# MED D - SilverScript Plan Changes for ANOC/EOC 2024

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**Description:** This document provides information regarding SilverScript Plan Changes for ANOC 2024.

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| Overview |

For the 2024 plan year, SilverScript® Insurance Company has implemented several changes that will affect beneficiaries, including:

* Monthly premium costs
* Prescription copays and coinsurance
* Deductibles
* Pharmacy network changes
* Formulary changes

Beneficiaries may have questions after reviewing their **Annual Notice of Changes** (ANOC) and/or their **Evidence of Coverage** (EOC) document; they will receive the ANOC in paper form/in the mail advance of the 2024 Annual Enrollment Period.

Beneficiaries will NOT receive a paper copy of their EOC, Formulary or Pharmacy Directory unless they previously requested to always receive paper documents. Instead, they will receive an online notice advising them to view their documents online at [www.aetnamedicare.com](http://www.aetnamedicare.com). If they wish to receive paper copies, they will need to request them from Customer Care. Refer to [MED D - Digital Evidence of Coverage, Formulary and Pharmacy Directory](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/TSRC-PROD-030398).

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| Inbound Care |

When receiving a call from beneficiaries regarding ANOC, perform the following steps:

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| **Step** | **Action** | |
| **1** | Authenticate the caller by referring to the following documents:   * [Caller Authentication](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-2-004568) * [HIPAA Authentication Grid](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-2-028920) | |
| **2** | Thank you for calling Customer Care. My name is \_\_\_\_\_\_\_.  What can I help you with today regarding your 2024 Annual **Notice of Changes** (ANOC) or other annual documents?  **Agents and call center representatives are not permitted to discuss 2024 plan information prior to October 1 UNLESS a current SilverScript beneficiary asks questions AFTER receiving the ANOC mailing.**   * If beneficiaries want to stay with their current plans, then they don’t need to do anything. * If beneficiaries prefer to change plans, then they can enroll in a different plan between October 15 and December 7.   **CCR Process Notes:**   * Refer to the [FAQs](#_FAQs_1) within this document to address questions. * After answers and information are provided, continue to Step 3. | |
| **3** | Other than [Recap], is there anything else I may assist you with? | |
| **If...** | **Then...** |
| Yes | Assist the caller with questions according to current policies and procedures.  **CCR Process Notes:**   * Answer questions to the caller’s satisfaction. * If caller is still unsatisfied, transfer the call to a Supervisor. * Document and close the call according to current policies and procedures. * Refer to the [MED D - Call Documentation](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PRD1-067665).   **Resolution Time:** Immediate |
| No | Thank you for calling.  **CCR Process Notes:**   * Document and close the call according to current policies and procedures. * Refer to the [MED D - Call Documentation](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PRD1-067665).   **Resolution Time:**  Immediate |

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| FAQs |

Use as needed when addressing incoming calls about the 2024 Annual **Notice of Changes** (ANOC) and **Evidence of Coverage** (EOC).

**Documentation/Enrollment**

1. [How will I know what changes you made to my Prescription Drug plan for 2024?](#Doc1)
2. [What is an Annual Notice of Changes (ANOC)?](#Doc2)
3. [What is an Evidence of Coverage (EOC)?](#Doc3)
4. [I didn’t receive my ANOC. What should I do?](#Doc4)
5. [Do I need to re-enroll to keep my Prescription Drug plan?](#Doc5)
6. [Why should I stay with Aetna Medicare SilverScript in 2024?](#Doc6)
7. [What if I want to change my prescription drug plan for 2024?](#Doc7)
8. [Can I enroll my family member/friend in a Prescription Drug plan for 2024?](#Doc8)
9. [I scheduled a home visit from an Enrollment Agent in the past, can I schedule again this year?](#Doc9)

**2024 Plan Design**

1. [What are the differences between the CHOICE, PLUS and SMARTSAVER Plans?](#PD1)
2. [Why is the SMARTSAVER Premium lower than other plans?](#PD2)
3. [Are the same drugs covered by all Aetna prescription drug plans?](#PD3)
4. [What will the deductible for my plan be in 2024?](#PD4)
5. [Was there a change in the copay for Tier 1 medications on the SMARTSAVER plan?](#PD5)
6. [Why did the cost of my medication increase?](#PD6)
7. [Why do some Part D plans have a deductible while other plans don’t?](#PD7)
8. [What is the Coverage Gap or Donut Hole?](#PD8)
9. [Will my prescription drug plan have a Coverage Gap in 2024?](#PD9)
10. [How will I know if I am going to reach the Coverage Gap or Donut Hole next year?](#PD10)
11. [I’ve heard there are changes to the Coverage Gap in 2024. Can you please explain them to me?](#PD11)
12. [Does Aetna Medicare have a plan I can enroll in for 2024 that covers my drugs in the Coverage Gap?](#PD12)
13. [What will my monthly premiums be for 2024?](#PD13)
14. [If I am eligible for LIS in 2024, what will be monthly premiums be?](#PD14)
15. [Why did my 2024 Prescription Drug Plan monthly premium increase?](#PD15)
16. [Why are monthly premiums different from one state to another?](#PD16)
17. [What will my copays/coinsurance be for 2024?](#PD17)
18. [How do I get $0 copays with my current coverage?](#PD18)

