



P.O. Box 30007, Pittsburgh, PA  
15222-0330



Member ID: [REDACTED]  
Reference ID: GC21C

[REDACTED]

January 16, 2025

## **Make your premium payment to start your coverage.**

Your request for coverage is approved. We haven't gotten payment for your plan premium as of 11/14/2024. In order for your coverage to be reinstated, we must receive payment in the amount of \$315.94 no later than 12/31/2024.

### **How to make your payment**

You can mail your payment to us using the enclosed coupon. Be sure to make full payment of your owed amount and include your member ID number on the check.

If we don't get payment by 12/31/2024, you will remain disenrolled from SilverScript Choice (PDP).

### **When can I make changes to my coverage?**

Medicare limits when you can make changes to your coverage. You can only enroll or change your prescription drug coverage from October 15 through December 7 each year. Outside of this, you can't make changes or enroll unless you qualify for Special Enrollment Period. For example, if you move out of SilverScript Choice (PDP)'s service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help with your prescription drug costs.

Remember, if you don't have prescription drug coverage that is at least as good as Medicare's, you may have to pay a Part D late enrollment penalty if you try to get Medicare prescription drug coverage in the future.

### **Benefits of Extra Help**

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75 percent or more of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance.

If you lose Extra Help during the year, you'll have three months after you're notified that you no longer qualify for Extra Help to enroll in a new plan.

Many people qualify for these savings and don't even know it. For more information about Extra Help, contact your local Social Security office, or call Social Security at **1-800-772-1213 (TTY: 1-800-325-0778)**, 8 AM to 7 PM, Monday through Friday. Or, apply online at **[www.ssa.gov/medicare/part-d-extra-help](http://www.ssa.gov/medicare/part-d-extra-help)**.

For questions about making changes to the way you get Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**We're here to help**

If you have any questions, please call us at **1-866-824-4055 (TTY: 711)**

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. Standalone Prescription Drug Plans are offered by SilverScript, a CVS Health company.

We have four convenient ways to pay your premiums. If paying by mail, please return the coupon on the bottom of this page.

**Payment Options**

- For check payment, use the coupon below. To enroll in automatic withdrawal from your bank account, please include your check payment and sign the back of the coupon below.
- To make a one-time payment, go to [www.AetnaMedicare.com/PayYourPremium](http://www.AetnaMedicare.com/PayYourPremium) and click 'Pay Your Premium', or call 1-866-824-4055 (TTY users call 711).
- For Social Security Administration (SSA)/Railroad Retirement Board (RRB) benefit withholding or to sign up for other automatic payment options, call **1-866-824-4055** (TTY users call 711). SSA/RRB withholding subject to restrictions.

*Retain the top portion of this form for your records*

**Please detach and send coupon with check payable to SilverScript® Insurance Company**

<b>BILLING FOR:</b> <input type="text"/>		<b>DUE DATE:</b> 11/14/2024 CT I01
PAYMENT ID	AMOUNT DUE	AMOUNT ENCLOSED
<input type="text"/>	\$315.94	

Please include your **Payment ID** on your check or money order. **Do not send cash.**

**If you would like to change your payment to automatic withdrawal from your bank account (ACH), please sign the back of this coupon and enclose your check**

SilverScript® Insurance Company  
P.O. Box 7411650  
Chicago, IL 60674-1650  
