	\$505	\$2	\$7	17%	39%
Florida	\$32.50	\$505	\$2	\$7	17%	37%
Alabama, Tennessee	\$32.20	\$505	\$2	\$7	17%	36%
Michigan	\$30.60	\$505	\$2	\$7	17%	36%
Ohio	\$32.90	\$505	\$2	\$7	17%	44%
Indiana, Kentucky	\$27.80	\$505	\$2	\$7	17%	37%
Wisconsin	\$39.50	\$505	\$2	\$7	17%	35%
Illinois	\$28.70	\$505	\$2	\$7	17%	41%
Missouri	\$33.80	\$505	\$2	\$7	17%	35%
Arkansas	\$27.90	\$505	\$2	\$7	17%	35%
Mississippi	\$29.20	\$505	\$2	\$7	17%	35%
Louisiana	\$35.80	\$505	\$2	\$7	17%	35%
Texas	\$24.30	\$505	\$2	\$7	17%	42%
Oklahoma	\$30.70	\$505	\$2	\$7	17%	35%
Kansas	\$32.70	\$505	\$2	\$7	17%	35%
Upper MW and N. Plains ¹	\$37.90	\$505	\$2	\$7	17%	36%
New Mexico	\$33.90	\$505	\$2	\$7	17%	38%
Colorado	\$39.30	\$505	\$2	\$7	17%	36%
Arizona	\$38.00	\$505	\$2	\$7	17%	44%
Nevada	\$31.70	\$505	\$2	\$7	17%	40%
Oregon, Washington	\$40.50	\$505	\$2	\$7	17%	37%
Idaho, Utah	\$35.10	\$505	\$2	\$7	17%	35%
California	\$29.60	\$505	\$2	\$7	17%	35%
Hawaii	\$32.90	\$505	\$2	\$7	22%	30%
Alaska	\$34.70	\$505	\$2	\$7	17%	37%

¹ IA, MN, MT, ND, NE, SD, WY

² Long-term care (LTC) and home infusion pharmacies use standard pharmacy cost-sharing. For LTC, you'll get up to a 31-day supply.

This plan provides insulins at affordable copayments of no more than \$35 for a 30-day supply at all network pharmacies for covered insulins through all stages of the Part D benefit. These copayments apply at retail, mail or long-term care pharmacies.

T5	Standard pharmacies 30-day supply ² (retail/mail-order ³)					90-day supply (retail/ mail-order ³)	Coverage gap (donut hole)
	T1	T2	T3	T4	T5		
25%	\$8	\$15	17%	36%	25%	Tiers 1 and 2 3x copay Tiers 3 and 4 Applicable coinsurance Tier 5 – N/A	25% brand/ generic
25%	\$8	\$15	17%	35%	25%		
25%	\$6	\$13	17%	35%	25%		
25%	\$8	\$15	17%	36%	25%		
25%	\$8	\$15	17%	38%	25%		
25%	\$6	\$13	17%	39%	25%		
25%	\$8	\$15	17%	40%	25%		
25%	\$8	\$15	17%	37%	25%		
25%	\$8	\$15	17%	39%	25%		
25%	\$8	\$15	17%	39%	25%		
25%	\$8	\$15	17%	37%	25%		
25%	\$6	\$13	17%	36%	25%		
25%	\$8	\$15	17%	36%	25%		
25%	\$8	\$15	17%	44%	25%		
25%	\$8	\$15	17%	37%	25%		
25%	\$6	\$13	17%	35%	25%		
25%	\$8	\$15	17%	41%	25%		
25%	\$6	\$13	17%	35%	25%		
25%	\$7	\$14	17%	35%	25%		
25%	\$8	\$15	17%	35%	25%		
25%	\$6	\$14	17%	35%	25%		
25%	\$8	\$15	17%	42%	25%		
25%	\$8	\$15	17%	35%	25%		
25%	\$8	\$15	17%	35%	25%		
25%	\$8	\$15	17%	36%	25%		
25%	\$8	\$15	17%	38%	25%		
25%	\$8	\$15	17%	36%	25%		
25%	\$8	\$15	17%	44%	25%		
25%	\$8	\$15	17%	40%	25%		
25%	\$8	\$15	17%	37%	25%		
25%	\$6	\$13	17%	35%	25%		
25%	\$6	\$13	17%	35%	25%		
25%	\$8	\$15	22%	30%	25%		
25%	\$8	\$15	17%	37%	25%		

³ The typical number of business days after the mail-order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail-order delivery.

