



**♦aetna** medicare solutions

# Plans for a healthy you and a healthy budget



# SilverScript® SmartRx (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 \$7.08
- \$0 deductible for Tier 1 drugs
- \$1 copay for Tier 1 drugs\*
- Tier 1 drugs include almost half of Medicare's top-100 drug list



# SilverScript® Choice

(PDP)

If you receive Extra Help, you may be eligible for a \$0 premium.

- Average monthly premium of \$30.78
- \$0 deductible for Tier 1 and Tier 2 drugs
- \$0 copay for Tier 1 drugs\*



# SilverScript® Plus

(PDP)

For greater coverage, including more covered drugs, some prescription vitamins and minerals, generic erectile dysfunction drugs, plus coverage of Tier 1 and Tier 2 drugs in the coverage gap, this might be the plan for you.

- Average monthly premium of \$68.97
- \$0 deductible for all covered drugs
- \$0 copay for a 90-day supply of Tier 1 and 2 drugs\*\*
- \$35 for select insulins at both preferred and standard pharmacies



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

The SilverScript Plus plan participates in the Insulin Savings Program, providing affordable and predictable copayments of \$35 for a 30-day supply (\$105 for up to a 90-day supply) at both preferred and standard pharmacies for select insulins through the initial coverage and coverage gap stages of the plan.

<sup>\*</sup>At preferred pharmacies in the initial coverage phase.

<sup>\*\*</sup>Available in the initial coverage and coverage gap phases at a preferred pharmacy.



## **Aetna Medicare**

		Sil	verScript S	martRx (P	DP)				
\$	Average monthly plan premium		\$7	.08					
	Annual deductible	\$480 (Tiers 2 – 5)							
	Preferred pharmacies		More the	an 23.5K					
	Network pharmacies		Over 4	13,000					
Initial c	overage phase								
		Preferred	oharmacies						
		30-day	90-day	30-day	90-day				
R	Tier 1 Preferred generic	\$1	\$3	\$19	\$57				
	Tier 2 Generic	\$19	\$57	\$20	\$60				
	Tier 3 Preferred brand	\$46	\$138	\$47	\$141				
	Tier 4 Non-preferred drug	49	9%	50	)%				
P ©	Tier 5 Specialty	25%	N/A	25%	N/A				
Covera	ge gap phase								
R	Tier 1								
	Tier 2		25	5%					
	Tiers 3 – 5								
Catastr	ophic								
		You'll pay the greater of 5% of the cost of covered drugs on any tier, or \$3.95 copay for generic drugs (including brand drugs treated as generic), and \$9.85 copay for all other drugs.							



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	lverScript (			•	SilverScrip	t Plus (PDF	<b>'</b> )			
	cost-sharing v		on		4.0.					
	\$30	D.78 		\$68.97						
	\$480 (Ti	ers 3 – 5)			\$	0				
	More th	an 23.5K			More th	an 23.5K				
	Over 6	65,000			Over 6	65,000				
							1			
Preferred	pharmacies	Standard p	oharmacies	Preferred	pharmacies	Standard p	harmacies			
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$0	\$0	\$5 – \$19	\$15 – \$57	\$0	\$0	\$5	\$15			
\$5 – \$8	\$15 – \$24	\$10 – \$20	\$30 – \$60	\$2	\$0	\$10	\$30			
17 –	18%	17 –	19%	\$47	\$120	\$47	\$141			
	34 -	- 41%		50%						
25%	N/A	25%	N/A	33%	N/A	33%	N/A			
				\$0	\$0	\$5	\$15			
	25	5%		\$2	\$0	\$10	\$30			
				25%						
drugs on an (including b	ne greater of 5 ny tier, or \$3.99 rand drugs tro y for all other o	5 copay for geated as gene	eneric drugs	drugs on an (including b	e greater of 5 by tier, or \$3.9 rand drugs tro y for all other	5 copay for generated as generated	eneric drugs			



# Why millions like you trust Aetna®

More than 7 million members count on us to help make their prescription drugs easier to afford.

#### **Affordable**

\$0 annual deductible

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

- Tier 1 drugs with SilverScript SmartRx
- Tier 1 and Tier 2 drugs with SilverScript Choice
- 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** 

Our SilverScript Plus plan provides predictable copayments to help you manage your prescription expenses.

A low \$35 copay for a 30-day supply at both preferred and standard pharmacies for select insulins through the Initial Coverage and Coverage Gap Stages.

#### Value-driven

\$0 copay on:

- A 90-day supply for Tier 1 with SilverScript Choice\*
- A 90-day supply for Tier 1 and Tier 2\*\* with SilverScript Plus
- SilverScript Plus members save even more on a 90-day supply of Tier 3 drugs\*\*

#### Convenient

Thousands of network pharmacies

This includes preferred pharmacies to help you get the most savings coast to coast.

23.5K for all SilverScript plans

**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.



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.** 

<sup>\*</sup>At preferred pharmacies in the initial coverage phase.

<sup>\*\*</sup>Available in the initial coverage and coverage gap phases at a preferred pharmacy.



# Understanding drug payment phases

# Up to **\$480**

### **Deductible phase**

During this phase, 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 phase.

# Up to **\$4,430**

## Initial coverage phase

During this phase, 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 \$4,430.

Once you reach \$4,430, you'll enter the coverage gap phase or "donut hole."



Most people will remain in this phase.

# Up to **\$7,050**

## Coverage gap phase

(Also known as the donut hole.)

During this phase, 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 phase continues until your yearly out-of-pocket drug costs reach \$7,050.

Once your yearly out-of-pocket costs reach \$7,050, you'll move to catastrophic coverage.



Some people will move into this phase.

#### Through the end of the year

### Catastrophic coverage phase

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



Few people will reach this phase.