**Low Income Subsidy Premium**

1. [Why did my premium increase?](#_Why_did_my)
2. [Why didn’t I receive my Extra Help/LIS premium subsidy?](#_Why_didn’t_I)
3. [I can’t afford the plan premium. What can I do?](#_I_can’t_afford)
4. [Does this change the prices I pay at the pharmacy for my prescriptions?](#_Does_this_change)
5. [How do I pay the monthly premium?](#_How_do_I_7)
6. [What other options do I have to pay my monthly premium?](#_What_other_options)
7. [What happens if I do not pay my monthly premium?](#_What_happens_if)

**Formulary/Drug Coverage**

1. [What are drug tiers, and why do Part D plans have them?](#FD1)
2. [Why do Part D plans change the drugs they cover and/or their tiers?](#FD2)
3. [How can I tell if my drug will still be covered in 2024?](#FD3)
4. [My drug is covered in 2024, but has moved to a different tier. What should I do?](#FD4)
5. [My drug requires a Prior Authorization for 2024. What do I need to do?](#FD5)
6. [Will any SilverScript Plan offer insulin at a lower copay?](#FD6)
7. [My state has approved a cap on insulin copays, how does this impact my Medicare Part D Prescription Plan?](#FD7)

**Pharmacy Networks**

1. [Will there be any changes to my plan’s pharmacy network for 2024?](#PN1)
2. [How do I locate a network pharmacy?](#PN3)
3. [What is the difference between a Preferred and Standard Cost Sharing Pharmacy?](#PN4)
4. [Why isn’t my pharmacy a Preferred Cost Sharing Pharmacy?](#PN7)
5. [How do I transfer my prescriptions to a Preferred Cost Sharing Pharmacy?](#PN8)
6. [Do I have to use a CVS Pharmacy to fill my prescriptions?](#PN9)
7. [What is CVS Caremark Mail Service Pharmacy?](#P10)
8. [Do I have to use CVS Caremark Mail Service Pharmacy, or can I choose a different mail service pharmacy?](#P11)
9. [Can I get $0 copays on all of my drugs through the mail?](#P12)
10. [How much does CVS Caremark Mail Service Pharmacy charge to ship my drugs?](#PN10)
11. [Why did the Preferred Pharmacy network change?](#_Why_did_the)

**Financial Assistance**

1. [I’m having difficulty paying for my prescriptions and/or Part D coverage. What can I do?](#FA1)
2. [What is Extra Help, and how do I apply?](#FA2)
3. [I have Extra Help for 2023. Will I continue to have Extra Help in 2024?](#FA3)
4. [I received a <color> letter in the mail. What does it mean?](#FA4)

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**Documentation/Enrollment**

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| Question | **Answer** |
| How will I know what changes you made to my Prescription Drug plan for 2024? | * To inform you of the details of your 2024 Part D coverage, we mailed your Annual Notice of Changes packet in September. It contained:   + The Annual Notice of Changes booklet explains any changes we made to your plan benefits for 2024 and the mailing includes instructions on how to find your Evidence of Coverage, Formulary, and Pharmacy Directory Information online.   + The Evidence of Coverage helps you understand how to use your 2024 benefits.   + The Formulary is the list of drugs covered by your plan in 2024.   + The Pharmacy Directory includes a listing of the closest 27 pharmacies to your zip code on file with the plan. * We encourage you to keep this information to reference details about your 2024 coverage. * You can access these documents on [www.aetnamedicare.com](http://www.aetnamedicare.com) on or after October 1. |
| What is an Annual Notice of Changes (ANOC)? | * Your Annual Notice of Changes booklet outlines updates made to your plan for 2024, including changes to plan benefits and costs. * Your Annual Notice of Changes will not contain a paper Pharmacy Directory, Evidence of Coverage Formulary this year. However, an online notice will be included with instructions on how to find these materials online and how to request paper copies. * We mail your Annual Notice of Changes in September. * You can access a copy of the 2024 Annual Notice of Changes online at [www.aetnamedicare.com/plandocuments](http://www.aetnamedicare.com/plandocuments) on or after October 1. |
| What is an Evidence of Coverage (EOC)? | * The Evidence of Coverage explains how your 2024 prescription drug plan works, to help you get the most value from your coverage. * This document also explains your rights and responsibilities as an Aetna Medicare SilverScript CHOICE/PLUS/SMARTSAVER beneficiary and provides information that can help you effectively manage your plan. * You can access the 2024 Evidence of Coverage online at [www.aetnamedicare.com/plandocuments](http://www.aetnamedicare.com/plandocuments) on or after October 1. |
| I didn’t receive my ANOC. What should I do? | * ANOCs will be mailed between September 1, 2023 and September 20, 2023. * I can certainly help you, what is your current mailing address?   **CCR Process Note:** For help with pulling up a beneficiary’s ANOC in OneClick, refer to [MED D - Viewing Correspondence in PeopleSafe](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/TSRC-PROD-003379).  **Note:** Be sure to confirm the beneficiary’s eligibility to receive an ANOC, and update their mailing address if necessary.  **CCR Process Note:** Refer to [MED D - Fulfillment Request](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PCP1-020534). |
| Do I need to re-enroll to keep my Prescription Drug plan? | No, you do not need to take any action. One advantage of remaining in your prescription drug plan is that you do not have to re-enroll or fill out an enrollment form to keep your coverage for 2024. Your 2024 benefits will become effective January 1, 2024. Even though you don’t have to take any action to re-enroll, remember to review the 2024 Annual Notice of Changes packet we mailed to you in September to understand any changes and enhancements we made to your plan, and how to best use your benefits beginning January 1. |
| Why should I stay with Aetna Medicare SilverScript in 2024? | Aetna offers affordable plans with $0 annual deductibles, so you start saving fast.  PLUS – $0 deductible on Tiers 1 and 2.  SMARTSAVER - $0 deductible on Tier1.  Our plans cover either 98 (CHOICE), 100 (PLUS) or 100 (SMARTSAVER) of the top 100 drugs taken by Medicare beneficiaries like you.  You have access to thousands of network and preferred pharmacies across the nation.  We’re trusted by more than 7 million people for their Medicare needs.  Since we’re one of the nation’s largest prescription drug plans, you know we’ll be here for you. |
| What if I want to change my Prescription Drug plan for 2024? | **FOR CALLS RECEIVED BEFORE OCTOBER 15**   * If you would like to enroll in a different prescription drug plan for 2024, simply call one of our Enrollment Agents anytime during the Open Enrollment Period, between October 15 and December 7 of this year, and we can enroll you by phone. * You can also visit [www.aetnamedicare.com](http://www.aetnamedicare.com) to enroll.   **FOR CALLS RECEIVED ON OR AFTER OCTOBER 15**   * If you would like to enroll in a different prescription drug plan for 2024, an enrollment application can be completed by:   + Visiting [www.aetnamedicare.com](http://www.aetnamedicare.com)   + Speaking with an Enrollment Agent     - If beneficiary would like to speak with an Enrollment Agent, transfer to an Enrollment Agent. Refer to [MED D - Guide to Transferring a Call](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/TSRC-PROD-029866). |
| Can I enroll my family member/friend in a Prescription Drug Plan for 2024? | If your family member/friend would like to enroll, they can enroll by:   * Visiting [www.aetnamedicare.com](http://www.aetnamedicare.com) * Speaking with an Enrollment Agent |
| I scheduled a home visit from an Enrollment Agent in the past, can I schedule again this year? | Transfer to an Enrollment Agent. Refer to [MED D - Guide to Transferring a Call](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/TSRC-PROD-029866). |