SilverScript Plus (PDP)

Regional states	Premium	Deductible	Preferred pharmacies 30-day supply (retail/mail-order ³)				
			T1	T2	T3	T3 SI	T4
Northern New England (NH, ME)	\$70.40	\$0	\$0	\$0	\$47	\$35	50%
Central New England (CT, MA, RI, VT)	\$72.70	\$0	\$0	\$0	\$47	\$35	50%
New York	\$67.90	\$0	\$0	\$0	\$47	\$35	50%
New Jersey	\$76.20	\$0	\$0	\$0	\$47	\$35	50%
Mid-Atlantic (DE, DC, MD)	\$70.10	\$0	\$0	\$0	\$47	\$35	50%
Pennsylvania, West Virginia	\$77.80	\$0	\$0	\$0	\$47	\$35	50%
Virginia	\$70.40	\$0	\$0	\$0	\$47	\$35	50%
North Carolina	\$72.30	\$0	\$0	\$0	\$47	\$35	50%
South Carolina	\$79.50	\$0	\$0	\$0	\$47	\$35	50%
Georgia	\$69.60	\$0	\$0	\$0	\$47	\$35	50%
Florida	\$70.40	\$0	\$0	\$0	\$47	\$35	50%
Alabama, Tennessee	\$73.20	\$0	\$0	\$0	\$47	\$35	50%
Michigan	\$71.40	\$0	\$0	\$0	\$47	\$35	50%
Ohio	\$73.60	\$0	\$0	\$0	\$47	\$35	50%
Indiana, Kentucky	\$74.00	\$0	\$0	\$0	\$47	\$35	50%
Wisconsin	\$83.70	\$0	\$0	\$0	\$47	\$35	50%
Illinois	\$78.50	\$0	\$0	\$0	\$47	\$35	50%
Missouri	\$77.60	\$0	\$0	\$0	\$47	\$35	50%
Arkansas	\$72.80	\$0	\$0	\$0	\$47	\$35	50%
Mississippi	\$75.90	\$0	\$0	\$0	\$47	\$35	50%
Louisiana	\$77.40	\$0	\$0	\$0	\$47	\$35	50%
Texas	\$77.10	\$0	\$0	\$0	\$47	\$35	50%
Oklahoma	\$105.20	\$0	\$0	\$0	\$47	\$35	50%
Kansas	\$72.80	\$0	\$0	\$0	\$47	\$35	50%
Upper MW and N. Plains ¹	\$82.40	\$0	\$0	\$0	\$47	\$35	50%
New Mexico	\$70.50	\$0	\$0	\$0	\$47	\$35	50%
Colorado	\$83.80	\$0	\$0	\$0	\$47	\$35	50%
Arizona	\$88.60	\$0	\$0	\$0	\$47	\$35	50%
Nevada	\$68.60	\$0	\$0	\$0	\$47	\$35	50%
Oregon, Washington	\$73.50	\$0	\$0	\$0	\$47	\$35	50%
Idaho, Utah	\$69.50	\$0	\$0	\$0	\$47	\$35	50%
California	\$69.10	\$0	\$0	\$0	\$47	\$35	50%
Hawaii	\$75.70	\$0	\$0	\$0	\$47	\$35	50%
Alaska	\$77.50	\$0	\$0	\$0	\$47	\$35	50%

¹ IA, MN, MT, ND, NE, SD, WY

² Long-term care (LTC) and home infusion pharmacies use standard pharmacy cost-sharing. For LTC, you'll get up to a 31-day supply.