# SilverScript SmartRx (PDP)

	Premium	Deductible	Preferre	d pharmaci (retail/ma	es — 30-da ail order³)	ay supply
Regional states		T2-5	T1	T2	Т3	T4
Northern New England (NH, ME)	\$7.60	\$480	\$1	\$19	\$46	49%
Central New England (CT, MA, RI, VT)	\$7.40	\$480	\$1	\$19	\$46	49%
New York	\$7.20	\$480	\$1	\$19	\$46	49%
New Jersey	\$7.00	\$480	\$1	\$19	\$46	49%
Mid-Atlantic (DE, DC, MD)	\$7.10	\$480	\$1	\$19	\$46	49%
Pennsylvania, West Virginia	\$7.20	\$480	\$1	\$19	\$46	49%
Virginia	\$7.10	\$480	\$1	\$19	\$46	49%
North Carolina	\$7.00	\$480	\$1	\$19	\$46	49%
South Carolina	\$6.90	\$480	\$1	\$19	\$46	49%
Georgia	\$6.90	\$480	\$1	\$19	\$46	49%
Florida	\$7.70	\$480	\$1	\$19	\$46	49%
Alabama, Tennessee	\$6.50	\$480	\$1	\$19	\$46	49%
Michigan	\$7.50	\$480	\$1	\$19	\$46	49%
Ohio	\$7.10	\$480	\$1	\$19	\$46	49%
Indiana, Kentucky	\$6.80	\$480	\$1	\$19	\$46	49%
Wisconsin	\$6.60	\$480	\$1	\$19	\$46	49%
Illinois	\$6.90	\$480	\$1	\$19	\$46	49%
Missouri	\$6.80	\$480	\$1	\$19	\$46	49%
Arkansas	\$6.40	\$480	\$1	\$19	\$46	49%
Mississippi	\$6.50	\$480	\$1	\$19	\$46	49%
Louisiana	\$6.40	\$480	\$1	\$19	\$46	49%
Texas	\$6.90	\$480	\$1	\$19	\$46	49%
Oklahoma	\$6.70	\$480	\$1	\$19	\$46	49%
Kansas	\$6.60	\$480	\$1	\$19	\$46	49%
Upper MW and N. Plains <sup>1</sup>	\$6.80	\$480	\$1	\$19	\$46	49%
New Mexico	\$7.60	\$480	\$1	\$19	\$46	49%
Colorado	\$7.60	\$480	\$1	\$19	\$46	49%
Arizona	\$7.50	\$480	\$1	\$19	\$46	49%
Nevada	\$7.30	\$480	\$1	\$19	\$46	49%
Oregon, Washington	\$7.70	\$480	\$1	\$19	\$46	49%
Idaho, Utah	\$6.90	\$480	\$1	\$19	\$46	49%
California	\$7.50	\$480	\$1	\$19	\$46	49%
Hawaii	\$7.80	\$480	\$1	\$19	\$46	49%
Alaska	\$7.30	\$480	\$1	\$19	\$46	49%

<sup>&</sup>lt;sup>1</sup>IA, MN, MT, ND, NE, SD, WY

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



	St		rmacies — : tail/mail ord	30-day supp ler³)	ly <sup>2</sup>	90-day supply (retail/mail	Coverage gap
T5	T1	T2	Т3	T4	T5	order <sup>3</sup> )	(donut hole)
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%	Tiers 1 – 3	
25%	\$19	\$20	\$47	50%	25%	3x copay	
25%	\$19	\$20	\$47	50%	25%	Tier 4	25% brand/
25%	\$19	\$20	\$47	50%	25%	Applicable	generic
25%	\$19	\$20	\$47	50%	25%	coinsurance	
25%	\$19	\$20	\$47	50%	25%	Tier 5 – N/A	
25%	\$19	\$20	\$47	50%	25%	1101 0 11/71	
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		
25%	\$19	\$20	\$47	50%	25%		

<sup>&</sup>lt;sup>3</sup> 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 Choice (PDP)

	Premium	Deductible	Preferre	d pharmaci (retail/ma	es — 30-da ail order³)	ay supply
Regional states		T3-5	T1	T2	Т3	T4
Northern New England (NH, ME)	\$29.00	\$480	\$0	\$5	17%	35%
Central New England (CT, MA, RI, VT)	\$33.60	\$480	\$0	\$5	17%	35%
New York	\$39.30	\$480	\$0	\$5	17%	34%
New Jersey	\$35.10	\$480	\$0	\$5	17%	38%
Mid-Atlantic (DE, DC, MD)	\$30.50	\$480	\$0	\$5	17%	37%
Pennsylvania, West Virginia	\$33.30	\$480	\$0	\$5	17%	41%
Virginia	\$29.20	\$480	\$0	\$5	17%	40%
North Carolina	\$30.10	\$480	\$0	\$6	17%	36%
South Carolina	\$29.10	\$480	\$0	\$7	17%	36%
Georgia	\$29.40	\$480	\$0	\$5	17%	39%
Florida	\$29.10	\$480	\$0	\$5	17%	35%
Alabama, Tennessee	\$29.70	\$480	\$0	\$5	17%	39%
Michigan	\$26.60	\$480	\$0	\$5	17%	37%
Ohio	\$30.30	\$480	\$0	\$5	18%	40%
Indiana, Kentucky	\$28.80	\$480	\$0	\$5	17%	38%
Wisconsin	\$35.00	\$480	\$0	\$5	17%	36%
Illinois	\$27.10	\$480	\$0	\$5	17%	40%
Missouri	\$30.90	\$480	\$0	\$5	17%	35%
Arkansas	\$25.10	\$480	\$0	\$5	17%	39%
Mississippi	\$25.90	\$480	\$0	\$5	17%	38%
Louisiana	\$32.40	\$480	\$0	\$5	17%	35%
Texas	\$23.70	\$480	\$0	\$5	17%	38%
Oklahoma	\$25.90	\$480	\$0	\$5	17%	38%
Kansas	\$30.40	\$480	\$0	\$5	17%	35%
Upper MW and N. Plains <sup>1</sup>	\$34.80	\$480	\$0	\$5	17%	38%
New Mexico	\$27.50	\$480	\$0	\$5	17%	37%
Colorado	\$35.40	\$480	\$0	\$5	17%	35%
Arizona	\$33.10	\$480	\$0	\$6	17%	41%
Nevada	\$27.50	\$480	\$0	\$6	17%	41%
Oregon, Washington	\$32.70	\$480	\$0	\$5	17%	35%
Idaho, Utah	\$34.10	\$480	\$0	\$5	17%	35%
California	\$30.60	\$480	\$0	\$5	17%	35%
Hawaii	\$25.60	\$480	\$0	\$8	17%	34%
Alaska	\$45.80	\$480	\$0	\$5	17%	35%

<sup>&</sup>lt;sup>1</sup>IA, MN, MT, ND, NE, SD, WY

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



	Sta		rmacies — : tail/mail ord	30-day supp ler³)	ly <sup>2</sup>	90-day supply (retail/mail	Coverage gap
T5	T1	T2	T3	T4	T5	order <sup>3</sup> )	(donut hole)
25%	\$10	\$15	17%	35%	25%		
25%	\$5	\$11	17%	35%	25%	_	
25%	\$5	\$10	17%	34%	25%	_	
25%	\$5	\$12	17%	38%	25%	-	
25%	\$19	\$20	17%	37%	25%	-	
25%	\$5	\$11	17%	41%	25%	-	
25%	\$10	\$15	17%	40%	25%	-	
25%	\$10	\$15	17%	36%	25%	-	
25%	\$15	\$20	17%	36%	25%	_	
25%	\$12	\$15	17%	39%	25%	_	
25%	\$12	\$15	17%	35%	25%		
25%	\$5	\$13	17%	39%	25%		
25%	\$5	\$12	17%	37%	25%		
25%	\$15	\$20	18%	40%	25%		
25%	\$5	\$13	17%	38%	25%	Tiers 1 and 2	
25%	\$5	\$10	17%	36%	25%	3x copay	
25%	\$5	\$13	17%	40%	25%	Tiers 3 and 4	25% brand/
25%	\$6	\$13	17%	35%	25%	Applicable	generic
25%	\$5	\$15	17%	39%	25%	coinsurance	
25%	\$5	\$12	17%	38%	25%	Tier 5 – N/A	
25%	\$5	\$11	17%	35%	25%		
25%	\$10	\$20	17%	38%	25%		
25%	\$7	\$10	17%	38%	25%		
25%	\$7	\$14	17%	35%	25%		
25%	\$5	\$10	17%	38%	25%		
25%	\$8	\$16	17%	37%	25%		
25%	\$10	\$20	17%	35%	25%		
25%	\$15	\$20	17%	41%	25%		
25%	\$15	\$20	17%	41%	25%		
25%	\$10	\$15	17%	35%	25%		
25%	\$12	\$17	17%	35%	25%		
25%	\$5	\$10	17%	35%	25%		
25%	\$19	\$20	19%	34%	25%		
25%	\$5	\$15	17%	35%	25%		