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**2024 Plan Design**

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| **Question** | **Answer** |
| What are the differences between the CHOICE, PLUS and SMARTSAVER Plans? | * Each plan is designed to meet different needs:   + SilverScript CHOICE for broader, more general prescription drug needs with a focus on prescriptions needed for some disabilities. If you receive Extra Help from Medicare, the monthly premium for SilverScript CHOICE is $0.   + SilverScript PLUS, for those beneficiaries who take more drugs or may want more options, especially for brand names drugs. This plan covers more of the extras, like some prescription vitamins and erectile dysfunction (ED) drugs, and additional coverage in the Medicare Coverage Gap.     - Premiums for the PLUS Plan are higher than those for SilverScript SMARTSAVER or SilverScript CHOICE.     - SilverScript PLUS covers some vitamins and non-Part D drugs.   + SilverScript SMARTSAVER for those who take generic drugs or no drugs with a focus on drugs for healthy, active aging. * The deductible for the 2024 SilverScript CHOICE Plan is $545. * The deductible for 2024 SilverScript SMARTSAVER plan for drugs on Tiers 2, 3, 4 and 5 is $280. * SilverScript SMARTSAVER offers a low average premium and an expanded group of Tier 1 generic drugs for $2 at a preferred pharmacy. * Each plan has its own list of covered drugs, called the formulary. * Each plan also has its own nationwide pharmacy network, which includes thousands of Preferred Pharmacy locations where beneficiaries can save with lower copays and coinsurance.   If someone expresses interest in the any plan, advise/encourage them to use the drug pricing tools available to review their medication cost or contact an Enrollment Agent.  **Note:** Savings based on preferred vs. standard cost sharing pharmacy in the Initial Coverage Stage. PLUS Plan offers Tier 1 and 2 drugs in the Coverage Gap at the same copays as in the Initial Coverage Phase. |
| Why is the SMARTSAVER Premium lower than other plans? | The SMARTSAVER plan is designed to cover beneficiaries who take generic or no medications, with a focus on prescriptions to help healthy aging. I’m happy to look up pricing for your drugs for 2024, or if you would prefer, you can visit [www.aetnamedicare.com](http://www.aetnamedicare.com) and use the Drug Pricing Tool. |
| Are the same drugs covered by all Aetna Prescription Drug plans? | * All our plans cover thousands of brand, generic and specialty drugs, but each plan has its own formulary, which is a list of drugs covered by the plan. This helps you pick the best plan for your needs. * Refer to your plan’s Formulary for a list of drugs covered by your plan. Formularies can be found online at [www.aetnamedicare.com/plandocuments](http://www.aetnamedicare.com/plandocuments). |
| What will the deductible for my plan be in 2024? | * The deductible for the 2024 SilverScript CHOICE Plan is $545. * The SilverScript PLUS Plan has a $200 deductible on Tiers 3, 4, and 5. * SilverScript SMARTSAVER has a $280 deductible on drugs on tiers 2, 3, 4 and 5.   **Note:**  If the beneficiary has Extra Help, their deductible will be prorated or $0. |
| Was there a change in the copay for Tier 1 medications on the SMARTSAVER plan? | * Yes, the copay for a Tier 1 medication in the Initial Coverage Limit increased from $1 to $2 for a 30 day supply. * The medication costs/copays are impacted by several factors including changes in CMS rules and limits, overall manufacturer drug costs, new drug therapies and whether generic alternatives are available. * I can review the cost of any medication with you. |
| Why did the cost of my medication increase? | * The medication costs are impacted by several factors including changes in CMS rules and limits, overall manufacturer drug costs, new drug therapies and whether generic alternatives are available. * I can review the cost of any medication with you. |
| Why do some Part D plans have a deductible while other plans don’t? | Each prescription drug coverage provider considers many things when deciding to include a deductible in a Part D plan, including the economics and different cost structures within a Medicare region and the type of plan offered.  This year,  The deductible for the 2024 SilverScript CHOICE Plan is $545.  The SilverScript PLUS Plan has a $200 deductible on Tiers 3, 4, and 5.   * + SilverScript SMARTSAVER has a $280 deductible on drugs on tiers 2, 3, 4 and 5.If you get Extra Help, your deductible will be prorated or $0.   Other part D plans may include a deductible up to $505 on some or all the drugs they cover. |
| What is the Coverage Gap or Donut Hole? | * The Coverage Gap, also called the Donut Hole, is the third stage of Part D coverage. * You reach the Coverage Gap if your total drug costs, including what you and your plan pay – not counting your premiums – reaches $5,030 in 2024. * If you reach the Coverage Gap in 2024, you will pay 25% of the cost of your generic drugs and 25% of the cost of your brand drugs. (PLUS Plan beneficiaries have coverage on Tier 1 and Tier 2 drugs at the initial copay level while in the Gap.) * You remain in the Gap until the deductible, copayments and coinsurance you paid before entering the Gap, plus the amount you’ve paid while in the Gap, plus the discount you receive on brand drugs while in the Gap reaches $8,000. This amount is referred to as true out-of-pocket or TrOOP amount. * If you reach this $8,000 limit before December 31, 2024, you will enter the Catastrophic Coverage Stage where you will pay a reduced copay or coinsurance for your drugs through the remainder of the year. * You may not enter the Gap if your drug costs aren’t high enough or if you receive Extra Help. |
| Will my Prescription Drug plan have a Coverage Gap in 2024? | * The Coverage Gap is part of all Medicare Part D plans. The spending thresholds that determine Gap entry and exit are determined by Medicare, not your Part D plan. * Most Medicare Part D beneficiaries never reach the Gap. You may not enter the Gap if your drug costs aren’t high enough, or if you receive Extra Help. * If a plan offers coverage in the Coverage Gap, this means that you would pay no more than your Initial Coverage Phase Copays while in the Gap. * If you believe you may reach the Coverage Gap in 2024, you may want to consider a plan, like SilverScript PLUS, that offers coverage in the Gap. SilverScript PLUS offers coverage for Tier 1 and 2 drugs at your Initial Coverage Phase Copays while you’re in the coverage gap, helping to lower your out-of-pocket expenses. |
| How will I know if I am going to reach the Coverage Gap or Donut Hole next year? | * There is no way to know for sure if you will hit the Gap in 2024. However, if you hit the Gap this year and your prescription drugs are not expected to change, you are more likely to hit the Gap again in next year. Would you like me to transfer you to a licensed agent who can estimate your costs with you? * In order to reach the Gap, you and your plan would have to spend a minimum of $5,030 on your covered drugs in 2024. * You can find out what you’ve spent so far this year by reviewing Section 2 of your EOB statement. * If you are concerned that you may hit the Gap next year, you may want to consider a plan that offers coverage in the Gap, such as SilverScript PLUS. Would you like me to transfer you to a licensed agent who can estimate your costs with you? |