This plan provides insulins at affordable copayments of no more than \$35 for a 30-day supply at all network pharmacies for covered insulins through all stages of the Part D benefit. These copayments apply at retail, mail or long-term care pharmacies.

T5	Standard pharmacies 30-day supply ² (retail/mail-order ³)						90-day supply (retail/ mail-order ³)	Coverage gap (donut hole)
	T1	T2	T3	T3 SI	T4	T5		
33%	\$5	\$14	\$47	\$35	50%	33%	Tiers 1 and 2 \$0 copay ⁴ Tier 3 \$141 copay ⁴ Tier 4 50% coinsurance Tier 5 – N/A	Tiers 1 and 2 \$0 copay Tiers 3, 4 and 5 25% brand or generic
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		
33%	\$5	\$14	\$47	\$35	50%	33%		

³ The typical number of business days after the mail-order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail-order delivery.
⁴ At preferred pharmacies in the initial coverage stage.
 T3 SI = Select Insulins on Tier 3. Pricing applies to the Deductible, Initial Coverage and Coverage Gap stages.

Ways to enroll



Online

This method is the easiest and quickest way to apply. Visit [AetnaMedicare.com](https://www.AetnaMedicare.com) or [Medicare.gov](https://www.Medicare.gov).



By telephone

If you want to talk to one of our friendly customer representatives from the convenience of your home.



In person

If your situation is complicated and you prefer speaking to someone face-to-face, call us to request an appointment.

We can be reached at 1-833-526-2445 (TTY: 711), October 1 – March 31, seven days/week, 8 AM – 8 PM, local time; April 1 – September 30, five days/week (M – F), 8 AM – 8 PM, local time.

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Care representative at 1-833-526-2455 (TTY: 711), October 1 – March 31, seven days/week, 8 AM – 8 PM, local time; April 1 – September 30, five days/week (M – F), 8 AM – 8 PM, local time.

Understanding the benefits

- The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.AetnaMedicare.com/PlanDocuments or call 1-833-526-2445 (TTY: 711) to view a copy of the EOC.
- Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the *Formulary* to make sure your drugs are covered.

Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2024.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Next steps after enrolling

As soon as Medicare approves your application, we will send you your new member plan materials.

Your plan materials include:

- Confirmation of Enrollment Letter – This letter confirms Medicare has approved your enrollment.
- Member ID Card – The card you present at the pharmacy to access your SilverScript plan benefit.
- Get Started Guide – A guide that introduces the resources, tools and information that will be helpful for new Aetna Medicare members.
- Online Document Notice – Instructions on electronically accessing essential plan documents, such as *Evidence of Coverage (EOC)*, *Pharmacy Directory and Formulary*.



Customer care

Method	Contact information
Call	<p>1-833-526-2445 (prospective members) October 1 – March 31, seven days/week, 8 AM - 8 PM, local time April 1 – September 30, five days/week (M – F), 8 AM – 8 PM, local time</p> <p>1-866-235-5660 (current members) 24 hours a day, seven days a week</p> <p>Calls to these numbers are free. Customer Care also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711</p> <p>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, seven days a week.</p>
Fax	1-866-552-6205
Write	<p>SilverScript Insurance Company P.O. Box 30016 Pittsburgh, PA 15222-0330</p>
Website	AetnaMedicare.com

Thank you

For considering Aetna Medicare for your prescription drug plan needs. We believe you will be happier with the services and coverages Aetna provides you.



The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

SilverScript is a Prescription Drug Plan with a Medicare contract marketed through Aetna Medicare.

Enrollment in SilverScript depends on contract renewal.

Aetna and CVS Caremark® are part of the CVS Health® family of companies.

Plan features and availability may vary by service area.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

This Summary of Benefits doesn't list every service we cover or every limitation or exclusion. To get our full list of services, download a copy of the *Evidence of Coverage* from our website at [AetnaMedicare.com/PlanDocuments](https://www.aetna.com/PlanDocuments) or call us and we'll send you a copy. You can find our contact information on the last page of this booklet.

Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.