<sup>&</sup>lt;sup>3</sup> 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)

	Premium	Deductible	Preferre	d pharmaci (retail/ma		ay supply
Regional states			T1	T2	Т3	T4
Northern New England (NH, ME)	\$59.80	\$0	\$0	\$2	\$47	50%
Central New England (CT, MA, RI, VT)	\$72.50	\$0	\$0	\$2	\$47	50%
New York	\$77.20	\$0	\$0	\$2	\$47	50%
New Jersey	\$77.40	\$0	\$0	\$2	\$47	50%
Mid-Atlantic (DE, DC, MD)	\$66.50	\$0	\$0	\$2	\$47	50%
Pennsylvania, West Virginia	\$73.30	\$0	\$0	\$2	\$47	50%
Virginia	\$62.40	\$0	\$0	\$2	\$47	50%
North Carolina	\$57.70	\$0	\$0	\$2	\$47	50%
South Carolina	\$73.30	\$0	\$0	\$2	\$47	50%
Georgia	\$62.40	\$0	\$0	\$2	\$47	50%
Florida	\$63.40	\$0	\$0	\$2	\$47	50%
Alabama, Tennessee	\$54.80	\$0	\$0	\$2	\$47	50%
Michigan	\$64.10	\$0	\$0	\$2	\$47	50%
Ohio	\$75.20	\$0	\$0	\$2	\$47	50%
Indiana, Kentucky	\$58.80	\$0	\$0	\$2	\$47	50%
Wisconsin	\$45.00	\$0	\$0	\$2	\$47	50%
Illinois	\$88.10	\$0	\$0	\$2	\$47	50%
Missouri	\$57.00	\$0	\$0	\$2	\$47	50%
Arkansas	\$57.90	\$0	\$0	\$2	\$47	50%
Mississippi	\$59.00	\$0	\$0	\$2	\$47	50%
Louisiana	\$77.90	\$0	\$0	\$2	\$47	50%
Texas	\$68.20	\$0	\$0	\$2	\$47	50%
Oklahoma	\$91.30	\$0	\$0	\$2	\$47	50%
Kansas	\$57.60	\$0	\$0	\$2	\$47	50%
Upper MW and N. Plains <sup>1</sup>	\$79.90	\$0	\$0	\$2	\$47	50%
New Mexico	\$63.60	\$0	\$0	\$2	\$47	50%
Colorado	\$85.30	\$0	\$0	\$2	\$47	50%
Arizona	\$84.70	\$0	\$0	\$2	\$47	50%
Nevada	\$63.50	\$0	\$0	\$2	\$47	50%
Oregon, Washington	\$75.30	\$0	\$0	\$2	\$47	50%
Idaho, Utah	\$62.00	\$0	\$0	\$2	\$47	50%
California	\$81.80	\$0	\$0	\$2	\$47	50%
Hawaii	\$78.40	\$0	\$0	\$2	\$47	50%
Alaska	\$69.70	\$0	\$0	\$2	\$47	50%

<sup>&</sup>lt;sup>1</sup> IA, MN, MT, ND, NE, SD, WY

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



	St		rmacies — : ail/mail orc	30-day supp ler³)	ly²	90-day supply (retail/mail	Coverage gap
T5	T1	T2	Т3	T4	T5	order <sup>3</sup> )	(donut hole)
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%	Tiers 1 and 2	
33%	\$5	\$10	\$47	50%	33%	\$0 copay <sup>4</sup>	
33%	\$5	\$10	\$47	50%	33%		Tiers 1 and 2
33%	\$5	\$10	\$47	50%	33%	Tier 3	Initial coverage
33%	\$5	\$10	\$47	50%	33%	\$120 copay <sup>4</sup>	copays
33%	\$5	\$10	\$47	50%	33%	Tier 4	Tiers 3, 4 and 5
33%	\$5	\$10	\$47	50%	33%	50%	25% brand or
33%	\$5	\$10	\$47	50%	33%	coinsurance	generic
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%	Tier 5 – N/A	
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		
33%	\$5	\$10	\$47	50%	33%		

<sup>&</sup>lt;sup>3</sup> 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.

<sup>&</sup>lt;sup>4</sup>At preferred pharmacies in the initial coverage phase.



## Ways to enroll



#### **Online**

This method is the easiest and quickest way to apply. Visit **AetnaMedicare.com** or **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.

#### Understanding the benefits

Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor.

To view a copy of the EOC, visit **AetnaMedicare.com/PlanDocuments.** 

To request a copy via mail, call **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.

#### Understanding important rules

Use our online pharmacy locator at **AetnaMedicare.com/PharmacyHelp** to make sure the pharmacy you use for any prescription medicines is in the network.

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, 2023.

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	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 1-866-235-5660 (current members) 24 hours a day, seven days a week Calls to these numbers are free. Customer Care also has free language interpreter services available for non-English speakers.
TTY	711 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.
Fax	1-866-552-6205
Write	SilverScript Insurance Company P.O. Box 30016 Pittsburgh, PA 15222-0330
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.

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 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.

The SilverScript SmartRx (PDP) pharmacy network includes limited lower-cost, preferred pharmacies in rural: Arkansas, Kansas and Oklahoma. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call **1-866-235-5660** (TTY: 711) or consult the online pharmacy directory at AetnaMedicare.com.