| I’ve heard there are changes to the Coverage Gap in 2024. Can you please explain them to me? | * For 2024, the amount you pay for your drugs while in the Gap is 25% of the cost of your generic drugs and 25% of the cost of your brand drugs. * The threshold that determines if/when you enter the Coverage Gap will increase to $5,030 for 2024. This includes what you and your plan pay for your covered drugs, not including your monthly premiums. * The threshold that determines if/when you exit the Coverage Gap will increase to $8,000 for 2024. This amount is referred to as true out-of-pocket or TrOOP amount. This includes what you pay toward your drugs before you enter the Gap and while you are in the Gap, not including your plan premiums, plus the discount you receive on brand drugs while you are in the Gap. The amount the plan paid towards your drugs does not count towards this threshold. |
| Does Aetna Medicare have a plan I can enroll in for 2024 that covers my drugs in the Coverage Gap? | * Yes. Our SilverScript PLUS Plan offers coverage in the Gap on all Tier 1 and Tier 2 drugs at your Initial Coverage Phase Copays. * You will typically not experience an increase in cost for those drugs if you enter the Gap. * The PLUS Plan also has a $0 deductible on drugs in Tier 1 and Tier 2, so the plan begins sharing in the cost of your drugs as soon as your 2024 coverage becomes effective. |
| What will my monthly premiums be for 2024? | I would be happy to help.  **CCR Notes:**   * To confirm the beneficiary has received their ANOC, refer to [MED D - Viewing Correspondence in PeopleSafe](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/TSRC-PROD-003379). * Refer to [MED D - 2024 SilverScript Premiums by Region](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=61202734-27d1-4fe1-9298-369378cf41c4). |
| Premium Cost Comparison Example: 2023 vs. 2024 | The following example can be used to discuss overall plan costs, including premiums and medication costs. |
| If I am eligible for LIS in 2024, what will be monthly premiums be? | I would be happy to help.  **Notes:**   * SMARTSAVER plan premium is below the benchmark in every state, however, the plan design is an enhanced plan. Beneficiaries who are eligible for LIS (Extra Help) will be responsible to pay for the full SMARTSAVER premium as LIS (extra Help) does not subsidize any part of the 2024 premium for the SMARTSAVER plan. Beneficiaries must pay their premium by the 1st of each month to maintain consistent coverage. The only SilverScript plan that will have a $0 premium for beneficiaries eligible for LIS 1, 2, and 3 is SilverScript CHOICE. * Some SilverScript Plus plan beneficiaries receiving Extra Help will see their premium responsibility increase for the 2024 plan year. CMS has determined that the LIS subsidy for 2024 will be lower than prior years in some regions.   Refer to [MED D - 2024 SilverScript Premiums by Region](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=61202734-27d1-4fe1-9298-369378cf41c4). |
| Why did my 2024 Prescription Drug Plan premium increase? | **CCR Process Note:** Your response will be different based on the beneficiary’s Medicare region (state).  **For CHOICE and SMARTSAVER Beneficiaries in ALL States:**   * While we use every available resource to hold down the cost of plan premiums, premium changes are sometimes unavoidable. They are impacted by several factors including changes in CMS rules and limits, overall manufacturer drug costs, new drug therapies and whether generic alternatives are available. * When evaluating the value of your plan, it’s important to consider the total cost – including your deductible, plus your monthly premium x12, plus your drug copays. * (If after October 1st) I can help you determine your total costs for 2024.   **CCR Note:** Refer to [MED D - Drug Pricing Tool](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PCP1-040984).  **CCR Process Note:** If the beneficiary advises they cannot afford the premium increase.   * Medicare recipients with limited income and resources can apply for Extra Help, a government program to help pay prescription drug costs. The Extra Help program may also help pay for all or part of the monthly premium. * To see if you qualify for Extra Help, you can:   + Call Social Security at **1-800-772-1213 between 8:00 a.m. - 7:00 p.m., Monday through Friday local time**. TTY users call **1-800-325-0778**   OR   * + Visit secure.ssa.gov to apply through an online form.   + You can also contact your local State Health Insurance & Assistance Program. To locate the program in your state, go to [www.shiptacenter.org](http://www.shiptacenter.org).   + Some drug manufacturers offer assistance programs for the drugs you are taking. You can access Medicine Assistance Tool at [www.mat.org](http://www.mat.org).   **For ALL PLUS Beneficiaries in ALL STATES:**   * While we use every available resource to hold down the cost of plan premiums, premium changes are sometimes unavoidable. They are impacted by several factors including changes in CMS rules and limits, overall manufacturer drug costs, new drug therapies and whether generic alternatives are available. * When evaluating the value of your plan, it’s important to consider the total cost – including your deductible, plus your monthly premium x12, plus your drug copays. * Since your plan has no deductible for any drug on Tier 1 and Tier 2, SilverScript begins sharing the cost of your drugs from day 1, which may save you up to $545 compared to other plans. * (If after October 1st) I can help you determine your total costs for 2024.   **CCR Note:** Refer to [MED D - Drug Pricing Tool](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PCP1-040984). |
| Why are monthly premiums different from one state to another? | * Just as regional differences in clinical and healthcare costs vary, so does the cost of offering prescription drug coverage. * Medicare monitors Part D prescription drug coverage to ensure that all Part D plans are designed to help meet the healthcare needs of regional populations throughout the U.S. |
| What will my copays/ coinsurance be for 2024? | **FOR CALLS RECEIVED BEFORE OCTOBER 1, FROM BENEFICIARIES WHO HAVE NOT RECEIVED THEIR ANOC:**   * We will have pricing for specific drugs on or after October 1. * In the meantime, we recommend that you review your Annual Notice of Changes, which you should receive in September, for pricing changes by drug tier for 2024. * On or after October 1, you can contact an Enrollment Agent or go to [www.aetnamedicare.com](http://www.aetnamedicare.com) and use the Drug Pricing Quote tool for specific pricing on your drugs.   **FOR CALLS FROM BENEFICIARIES WHO HAVE RECEIVED THEIR ANOC, OR FOR ALL CALLS RECEIVED ON OR AFTER OCTOBER 1:**  I’m happy to look up pricing for your drugs for 2024, or if you would prefer, you can visit [www.aetnamedicare.com](http://www.aetnamedicare.com) and use the Drug Pricing Quote Tool.  Refer to [MED D - Drug Pricing Tool](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PCP1-040984). |
| How do I get $0 copays with my current coverage? | * $0 copays are available in the Initial Coverage stage for Tier 1 and 2 PLUS beneficiaries:   + For 30 day or 90 day Tier 1 filled at a preferred retail pharmacy or CVS Caremark Mail Service Pharmacy. Would you like me to find you a preferred pharmacy? * If you’re already using mail service, there’s nothing for you to do. You will receive any applicable discounts automatically. * If you’re not using mail service, I can help you get started. Delivery by mail is convenient and safe, and there is no charge for standard delivery of your drugs.   **Note:** The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. |

