



2022

Summary of Benefits

January 1, 2022 – December 31, 2022

SilverScript SmartRx (PDP)

SilverScript Choice (PDP)

SilverScript Plus (PDP)



 **aetna**[™]
medicare solutions

Plans for a healthy you and a healthy budget

1

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

2

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*

3

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.

*At preferred pharmacies in the initial coverage phase.

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



Aetna Medicare

SilverScript SmartRx (PDP)

	Average monthly plan premium	\$7.08
	Annual deductible	\$480 (Tiers 2 – 5)
	Preferred pharmacies	More than 23.5K
	Network pharmacies	Over 43,000

Initial coverage phase

	Preferred pharmacies		Standard pharmacies	
	30-day	90-day	30-day	90-day
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%		50%	
Tier 5 Specialty	25%	N/A	25%	N/A

Coverage gap phase

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 \$3.95 copay for generic drugs (including brand drugs treated as generic), and \$9.85 copay for all other drugs.

SilverScript Choice (PDP)				SilverScript Plus (PDP)			
Cost-sharing varies by region							
\$30.78				\$68.97			
\$480 (Tiers 3 – 5)				\$0			
More than 23.5K				More than 23.5K			
Over 65,000				Over 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
\$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
25%				\$0	\$0	\$5	\$15
				\$2	\$0	\$10	\$30
				25%			
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.				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.			

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



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**

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.

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**.

*At preferred pharmacies in the initial coverage phase.

**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)

Regional states	Premium	Deductible T2 – 5	Preferred pharmacies — 30-day supply (retail/mail order ³)			
			T1	T2	T3	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 ¹	\$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%

¹IA, MN, MT, ND, NE, SD, WY

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

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%	\$19	\$20	\$47	50%	25%	Tiers 1 – 3 3x copay Tier 4 Applicable coinsurance Tier 5 – N/A	25% brand/ generic
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%		
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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%		

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 Choice (PDP)

Regional states	Premium	Deductible T3 – 5	Preferred pharmacies — 30-day supply (retail/mail order ³)			
			T1	T2	T3	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 ¹	\$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%

¹IA, 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.

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%	\$10	\$15	17%	35%	25%	Tiers 1 and 2 3x copay Tiers 3 and 4 Applicable coinsurance Tier 5 – N/A	25% brand/ generic
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%		
25%	\$5	\$10	17%	36%	25%		
25%	\$5	\$13	17%	40%	25%		
25%	\$6	\$13	17%	35%	25%		
25%	\$5	\$15	17%	39%	25%		
25%	\$5	\$12	17%	38%	25%		
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%		

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	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 ¹	\$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%

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.

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		
33%	\$5	\$10	\$47	50%	33%	Tiers 1 and 2 \$0 copay ⁴ Tier 3 \$120 copay ⁴ Tier 4 50% coinsurance Tier 5 – N/A	Tiers 1 and 2 Initial coverage copays Tiers 3, 4 and 5 25% brand or generic
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%		
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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%		

³The 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.

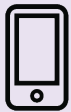
⁴At preferred pharmacies in the initial coverage phase.

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	<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 Calls to these numbers are free. Customer Care also has free language interpreter services available for non-English speakers.</p>
TTY	<p>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.</p>
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](https://www.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](https://www.aetnamedicare.com).

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											
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Name (Last Name)										(First Name)										(MI)	
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Date of Birth (MM/DD/YYYY)								Male		Female		Phone Number									
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Tell us about your prescriptions.

<p>Were any prescriptions:</p> <p>Covered by a manufacturer patient assistance program? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Covered under another plan (e.g., through an employer)? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, is this other plan Primary? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If Primary, include the explanation of benefits (EOB) with your submission and let us know:</p> <p>Name of Insurance Company: _____</p> <p>ID Number: _____</p>	<p>Were any prescriptions:</p> <p>A compound prescription? YES* <input type="checkbox"/> NO <input type="checkbox"/></p> <p>From a hospital? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>From a long-term care pharmacy? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Paid out-of-pocket due to an emergency situation (e.g., you forgot medicine on vacation or had to evacuate due to a natural disaster)? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Other reasons can be provided in Step 3, page 2.</p> <p>*If reimbursement is for a compound drug, complete the additional compound prescription claim form too (located at the end).</p>
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IMPORTANT! A signature is REQUIRED

Any person who knowingly and with the intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such a person to criminal and/or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify that (or my eligible dependent) have received the medication(s) received herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

X _____
Signature of Plan Participant Date

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 www.cms.gov 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 reimbursement: _____

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	
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 more than 3 prescriptions for reimbursement.

STEP 3: Next steps:

- We'll mail you a response on whether we approve or deny your request. Please allow 30 days for a response and any payment we owe you. Please remember that completing this form is not a guarantee that you'll be reimbursed.
- 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

COMPOUND PRESCRIPTION CLAIM FORM:

Number of compound prescriptions you're submitting for reimbursement: _____		
1. Pharmacy Name	Date Filled (MM/DD/YY) □□/□□/□□	Prescription (Rx) Number □□□□□□□□□□□□
DRUG NAME		
National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□.□□
DRUG NAME		
National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□.□□
DRUG NAME		
National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□.□□
		Total Metric Quantity □□□□□□□□□□
		Total Cost □□□□□.□□
2. Pharmacy Name	Date Filled (MM/DD/YY) □□/□□/□□	Prescription (Rx) Number □□□□□□□□□□□□
DRUG NAME		
National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□.□□
DRUG NAME		
National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□.□□
DRUG NAME		
National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□.□□
		Total Metric Quantity □□□□□□□□□□
		Total Cost □□□□□.□□
Use an additional form if requesting more than 2 compound prescriptions for reimbursement.		

Your privacy is important 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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