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2022 SILVERSCRIPT RETAIL NETWORKS AS	OF 8/20/2021						CCI CL	CCI Ch.:	CCI DI	CC! DI	SSI	SSI Smart
Pharmacy Name	Address	City	State	ZIP	Phone	Chain Name	SSI Choice Preferred	SSI Choice Standard	SSI Plus Preferred	SSI Plus Standard	SmartRx Preferred	Rx Standard
KESSLER'S PHARMACY	621 6TH AVE SE	ABERDEEN	SD	57401	(605) 225-6673 THIR		х		х		Х	Standard
LEWIS FAMILY DRUG	119 6TH AVE SW	ABERDEEN	SD	57401		S DRUGS/LEWIS FAMILY DRUG	Х		X		X	
WALMART PHARMACY DT PHARMACY	3820 7TH AVE SE 815 1ST AVE SE STE 202	ABERDEEN ABERDEEN	SD SD	57401 57401	(605) 229-1519 WAL (605) 725-4001 INDE		Х	х	Х	Х	Х	х
PLAZA PHARMACY	2201 6TH AVE SE STE 23		SD	57401		TEGIC HEALTH ALLIANCE II		X		x		X
STATE STREET PHARMACY	105 S STATE ST STE 111		SD	57401		TEGIC HEALTH ALLIANCE II		Х		Х		Х
UNITED CLINIC PHARMACY		ABERDEEN ABERDEEN	SD SD	57401 57401		TEGIC HEALTH ALLIANCE II		X X		X X		Х
JONES DRUG NELSON DRUG	816 6TH AVE SE STE 1 125 S MAIN ST	ARLINGTON	SD	57212	(605) 983-5711 INDE	TEGIC HEALTH ALLIANCE II PENDENTS		x		X		Х
PRAIRIE PHARMACY	1311 BRADDOCK AVE	ARMOUR	SD	57313	(605) 724-2970 THIR			Х		Х		
LYNNS DAKOTAMART PHARMACY BELL	600 NATIONAL ST	BELLE FOURCHE	SD	57717		ATE PROVIDER NETWORK	Х		Х		Х	
LYNNS DAKOTAMART PHARMACY PRAIRIE HILLS PHARMACY	600 NATIONAL ST 319 SUMMIT ST	BELLE FOURCHE BELLE FOURCHE	SD SD	57717 57717	(605) 892-2666 INDE (605) 723-5920 INDE			X X		X X		X
LEWIS FAMILY DRUG		BERESFORD	SD	57004		S DRUGS/LEWIS FAMILY DRUG	X	^	х	^	Х	^
TURNER DRUG INC	3033 MAIN ST	BOWDLE	SD	57428	(605) 285-6121 INDE	PENDENTS		х		Х		Х
LEWIS DRUGS	115 N SPLITROCK BLVD		SD	57005		S DRUGS/LEWIS FAMILY DRUG	Х		Х		Х	
BRANDON PHARMACY QUARVE DRUG	710 MAIN ST	BRANDON BRITTON	SD SD	57005 57430	(605) 582-6000 INDE (605) 448-2471 INDE			X X		X X		
HY-VEE PHARMACY	790 22ND AVE S	BROOKINGS	SD	57006	f	EE FOOD STORES, INC.	X		х	,	х	
LEWIS DRUG	910 22ND AVE S	BROOKINGS	SD	57006		S DRUGS/LEWIS FAMILY DRUG	X		х		Х	
WALMART PHARMACY	2233 6TH ST	BROOKINGS	SD	57006	(605) 692-1858 WAL		Х		Х		Х	v
BROTHERS PHARMACY BROTHERS PHARMACY LTC	1004 6TH ST 1004 6TH ST STE B	BROOKINGS BROOKINGS	SD SD	57006 57006	(605) 692-2088 INDE (605) 696-3526 INDE			X		X X		X X
SDSU JACKRABBIT PHARMACY	1440 N CAMPUS DR WEI		SD	57007	(605) 688-5410 INDE			X		X		^
BURKE COMMUNITY PHARMACY INC	809 JACKSON ST	BURKE	SD	57523		TEGIC HEALTH ALLIANCE II		х		х		Х
LEWIS FAMILY DRUG	715 E STH ST	CANTON	SD	57013		S DRUGS/LEWIS FAMILY DRUG	Х		Х		Х	
HAISCH PHARMACY	303 E STH ST	CANTON	SD	57013		ATE PROVIDER NETWORK	~	Х	v	Х	v	Х
LEWIS FAMILY DRUG LEWIS FAMILY DRUG	513 BROADWAY ST 201 N MAIN ST	CENTERVILLE CHAMBERLAIN	SD SD	57014 57325		S DRUGS/LEWIS FAMILY DRUG S DRUGS/LEWIS FAMILY DRUG	X X		X		X X	
LEWIS FAMILY DRUG	211 N COMMERCIAL ST		SD	57225		S DRUGS/LEWIS FAMILY DRUG	×		x		x	
LEWIS FAMILY DRUG	404 3RD AVE S	CLEAR LAKE	SD	57226	(605) 874-8220 LEWI	S DRUGS/LEWIS FAMILY DRUG	х		х		х	
PRAIRIE PHARMACY	265 E MAIN ST	CORSICA	SD	57328	(605) 946-5690 THIR			X		X		.,
CARSON DRUG REDLERS LONG TERM CARE LLC	521 MT RUSHMORE RD 317 DAKOTA DUNES BLV		SD	57730 57049	(605) 673-2225 INDE (605) 235-1552 INDE			X X		X X		X X
SIOUXLAND UROLOGY ASSOCIATES	455 SIOUX POINT RD	DAKOTA DUNES	SD	57049	(605) 235-1552 INDE			X		X X		X
DUNES FAMILY PHARMACY	101 TOWER RD STE 130		SD	57049		TEGIC HEALTH ALLIANCE II		Х		X		
WHITE DRUG	71 CHARLES ST	DEADWOOD	SD	57732	(605) 578-1512 THRI		х		X		Х	
LEWIS FAMILY DRUG	1002 N HIGHWAY 77	DELL RAPIDS	SD	57022		S DRUGS/LEWIS FAMILY DRUG	X		X		X	
LEWIS FAMILY DRUG VILAS PHARMACY	111 CALUMET AVE SW 123 S MAIN ST	DESMET EAGLE BUTTE	SD	57231 57625	(605) 854-9033 LEWI	S DRUGS/LEWIS FAMILY DRUG	Х	х	Х	Х	Х	
LEWIS FAMILY DRUG	204 W MAIN ST	ELK POINT	SD	57025		S DRUGS/LEWIS FAMILY DRUG	X		х	Α	Х	
DOSCH FAMILY PHARMACY	207 J AVE STE 3	EUREKA	SD	57437	(605) 284-2752 INDE			х		Х		х
VILAS PHARMACY	100 MAIN ST	FAITH	SD	57626	(605) 967-2123 INDE			X		Х		
FAULKTON DRUG	118 8TH AVE S	FAULKTON	SD	57438	(605) 598-4187 INDE		×	х	x	Х	х	Х
LEWIS FAMILY DRUG SHANES PHARMACY	127 E 2ND AVE 213 E HUSTAN AVE	FLANDREAU FORT PIERRE	SD SD	57028 57532	(605) 997-2122 LEWI	S DRUGS/LEWIS FAMILY DRUG		х		х	^	х
HERITAGE PHARMACY	609 HWY 81	FREEMAN	SD	57029	(605) 925-4510 LEAD			X		x		X
NORMS THRIFTY WHITE PHARMACY	389 S MAIN ST	FREEMAN	SD	57029	(605) 925-7059 INDE	PENDENTS		х		х		х
VILAS	103 E COMMERCIAL AVE		SD	57442	(605) 765-9458 INDE			X		Х		X
GREGORY DRUG LORI'S PHARMACY	604 MAIN ST 1205 N 1ST ST	GREGORY	SD SD	57533 57445	(605) 835-8198 INDE	PENDENTS TEGIC HEALTH ALLIANCE II		X X		X X		X X