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**Low Income Subsidy Premium**

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| **Question** | **Answer** |
| Why did my premium increase? | **SMARTSAVER Plan:**  Every year the Centers for Medicare and Medicaid Services (CMS) determines how they will subsidize Medicare plan premiums for enrollees who receive Extra Help. CMS determined since SilverScript SMARTSAVER premiums are very low, they will not be subsidized in 2024. You will have to pay the full premium.  **PLUS Plan:**  Every year the Centers for Medicare and Medicaid Services (CMS) determines how they will subsidize Medicare plan premiums for enrollees who receive Extra Help. In 2024 this amount was reduced in some states depending on the level of low income subsidy you receive. If you wish to remain in the SilverScript Plus plan, you will need to pay the additional premium. |
| Why didn’t I receive my Extra Help/LIS premium subsidy? | **SMARTSAVER Plan:**  Every year the Centers for Medicare and Medicaid Services (CMS) determines how they will subsidize Medicare plan premiums for enrollees who receive Extra Help. CMS determined since SilverScript SMARTSAVER premiums are very low, they will not be subsidized in 2024. You will have to pay the full premium.  **PLUS Plan:**  Every year the Centers for Medicare and Medicaid Services (CMS) determines how they will subsidize Medicare plan premiums for enrollees who receive Extra Help. In 2024 this amount was reduced in some states depending on the level of low income subsidy you receive. If you wish to remain in the SilverScript Plus plan, you will need to pay the additional premium. |
| I can’t afford the plan premium. What can I do? | We want the best plan for you. You can consider changing to another plan. We do offer plans that are under the CMS benchmark, so most beneficiaries receiving Extra Help pay no premium. I can transfer you to someone who can help you compare and change plans if you wish.  **Note:** Transfer to an Enrollment Agent. Refer to [MED D - Guide to Transferring a Call](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/TSRC-PROD-029866). |
| Does this change the prices I pay at the pharmacy for my prescriptions? | Since you do qualify for Extra Help, you will continue to receive your low-income subsidy copays on all of your prescriptions. |
| How do I pay the monthly premium? | We have multiple automatic recurring payment options for your convenience. Can I connect you with the Premium Billing team to review your options?  **Note:** Transfer the call to the Specialized Premium Billing team at 1-866-824-4055. |
| What other options do I have to pay my monthly premium? | * You can pay your monthly plan premium at any retail CVS location (excluding CVS Pharmacy® locations in Target and Schnucks) using the barcode printed on your invoice. You can do this by taking your invoice and having it rung up at the register like any prescription or item you are purchasing. * You can enroll into an automatic payment option at the time of this call, from your social security, railroad retirement fund or bank account. * You can do a one-time payment by visiting aetnamedicare.com/payyourpremium. * You can set up electronic funds transfer authorization using the form on the bottom of your monthly billing invoice. * Or you can call our self-service line toll free at 1-833-287-0075. |
| What happens if I do not pay my monthly premium? | You must pay your premiums by the first of each month to maintain consistent coverage. If you fail to pay your premium, you may be terminated from the plan and lose coverage. |

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**Formulary/Drug Coverage**

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| **Question** | **Answer** |
| What are drug tiers, and why do Part D plans have them? | * Your Part D plan organizes all drugs on your plan’s formulary into tiers. Each drug’s tier determines how much you will pay for the drug at the pharmacy. * For drugs in each tier, there is either a specific copay (a set amount you would pay for the drug, such as $5) or a coinsurance amount (a percentage of the cost of the drug you would pay, such as 20%.) * Our plans have five drug tiers, with each tier representing a different copay/coinsurance amount. * Usually, the higher the tier, the more you will pay for the drug. |
| Why do Part D plans change the drugs they cover and/or their tiers? | * Our goal is to provide you with an extensive mix of prescription drugs, and we also negotiate with drug manufacturers to be able to offer our beneficiaries the best possible prices. * Our plans cover thousands of drugs, so if a specific drug is removed from the formulary or changes to a more expensive tier, there may be a less expensive alternative drug within the category appropriate for your treatment. |