HYVEE PHARMACY	304 W SD HIGHWAY 38 5		SD	57033		EE FOOD STORES, INC.	х	^	Х	Α	х	^
VILAS	120 COMMERCIAL STREE	HIGHMORE	SD	57345	(605) 852-2890 INDE			Х		Х		
LYNNS DAKOTAMART PHARMACY	501 SOUTH SIXTH ST	HOT SPRINGS	SD	57747		ATE PROVIDER NETWORK	Х		Х		Х	
MICHAEL J FITSMAURICE SD VET HOME FALL RIVER HOSPITAL PHARMACY	2500 MINNEKAHTA AVE 1201 HIGHWAY 71 S	HOT SPRINGS HOT SPRINGS	SD SD	57747 57747	(605) 745-5127 INDE (605) 745-8910 INDE		Х	х	Х	х	Х	Х
RAFFERTY-ROBBINS DRUG STORE	108 S MAIN ST	HOWARD	SD	57349	(605) 772-5581 INDE			X		X		^
COBORN'S PHARMACY	2150 DAKOTA AVE S	HURON	SD	57350	(605) 352-1641 COB		Х		Х		Х	
LEWIS DRUG	1950 DAKOTA AVE S	HURON	SD	57350		S DRUGS/LEWIS FAMILY DRUG	Х		х		х	
WALMART PHARMACY	2791 DAKOTA AVE S	HURON	SD	57350	(605) 353-9513 WAL		Х		Х		Х	
NORTHSIDE PHARMACY VILAS PHARMACY	100 DAKOTA AVE N STE 511 N 5TH ST	IPSWICH	SD SD	57350 57451	(605) 352-9222 INDE (605) 426-6551 INDE			X		X X		
VILAS PHARMACY	145 GLENDALE DR	LEAD	SD	57754	(605) 717-2496 INDE			X		X		Х
SMITHS DRUG	301 MAIN AVE	LEMMON	SD	57638	(605) 374-3897 INDE			х		х		х
LEWIS FAMILY DRUG	515 N PINE ST	LENNOX	SD	57039		S DRUGS/LEWIS FAMILY DRUG	X		X		X	
LEWIS DRUG	741 S WASHINGTON AVE 323 SW 10TH ST STE 101		SD SD	57042 57042		S DRUGS/LEWIS FAMILY DRUG S DRUGS/LEWIS FAMILY DRUG	X		X		X X	
BENNETT COUNTY HOSP AND NURSING HM		MARTIN	SD	57551	(605) 685-6622 INDE		^	х	^	Х	^	Х
MARTIN DRUG & MERCANTILE	304 MAIN ST	MARTIN	SD	57551	(605) 685-6200 INDE			х		х		х
LEWIS FAMILY DRUG	109 S MAIN ST	MILBANK	SD	57252		S DRUGS/LEWIS FAMILY DRUG	Х		Х		Х	
BIEN PHARMACY MILLER REXALL DRUG	301 FLYNN DR 209 N BROADWAY	MILBANK	SD SD	57252 57362	(605) 432-5781 ELEV (605) 853-3647 INDE	ATE PROVIDER NETWORK PENDENTS		X		X X		X X
MISSION COMMUNITY PHARMACY	161 S MAIN ST	MISSION	SD	57555		TEGIC HEALTH ALLIANCE II		X		X		X
LEWIS FAMILY DRUG	1507 N MAIN ST	MITCHELL	SD	57301	(605) 292-1013 LEWI	S DRUGS/LEWIS FAMILY DRUG	х		х		х	
LEWIS FAMILY DRUG	1305 W HAVENS AVE	MITCHELL	SD	57301		S DRUGS/LEWIS FAMILY DRUG	x		x		X	
WALMART PHARMACY AVERA GRASSLAND PHARMACY	1101 E SPRUCE ST 1900 GRASSLAND DR STI	MITCHELL	SD	57301 57301	(605) 995-6845 WAL (605) 995-5670 LEAD		Х	Х	Х	х	Х	
WALGREENS	901 S BURR ST	MITCHELL	SD	57301		GREENS CORPORATION		X		X		
FAMILY PHARMACY OF MOBRIDGE INC.	1317 10TH AVE W	MOBRIDGE	SD	57601	(605) 845-8140 INDE			X		X		Х
FAMILY PHARMACY OF MOBRIDGE INC.	323 MAIN ST	MOBRIDGE	SD	57601	(605) 845-3345 INDE			Х		X		Х
PARKER PHARMACY PARKSTON DRUG INC	27516 SD HWY 19, STE 2 112 WEST MAIN	PARKER PARKSTON	SD SD	57053 57366	(605) 297-3235 INDE (605) 928-3125 INDE			X X		X X		X
PARKSTON DRUG INC DAKOTA COUNTRY PHARMACY, INC.	112 WEST MAIN 130 S CENTER AVE	PARKSTON	SD	57366 57567	(605) 928-3125 INDE (605) 859-2833 INDE			X X		X X		X
WALMART PHARMACY	1730 N GARFIELD AVE	PIERRE	SD	57501	(605) 224-8766 WAL		х		х		х	
LYNN'S DAKOTAMART PHCY PIERRE	120 W SIOUX AVE	PIERRE	SD	57501	(605) 224-7396 ELEV	ATE PROVIDER NETWORK		Х		Х		х
VILAS LTC PHARMACY	200 E DAKOTA AVE STE		SD	57501	(605) 224-0907 INDE			X		X		Х
AVERA ST MARYS CAMPUS PHARMACY WALGREENS	100 MAC LN STE 101 100 E SIOUX AVE	PIERRE PIERRE	SD	57501 57501		TEGIC HEALTH ALLIANCE II GREENS CORPORATION		X X		X X		
HOFFMAN DRUG	408 MAIN ST	PLATTE	SD	57369	(605) 337-3662 INDE			X		X		Х
PRESHO COMMUNITY PHARMACY	116 NORTH MAIN ST STE		SD	57568		TEGIC HEALTH ALLIANCE II		x		X		X
CVS PHARMACY	1415 EGLIN ST	RAPID CITY	SD	57701	(605) 341-8621 TARG		X		х		х	
SAFEWAY PHARMACY	730 MOUNTAIN VIEW R		SD	57702		WAY INC - DENVER DIVISON	X		X		X	
SAFEWAY PHARMACY WALMART PHARMACY	2120 MOUNT RUSHMOR 100 STUMER RD	RAPID CITY  RAPID CITY	SD	57701 57701	(605) 348-7552 SAFE (605) 877-3298 WAL	WAY INC - DENVER DIVISON MART	X		X X		X X	
WALMART PHARMACY	1200 N LACROSSE ST	RAPID CITY	SD	57701	(605) 342-0881 WAL		X		x		X	
MEDICINE SHOPPE ADV CARE PHCY	339 SAINT PATRICK ST	RAPID CITY	SD	57701	(605) 348-2500 INDE			Х		Х		х
MONUMENT HEALTH HOME PLUS PHCY	353 FAIRMONT BLVD	RAPID CITY	SD	57701	(605) 755-8181 LEAD			X		X		X
PHARMERICA  PEGIONAL HEALTH HOME BLUS	3615 5TH ST STE 109	RAPID CITY	SD	57701	(605) 348-0815 PHAF			X		X		X
REGIONAL HEALTH HOME PLUS	224 ELK STREET, STE 100 2006 MOUNT RUSHMOR		SD SD	57701 57701	(605) 755-1150 INDE (605) 755-3065 LEAD			X X		X X		X X
REGIONAL HEALTH HOME PLUS SPEC												
REGIONAL HEALTH HOME PLUS SPEC BOYDS DRUG MART (EAST)	909 E SAINT PATRICK ST	RAPID CITY	SD	57701		TEGIC HEALTH ALLIANCE II		Х		Х		
		RAPID CITY RAPID CITY	SD SD SD	57701 57702 57701	(605) 348-0747 STRA (605) 343-4445 STRA			X X X		x x		

2022 SILVERSCRIPT RETAIL NETWORKS A	0/20/2021		-				cci ei	cci c:	CCI CI	CCI DI	SSI	SSI Smar
Pharmacy Name	Address	City	State	ZIP	Phone	Chain Name	SSI Choice Preferred	SSI Choice Standard	SSI Plus Preferred	SSI Plus Standard	SmartRx	Rx
HCBH PHARMACY	350 PINE ST	RAPID CITY	SD	57701	(605) 716-5505 LEAD	ER DRUG STORE INC		х		Х	Preferred	Standard
AMILY FARE PHARMACY	1516 E SAINT PATRICK ST		SD	57703		TEGIC HEALTH ALLIANCE II		Х		X		
MEDICINE SHOPPE PHARMACY	1304 MOUNT RUSHMOR		SD	57701		ICINE SHOPPE / MEDICAP		Х		Х		
DYATE HEALTH CENTER PHARMACY	3200 CANYON LAKE DR S		SD	57702	(605) 355-2211 INDE			X		X		
SAM'S CLUB PHARMACY		RAPID CITY	SD	57701	(605) 877-3103 SAM'		-	X		X		
	1902 MOUNT RUSHMOR		SD	57701				X		X		
WALGREENS WALGREENS						SREENS CORPORATION						
		RAPID CITY	SD	57701		GREENS CORPORATION	_	X		X		
WALGREENS	540 MOUNTAIN VIEW RE		SD	57702		GREENS CORPORATION		Х		Х		
RANDALL PHARMACY		REDFIELD	SD	57469	(605) 472-1810 INDE			Х		Х		
SALEM COMMUNITY DRUG	300 N MAIN ST	SALEM	SD	57058	(605) 425-2827 INDE			Х		Х		Х
SCOTLAND PHARMACY		SCOTLAND	SD	57059	(605) 583-2514 INDE			Х		Х		
AVERA 69TH ST. PHARMACY	4400 W 69TH ST STE 300	SIOUX FALLS	SD	57108	(605) 322-5948 LEAD	ER DRUG STORE INC	X		Х		Х	
AVERA 7TH AVENUE PHARMACY	1200 S 7TH AVE STE 101	SIOUX FALLS	SD	57105	(605) 336-1816 LEAD	ER DRUG STORE INC	X		Х		Х	
AVERA DERMATOLOGY PHARMACY	6701 S MINNESOTA AVE	SIOUX FALLS	SD	57108	(605) 322-7695 LEAD	ER DRUG STORE INC	х		Х		Х	
AVERA MCKENNAN CAMPUS PHARMACY	1325 S CLIFF AVE STE CP	SIOUX FALLS	SD	57105	(605) 322-8326 LEAD		х		Х		Х	
AVERA ON LOUISE PHARMACY	6100 S LOUISE AVE STE 1		SD	57108	(605) 504-1351 LEAD	ER DRUG STORE INC	X		х	***************************************	Х	
AVERA SPECIALTY PHARMACY	1301 S CLIFF AVE STE 200		SD	57105	(605) 322-8300 LEAD		X		х		Х	
COSTCO PHARMACY		SIOUX FALLS	SD	57105	(605) 988-9150 COST		X		X		X	
											×	
CVS PHARMACY		SIOUX FALLS	SD	57110	(605) 333-5601 TARG		Х		X			
CVS PHARMACY		SIOUX FALLS	SD	57106	(605) 254-1100 TARG		X		Х		Х	
DAN'S DRUGSTORE	5028 SOUTH CLIFF AVEN	SIOUX FALLS	SD	57108	(605) 275-9442 INDE	PENDENTS	X		Х		Х	
HY-VEE PHARMACY	1601 S SYCAMORE AVE	SIOUX FALLS	SD	57110	(605) 334-1173 HY-VI	EE FOOD STORES, INC.	X		Х		Х	
HY-VEE PHARMACY	1231 E 57TH ST	SIOUX FALLS	SD	57108	(605) 274-7062 HY-VI	EE FOOD STORES, INC.	X		x		X	
HY-VEE PHARMACY	3020 E 10TH ST	SIOUX FALLS	SD	57103		EE FOOD STORES, INC.	x		х		Х	
HY-VEE PHARMACY		SIOUX FALLS	SD	57106		EE FOOD STORES, INC.	X		X		X	
HY-VEE PHARMACY		SIOUX FALLS	SD	57104			^		x		×	
						EE FOOD STORES, INC.						
HY-VEE PHARMACY		SIOUX FALLS	SD	57106		EE FOOD STORES, INC.	X		X		X	
HY-VEE PHARMACY	3000 S MINNESOTA AVE		SD	57105		EE FOOD STORES, INC.	X		X		X	
LEWIS DRUG		SIOUX FALLS	SD	57104		S DRUGS/LEWIS FAMILY DRUG	X		Х		Х	
LEWIS DRUG	2700 W 12TH ST	SIOUX FALLS	SD	57104	(605) 367-2210 LEWI	S DRUGS/LEWIS FAMILY DRUG	Х		Х		Х	
LEWIS DRUG	2901 S MINNESOTA AVE	SIOUX FALLS	SD	57105	(605) 367-2110 LEWI	S DRUGS/LEWIS FAMILY DRUG	Х		х		Х	
LEWIS DRUG	1301 E 10TH ST STE 100		SD	57103		S DRUGS/LEWIS FAMILY DRUG	Х		х		Х	
LEWIS DRUG		SIOUX FALLS	SD	57103		S DRUGS/LEWIS FAMILY DRUG	X		х		Х	
I FWIS DRUG		SIOUX FALLS	SD	57103		S DRUGS/LEWIS FAMILY DRUG	X		X		X	
LEWIS DRUG		SIOUX FALLS	SD	57106		S DRUGS/LEWIS FAMILY DRUG	X		Х		Х	
LEWIS DRUG		SIOUX FALLS	SD	57106		S DRUGS/LEWIS FAMILY DRUG	Х		Х		Х	
LEWIS DRUGS	6109 S LOUISE AVE	SIOUX FALLS	SD	57108	(605) 367-2510 LEWI	S DRUGS/LEWIS FAMILY DRUG	X		X		X	
LEWIS FAMILY DRUG	1205 S GRANGE AVE STE	SIOUX FALLS	SD	57105	(605) 328-2620 LEWI	S DRUGS/LEWIS FAMILY DRUG	X		Х		Х	
LEWIS FAMILY DRUG	2700 W 12TH ST STE 100	SIOUX FALLS	SD	57104	(605) 367-2828 LEWI	S LTC DRUGS	х		Х		Х	
WALMART PHARMACY	5200 W 60TH ST N	SIOUX FALLS	SD	57107	(605) 906-6080 WALF		×	***************************************	х		Х	
WALMART PHARMACY	7821 S MINNESOTA AVE		SD	57108	(605) 338-9326 WALF		X		X		X	
			SD				x		x		×	
WALMART PHARMACY		SIOUX FALLS		57106	(605) 362-1602 WALF							
WALMART PHARMACY	5521 E ARROWHEAD PKV		SD	57110	(605) 367-3206 WALF		X		Х		Х	