| How can I tell if my drug will still be covered in 2024? | **FOR CALLS BEFORE OCTOBER 1 FROM BENEFICIARIES WHO HAVE NOT RECEIVED THEIR ANOC:**   * We will have details on drug coverage for 2024 available for you on or after October 1. * You can view the 2024 Formulary in the Documents section of [www.aetnamedicare.com/plandocuments](http://www.aetnamedicare.com/plandocuments) on or after October 1 or call Customer Care at the number on the back of your Member ID Card and a representative will be happy to provide you with that information. * In the meantime, watch the mail for your Annual Notice of Changes, which provides information on your drug coverage for 2024. You should receive it before the end of September.   **FOR CALLS FROM BENEFICIARIES WHO HAVE RECEIVED THEIR ANOC, OR FOR ALL CALLS RECEIVED ON OR AFTER OCTOBER 1:**  I would be happy to help.  **CCR Process Note:** Access [www.aetnamedicare.com/plandocuments](http://www.aetnamedicare.com/plandocuments) to view the Formulary. |
| My drug is covered in 2024 but has moved to a different tier. What can I do? | **CCR Process Note:** If the beneficiary mentions a specific drug, please check to see if you have a special work instruction about that drug before answering.  **CCR Process Note:** If the beneficiary mentions a drug that changed to a lower tier for 2024, but will cost the beneficiary more, refer to [MED D - SilverScript Transition Fill Care Processes](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PCP1-028816).  **FOR CALLS RECEIVED BEFORE OCTOBER 1:**   * If your drug moved to a different tier, your out-of-pocket cost would likely change as well. The cost may go up or down. * We will have pricing for specific drugs on or after October 1. * On or after October 1, you can call Customer Care at the number on the back of your Member ID card or go to [www.aetnamedicare.com](http://www.aetnamedicare.com) and use the Drug Pricing Quote tool for 2024 pricing on your drugs.   **FOR CALLS RECEIVED AFTER OCTOBER 1:**   * If your drug moved to a different tier, your out-of-pocket cost would likely change as well. The cost may go up or down. * I would be happy to look up the 2024 prices for your drugs, or you can visit [www.aetnamedicare.com](http://www.aetnamedicare.com) and use the Drug Pricing Quote tool.   Refer to [MED D - Drug Pricing Tool](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PCP1-040984). |
| My drug requires a Prior Authorization for 2024. What do I need to do? | * If a drug you take requires a Prior Authorization, you may want to start by asking your doctor to review our list of covered drugs to determine if there are alternate drugs appropriate for your treatment that do not require a Prior Authorization. * If your doctor feels the drug prescribed is best for you, your doctor will need to complete the form necessary to request your Prior Authorization. * If you’re ready, I can help you begin this process. |
| Will any SilverScript Plan offer insulin at a lower copay? | **FOR CALLS BEFORE OCTOBER 1 FROM BENEFICIARIES WHO HAVE NOT RECEIVED THEIR ANOC:**   * We will have details on drug coverage for 2024 available for you on or after October 1. * You can view the 2024 Formulary in the Documents section of [www.aetnamedicare.com/plandocuments](http://www.aetnamedicare.com/plandocuments) on or after October 1 or call Customer Care at the number on the back of your Member ID Card and a representative will be happy to provide you with that information. * In the meantime, watch the mail for your Annual Notice of Changes, which provides information on your drug coverage for 2024. You should receive it before the end of September.   **FOR CALLS FROM BENEFICIARIES WHO HAVE RECEIVED THEIR ANOC, OR FOR ALL CALLS RECEIVED ON OR AFTER OCTOBER 1:**     * I’m happy to look up pricing for your specific insulin product for 2024, or if you would prefer, you can visit [www.aetnamedicare.com](http://www.aetnamedicare.com) and use the Drug Pricing Quote Tool.   Refer to [MED D - Inflation Reduction Act](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7c8df3ae-46e0-4729-bd5e-a42bd6496aa1).  **CCR Process Note:** Access [www.aetnamedicare.com](http://www.aetnamedicare.com) to view the Formulary. |
| My state has approved a cap on insulin copays, how does this impact my Medicare Part D Prescription Plan? | * The legislation approved in your state does not apply to Medicare Part D Plans. * I’m happy to look up pricing for your specific insulin product for 2024, or if you would prefer, you can visit [www.aetnamedicare.com](http://www.aetnamedicare.com) and use the Drug Pricing Quote Tool.   Refer to [MED D - Drug Pricing Tool](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PCP1-040984). |