AVERA LONG TERM CARE PHARMACY	3820 N POTSDAM AVE S	SIOUX FALLS	SD	57104	(605) 322-1450 INDE	PENDENTS		Х		Х		Х
OMNICARE OF SOUTH DAKOTA	709 N KIWANIS AVE	SIOUX FALLS	SD	57104	(605) 338-9980 NCS F	HEALTHCARE, INC. (LTC)		Х		X		Х
PHARMERICA	1507 W 51ST ST	SIOUX FALLS	SD	57105	(605) 338-7007 PHAR	RMERICA INC - WEST		Х		Х		Х
CARETRENDS PHARMACY	6709 S MINNESOTA AVE	SIQUX FALLS	SD	57108	(605) 338-9383 INDE			Х		Х		
PHCY SPECIALTIES & CLINIC INC	2333 W 57TH ST STE 109		SD	57108	(605) 331-3190 INDE			Х		Х		
SAM'S CLUB PHARMACY		SIOUX FALLS	SD	57106	(605) 362-2625 SAM'			X		X		
			SD					×		X		
SANFORD CANCER CENTER CLINIC PHCY	1309 W 17TH ST STE 101			57104	(605) 328-8040 LEAD							
TRUE CARE FAMILY PHARMACY		SIOUX FALLS	SD	57103	(605) 679-6826 THIRE			Х		Х		
WALGREENS	1720 S SYCAMORE AVE		SD	57110		SREENS CORPORATION		Х		Х		
WALGREENS	2605 W 12TH ST	SIOUX FALLS	SD	57104	(605) 357-9359 WALC	GREENS CORPORATION		Х		Х		
WALGREENS	1806 S MINNESOTA AVE	SIOUX FALLS	SD	57105	(605) 221-0578 WALC	GREENS CORPORATION		X		X		
WALGREENS	4900 S CLIFF AVE	SIOUX FALLS	SD	57108	(605) 357-9233 WALC	GREENS CORPORATION		х		х		
WALGREENS		SIOUX FALLS	SD	57106	(605) 221-0989 WALC	GREENS CORPORATION		Х		Х		
WALGREENS		SIOUX FALLS	SD	57106		GREENS CORPORATION		х		х		
LEWIS FAMILY DRUG	925 SD HWY 10	SISSETON	SD	57262		S DRUGS/LEWIS FAMILY DRUG	Х		Х		Х	
SAFEWAY PHARMACY	1606 NORTH AVE STE 2		SD	57783		WAY INC - DENVER DIVISON	X		X		X	
WALMART PHARMACY		SPEARFISH	SD	57783	(605) 642-3025 WALF		Х		Х		Х	
REGIONAL HEALTH HOME PLUS PHARMACY		SPEARFISH	SD	57783	(605) 717-8741 LEAD			Х		Х		Х
WALGREENS	1430 NORTH AVE	SPEARFISH	SD	57783	(605) 642-0650 WALC	GREENS CORPORATION		Х		Х		
COUNTY DRUG INC	1111 LAZELLE ST	STURGIS	SD	57785	(605) 347-2466 ELEV	ATE PROVIDER NETWORK		Х		Х		Х
LEWIS DRUG		TEA	SD	57064		S DRUGS/LEWIS FAMILY DRUG	X		Х		Х	
BON HOMME PHARMACY	······	TYNDALL	SD	57066		TEGIC HEALTH ALLIANCE II		Х		Х		Х
HY-VEE PHARMACY		VERMILLION	SD	57069		EE FOOD STORES, INC.	X		х		Х	
WAI MART PHARMACY	1207 PRINCETON AVE		SD		(605) 624-9591 HY-VI		X					
	······			57069			X		Х		Х	
DAVIS PHARMACY		VERMILLION	SD	57069	(605) 624-4444 THIRE			X		X		X
SANFORD VERMILLION MEDICAL CENTER		VERMILLION	SD	57069	(605) 677-3660 INDE			Х		Х		Х
LEWIS FAMILY DRUG		VIBORG	SD	57070	(605) 326-5211 LEWI	S DRUGS/LEWIS FAMILY DRUG	Х		Х		Х	
JAMES DRUG	201 SOUTH MAIN	WAGNER	SD	57380	(605) 384-3541 INDE	PENDENTS		Х		Х		Х
WALL DRUGSTORE INC		WALL	SD	57790	(605) 279-1931 LEAD			Х		Х		
HY-VEE PHARMACY		WATERTOWN	SD	57201		EE FOOD STORES, INC.	Х		х		Х	
WALMART PHARMACY	1201 29TH ST SE	WATERTOWN	SD	57201	(605) 886-8419 WALF		×		X		X	
GENOA HEALTHCARE LLC		WATERTOWN	SD	57201			^	V	^	v	^	х
						DA, A QOL HEALTHCARE CO LLC		X		X		
PRAIRIE LAKES CAMPUS PHARMACY		WATERTOWN	SD	57201	(605) 882-7790 LEAD			Х		Х		Х
BROWN CLINIC PHARMACY		WATERTOWN	SD	57201	(605) 884-4234 LEAD			Х		Х		
WALGREENS		WATERTOWN	SD	57201	(605) 882-3788 WALC	GREENS CORPORATION		Х		Х		
CORNWELL DRUG	701 MAIN ST	WEBSTER	SD	57274	(605) 345-3351 STRA	TEGIC HEALTH ALLIANCE II		Х		Х		
LEWIS FAMILY DRUG		WESSINGTN SPRINGS	SD	57382		S DRUGS/LEWIS FAMILY DRUG	х		Х		Х	
WHITE RIVER COMMUNITY PHARMACY		WHITE RIVER	SD	57579		TEGIC HEALTH ALLIANCE II		Х		Х		Х
WINNER HEALTH MART PHCY, INC												×
		WINNER	SD	57580	(605) 842-7777 INDE			X		X		
WINNER FAMILY DRUG	745 E 8TH STREET	WINNER	SD	57580	(605) 842-4000 LEAD			Х		Х		
HY-VEE PHARMACY	2100 BROADWAY AVE	YANKTON	SD	57078	(605) 665-8261 HY-VI	EE FOOD STORES, INC.	Х		Х		Х	
WALMART PHARMACY	3001 BROADWAY AVE	YANKTON	SD	57078	(605) 665-8197 WALF	MART	х		х		Х	
SD HUMAN SERVICES CENTER		YANKTON	SD	57078	(605) 668-3155 INDE			Х		Х		Х
YANKTON DRUG COMPANY	109 W 3RD ST	YANKTON	SD	57078	(605) 665-7865 INDE		_	X		X		X
		YANKTON	SD									X
YANKTON MEDICAL CLINIC PHARMACY				57078		ATE PROVIDER NETWORK		X		X		Х
ROGER'S FAMILY PHARMACY		YANKTON	SD	57078	(605) 665-8042 LEAD			X		Х		
WALGREENS	2020 BROADWAY AVE	YANKTON	SD	57078	(605) 665-1124 WALC	GREENS CORPORATION		Х		X		