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**Pharmacy Networks**

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| **Question** | **Answer** |
| Will there be any changes to my plan’s pharmacy network for 2024? | * For SilverScript CHOICE and PLUS, there are no changes to the pharmacy network. I can verify your pharmacy’s status if you’d like. * For 2024, our Pharmacy Network for SilverScript CHOICE and PLUS will include more than 65,000 locations nationwide that will accept your coverage, including thousands of chain, regional and local independent preferred pharmacies that offer lower copays that may save you up to 50% on your drugs. * For 2024, SilverScript SMARTSAVER is on a narrower pharmacy network with more than 44,000 pharmacies, 23,000 of which are preferred. Specifically note Walgreens, Sam’s Club, Duane Reade, and many independents are out of network. * Changes to specific pharmacies depend on whether an existing pharmacy chooses to continue participating in our networks and/or whether a new pharmacy chooses to join. * To see if your pharmacy is in our network for 2024, or to find a preferred cost sharing pharmacy location near you, you can also use the Pharmacy Locator on [www.aetnamedicare.com](http://www.aetnamedicare.com) on or after October 1 or call SilverScript Customer Care for assistance or I can help you find a preferred pharmacy now.   **Note:** The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. |
| How do I locate a network pharmacy? | **FOR CALLS BEFORE OCTOBER 1 FROM BENEFICIARIES WHO HAVE NOT RECEIVED THEIR ANOC:**   * You may use any of the pharmacies in our network, which include Preferred Cost sharing Pharmacies. * Customer Care will have information on our 2024 pharmacy network on or after October 1. At that time, simply call us at the number on the back of your Member ID card for information, or use the Pharmacy Locator at [www.aetnamedicare.com](http://www.aetnamedicare.com).   **FOR CALLS FROM BENEFICIARIES WHO HAVE RECEIVED THEIR ANOC, OR FOR ALL CALLS RECEIVED ON OR AFTER OCTOBER 1:**  I would be happy to help you find a pharmacy today.  **Note:** Alaska beneficiaries do have a Preferred Cost sharing Pharmacy Network. |
| What is the difference between a Preferred and Standard Cost Sharing Pharmacy? | * Preferred cost sharing pharmacies have agreed to offer our beneficiaries lower copays and coinsurance. You’ll pay less for many drugs at a preferred pharmacy. * Standard cost sharing pharmacies will also accept your coverage and offer affordable copays and coinsurance, but not at preferred pricing.   **Note:** Alaska beneficiaries do have a Preferred Cost sharing Pharmacy Network. |
| Why isn’t my pharmacy a Preferred Cost Sharing Pharmacy? | * Preferred cost sharing pharmacies agree to offer lower copays and coinsurance for our beneficiaries, but not all network pharmacies choose to participate. * If your pharmacy is in our standard network, your coverage will be accepted but you will likely pay more out-of-pocket for your drugs. * We contract with thousands of standard and preferred cost sharing pharmacies nationwide to make it easy for our beneficiaries to fill prescriptions near their home or while traveling anywhere the U.S. * Pharmacies choose whether they will participate in our network each year, and we are not aware of the reason why a specific pharmacy may choose not to participate. * Our SilverScript CHOICE and PLUS pharmacy network includes more than 65,000 locations nationwide, including thousands of pharmacies that have agreed to offer lower copays and coinsurance for our beneficiaries. * The SilverScript SMARTSAVER pharmacy network includes more than 44,000 locations nationwide, including thousands of pharmacies that have agreed to offer lower copays and coinsurance for our beneficiaries. |
| How do I transfer my prescriptions to a Preferred Cost Sharing Pharmacy? | * Transferring your prescriptions is easy! * If you’d like to transfer to a retail pharmacy, visit or call the pharmacy to which you would like to transfer your prescriptions. * Have your Member ID card and prescription pill bottles with you. The pharmacist at the new pharmacy will ask you for the information needed. * The pharmacist at your new pharmacy will handle the transfer – there’s nothing else for you to do. * If you’d like to switch to CVS Caremark Mail Service Pharmacy, I can help you get started, or if you prefer, you can get started by creating a Caremark.com account if you don’t have one, or logging in if you do.   Refer to [Obtaining a New Prescription for the Member](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PRD1-058827). |
| Do I have to use a CVS Pharmacy to fill my prescriptions? | * Not at all. We have an extensive pharmacy network that gives you the freedom to use most nationally known and locally-owned pharmacies across the U.S. * CVS Pharmacies, along with thousands of other pharmacies nationwide, are part of our Preferred Pharmacy Network. Would you like me to help you find a preferred pharmacy near you?   **Note:** Alaska beneficiaries do have Preferred Pharmacy Network. |
| What is CVS Caremark Mail Service Pharmacy? | * CVS Caremark Mail Service Pharmacy is the preferred mail order pharmacy in our preferred pharmacy network. * Delivery by mail is safe and convenient, and standard shipping of your drugs is included at no additional charge.   **Note:** The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. |
| Do I have to use CVS Caremark Mail Service Pharmacy, or can I choose a different mail service pharmacy? | * There may be other mail service pharmacies in our Standard Pharmacy network. However, they are not in the Preferred Pharmacy Network, and therefore do not offer preferred pricing. * CVS Caremark Mail Service Pharmacy also offers free standard shipping on your orders.   **Note:** The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. |
| Can I get $0 copays on all my drugs through the mail? | * $0 copays are not available for drugs on Tiers 1-5 for CHOICE or for SMARTSAVER beneficiaries. * PLUS Plan beneficiaries can only get $0 copays on 90-day supplies of drugs on Tier 1 and Tier 2 ordered through a preferred pharmacy.   **Note:** The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. |
| How much does CVS Caremark Mail Service Pharmacy charge to ship my drugs? | * There is no charge for standard shipments of 90-day supplies of your drugs through CVS Caremark Mail Service Pharmacy. * Expedited shipping is available at an additional charge. |
| Why did the Preferred Pharmacy network change? | **FOR CALLERS FROM ALL OTHER STATES:**   * We make updates annually to maintain low cost plans and prescription drugs for our beneficiaries. Changes are made to plans, formularies and pharmacy networks to help beneficiaries save money and manage costs with money-saving options. * For 2024, preferred pricing is offered at   + More than <23,000> pharmacies for all of our plans. * Preferred pharmacies have agreed to share costs and offer these lower prices. * CVS Mail Service Pharmacy is also part of your Preferred Pharmacy network. * Ordering your medications through mail service is safe and convenient, and standard delivery by mail is free. |

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**Financial Assistance**

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| **Question** | **Answer** |
| I’m having difficulty paying for my prescriptions and/or Part D coverage. What can I do? | * Medicare recipients with limited income and resources can apply for Extra Help, a government program to help pay prescription drug costs. The Extra Help program may also help pay for all or part of the monthly premium and deductible. * To see if you qualify for Extra Help, you can:   + Call Social Security at **1-800-772-1213 between 8:00 a.m. - 7:00 p.m., Monday through Friday local time**. TTY users call 1-800-325-0778, OR   + Visit secure.ssa.gov to apply through an online form.   + You can also contact your local State Health Insurance & Assistance Program. To locate the program in your state, go to [www.shiptacenter.org](http://www.shiptacenter.org).   + Some drug manufacturers offer assistance programs for the drugs you are taking. You can access Medicine Assistance Tool at [www.mat.org](http://www.mat.org).   **Note:** If you apply for Extra Help you must still pay your plan premiums as long as you receive an invoice to maintain consistent prescription coverage. |
| What is Extra Help, and how do I apply? | * Medicare recipients with limited income and resources can apply for Extra Help, a government program to help pay prescription drug costs. The Extra Help program may also help pay for all or part of the monthly premium and deductible. * To see if you qualify for Extra Help, you can: Call Social Security at **1-800-772-1213 between 8:00 a.m. - 7:00 p.m., Monday through Friday local time**. TTY users call 1-800-325-0778, OR   + Visit [www.secure.ssa.gov](http://www.secure.ssa.gov) to apply through an online form. |
| I have Extra Help for 2023. Will I continue to have Extra Help in 2024? | * You may or may not continue to have Extra Help in 2024. * If you are already deemed eligible for Extra Help in 2024, there will be a notification included in the packet with your Annual Notice of Changes (ANOC). * If you do not receive a notification with your ANOC, watch your mail for a letter advising you of your status for 2024.   **CCR Note:** Refer to [MED D - Verifying Enrollment, Eligibility and LIS in MARx](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-PRD1-076166). |
| I received a <color> letter in the mail. What does it mean? | Please give me a moment to find out what your letter means.  **CCR Note:** Refer to [MED D - Guide to Consumer Mailings From CMS, Social Security, and Plans](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/TSRC-PROD-022954). |

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| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/TSRC-PROD-007931)

* For dissatisfaction regarding the plan benefits changes, file a First Call Resolution Grievance.

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](../../../AppData/Local/Temp/Temp1_SSA%20Hour%20change%20(2).zip/SSA%20Hour%20change/CMS-2-017428)

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