# **⇔aetna**<sup>™</sup> Medicare Prescription Drug Claim Form

Mail completed form with receipts: Aetna Pharmacy Management PO Box 52446 Phoenix, AZ 85072-2446

#### When you submit:

- Do not staple or tape receipts to this form. Keep all attachments separate.
- Include pharmacy receipt, (not the cash receipt). Pharmacy receipts are usually attached to the bag with the prescription, or can be obtained from the pharmacy if you need another copy.

Call the number on your ID card if you need help completing this form.				
STEP 1: Patient Information	Please complete all sections.			
Identification Number (refer to your Member card)	Rx Group Number			
Name (Last Name)	(First Name) (MI)			
Address	,			
Address 2				
	State Zip Code			
Date of Birth (MM/DD/YYYY) Male Fema	le Phone Number			
	(			
Tell us about your prescriptions.				
Were any prescriptions:	Were any prescriptions:			
Covered by a manufacturer patient assistance program? YES \( \sqrt{NO} \)	A compound prescription? YES* NO			
'	From a hospital? YES NO			
Covered under another plan (e.g., through an employer)?  YES NO	From a long-term care pharmacy? YES 🗌 NO 🗌			
If yes, is this other plan Primary? YES \( \square\) NO \( \square\)	Paid out-of-pocket due to an emergency situation			
If Primary, include the explanation of benefits (EOB)	(e.g., you forgot medicine on vacation or had to evacuate due to a natural disaster)? <b>YES</b> \( \subseteq \textbf{NO} \subseteq			
with your submission and let us know:	Other reasons can be provided in Step 3, page 2.			
Name of Insurance Company:	*If reimbursement is for a compound drug,			
ID Number:	complete the additional compound prescription			
ib Number.	claim form too (located at the end).			
IMPORTANT! A signature is REQUIRED				
Any person who knowingly and with the intent to desubmits a claim or application containing any mainformation pertaining to such claim may be committed may subject such a person to criminal and/or civil primprisonment.	terially false, deceptive, incomplete or misleading ing a fraudulent insurance act which is a crime and			
I certify that (or my eligible dependent) have receive have read and understood this form, and that all the				
X Signature of Plan Posticio ant				
Signature of Plan Participant  Date    Signature of Plan Participant				
If completing this form on behalf of a Medicare Part D member, a valid CMS 1696 Appointment of Representative form (or equivalent) is required visit <a href="https://www.cms.gov">www.cms.gov</a> for a copy of the form.				

STEP 2: Submission Requirements					
Please provide the:					
Pharmacy name and address or pharmacy NABP number (refer to the pharmacy receipt):					
Prescribing physician's name:					
Number of prescriptions you're submitting for reimburse	ement:				
1. Prescription (Rx) Number	Drug Name				
National Drug Code (NDC Number)	Date Filled (MM/DD/YY)	Total Charge			
Prescriber's NPI Number	Quantity	Day's Supply			
2. Prescription (Rx) Number	Drug Name				
National Drug Code (NDC Number)	Date Filled (MM/DD/YY)	Total Charge			
Prescriber's NPI Number	Quantity	Day's Supply			
3. Prescription (Rx) Number	Drug Name				
		T =			
National Drug Code (NDC Number)	Date Filled (MM/DD/YY)	Total Charge			
Prescriber's NPI Number	Quantity	Day's Supply			
Use an additional form if requesting mo	re than 3 prescriptions for r	eimbursement.			
STEP 3: Next steps:					
<ul> <li>We'll mail you a response on whether we approve response and any payment we owe you. Please re that you'll be reimbursed.</li> </ul>					
We recommend you keep a copy of all documents	submitted for your records	· ·			
Provide any additional comments or information here:					

# ONLY COMPLETE THIS SECTION IF YOU'RE SUBMITTING REIMBURSEMENT FOR A COMPOUND DRUG

# Number of compound prescriptions you're submitting for reimbursement:

Number of compound prescriptions you're submitting for reimbursement:				
1. Pharmacy Name	Date Filled (MN	//DD/YY) /	Prescription (Rx) Num	ber
DRUG NAME				
National Drug Code (NDC Number) Metric Quantity		Cost		
DRUG NAME				
National Drug Code (NDC No	umber)	Metric Qu	antity	Cost
DRUG NAME				
National Drug Code (NDC N	umber)	Metric Qu	antity	Cost
		Total Met	ric Quantity	Total Cost
2. Pharmacy Name	Date Filled (MN	//DD/YY) /	Prescription (Rx) Num	ber
2. Pharmacy Name  DRUG NAME	Date Filled (MN	//DD/YY) /	Prescription (Rx) Num	ber
		M/DD/YY) /		Cost
DRUG NAME		/ 🗆 🗖 📗		
DRUG NAME  National Drug Code (NDC No	umber)	/ 🗆 🗖 📗	antity	
DRUG NAME  National Drug Code (NDC Note)  DRUG NAME	umber)	Metric Qu	antity	Cost
DRUG NAME  National Drug Code (NDC Note of the latest of t	umber) umber)	Metric Qu  Metric Qu  Metric Qu  Metric Qu	antity antity antity antity	Cost
DRUG NAME  National Drug Code (NDC Note of the latest of t	umber) umber)	Metric Qu  Metric Qu  Metric Qu  Metric Qu	antity antity antity	Cost

Your privacy is <u>important</u> to us. Our employees are trained regarding the appropriate way to handle your private health information.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. 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.

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