# MED D - SilverScript Plan Changes for ANOC/EOC 2026

[Overview](#_Toc178598810)

[Inbound Care](#_Toc178598811)

[FAQs](#_Toc178598812)

[Related Documents](#_Toc178598813)

|  |
| --- |
| Overview |

For the 2026 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 or digitally in advance of the 2026 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](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b111d6fd-3b4b-42fb-8c0e-157bca94554a).

[Top of the Document](#_top)

|  |
| --- |
| Inbound Care |

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

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1** | Authenticate the caller by referring to the following documents:   * [Universal Care - Caller Authentication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd) * [HIPAA (Health Insurance Portability and Accountability Act) Grid - CVS](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) |
| **2** | Thank you for calling Customer Care. My name is \_\_\_\_\_\_\_.  **Icon - Important Information Agents and call center representatives are not permitted to discuss 2026 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. |

[Top of the Document](#_top)

|  |
| --- |
| FAQs |

Use as needed when addressing incoming calls about the 2026 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 2026?](#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 2026?](#Doc6)
7. [I do not want to be in the CHOICE plan for 2026. (For beneficiaries that were transitioned or consolidated from the SMARTSAVER and PLUS plans only)](#Docu7)
8. [Can I enroll my family member/friend in a Prescription Drug plan for 2026?](#Doc8)
9. [I scheduled a home visit from an Enrollment Agent in the past, can I schedule again this year?](#Doc9)
10. [I am newly enrolled in the CHOICE plan for 2026 and would like to cancel my enrollment.](#Docu10)

**2026 Plan Design**

1. [What will the deductible for my plan be in 2026?](#PD4)
2. [Why did the cost of my medication increase?](#PD6)
3. [What will my monthly premiums be for 2026?](#PD13)
4. [If I am eligible for LIS in 2026, what will be monthly premiums be?](#PD14)
5. [Why did my 2026 Prescription Drug Plan monthly premium increase?](#PD15)
6. [Why are monthly premiums different from one state to another?](#PD16)
7. [What will my copays/coinsurance be for 2026?](#PD17)

8. [Why did my plan change from PLUS/SMARTSAVER to CHOICE for 2026?](#PND8)

**Low Income Subsidy Premium**

1. [I can’t afford the plan premium. What can I do?](#_I_can’t_afford)
2. [Does this change the prices I pay at the pharmacy for my prescriptions?](#_Does_this_change)
3. [How do I pay the monthly premium?](#_How_do_I_7)
4. [What other options do I have to pay my monthly premium?](#_What_other_options)
5. [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 2026?](#FD3)
4. [My drug is covered in 2026, but has moved to a different tier. What should I do?](#FD4)
5. [My drug requires a Prior Authorization for 2026. What do I need to do?](#FD5)
6. [Will any SilverScript Plan offer insulin at a lower copay?](#FD6)

**Pharmacy Networks**

1. [Will there be any changes to my plan’s pharmacy network for 2026?](#PN1)
2. [How do I locate a network pharmacy?](#PN3)
3. [Do I have to use a CVS Pharmacy to fill my prescriptions?](#PN9)
4. [What is CVS Caremark Mail Service Pharmacy?](#P10)
5. [Do I have to use CVS Caremark Mail Service Pharmacy, or can I choose a different mail service pharmacy?](#P11)
6. [How much does CVS Caremark Mail Service Pharmacy charge to ship my drugs?](#PN10)

**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 2025. Will I continue to have Extra Help in 2026?](#FA3)
4. [I received a <color> letter in the mail. What does it mean?](#FA4)

[Top of the Document](#_top)

**Documentation/Enrollment**

|  |  |
| --- | --- |
| Question | **Answer** |
| How will I know what changes you made to my Prescription Drug plan for 2026? | * To inform you of the details of your 2026 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 2026 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 2026 benefits.   + The Formulary is the list of drugs covered by your plan in 2026.   + 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 2026 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 2026, 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 2026 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 2026 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 2026 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 9, 2025 and September 20, 2025. * 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 and Requesting Reprints in PeopleSafe](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8d25a915-ad65-4b9e-bfb9-2d0fc62b8b79).  **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](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=147bab57-4d67-4743-9a27-63542e3b1919). |
| 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 2026. Your 2026 benefits will become effective January 1, 2026. Even though you don’t have to take any action to re-enroll, remember to review the 2026 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 2026? | Our plans covers either 98 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. |
| Can I enroll my family member/friend in a Prescription Drug Plan for 2026? | 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](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b9e1330e-9803-4dd8-a699-6ae62bb590d2). |

[Top of the Document](#_top)

**2026 Plan Design**

|  |  |
| --- | --- |
| **Question** | **Answer** |
| What will the deductible for my plan be in 2026? | The deductible for the 2026 SilverScript CHOICE Plan is $615.  **Note:**  If the beneficiary has Extra Help, their deductible will be prorated or $0. |
| 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. |
| What will my monthly premiums be for 2026? | I would be happy to help.  **CCR Notes:**   * To confirm the beneficiary has received their ANOC, refer to [Compass MED D - Viewing Correspondence and Requesting Reprints](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c). * Refer to [MED D - 2026 SilverScript Premiums by Region](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=ac62dbbe-b026-483d-888c-b61f50629e67). |
| If I am eligible for LIS in 2026, what will be monthly premiums be? | I would be happy to help.  Refer to [MED D - 2026 SilverScript Premiums by Region](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=ac62dbbe-b026-483d-888c-b61f50629e67).  If a beneficiary has LIS with a premium due, refer to [Compass Aetna MED D - SilverScript - Premium Awareness for Low Income Subsidy (LIS/Extra Help) and Loss of LIS](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9a39cced-6b88-4d9f-867c-654aed92e163). |
| Why did my 2026 Prescription Drug Plan premium increase? | **Icon - Important Information CCR Process Note:** Your response will be different based on the beneficiary’s Medicare region (state).  **For 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 2026.   **CCR Note:** Refer to  [MED D - Drug Pricing Tool](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=57a93ef2-b94c-4b9a-87d9-5a54f99e3216).  **CCR Process Note:** If the beneficiary advises they cannot afford the premium increase.     * You can select a different plan by using the [www.medicare.gov](http://www.medicare.gov) website or by calling **1-800-MEDICARE.** * You can select a different plan prior to December 7th to ensure you have prescription drug coverage for the upcoming plan year. * 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). |
| 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 2026? | **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 2026. * 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 2026, 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](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=57a93ef2-b94c-4b9a-87d9-5a54f99e3216). |

[Top of the Document](#_top)

**Low Income Subsidy Premium**

|  |  |
| --- | --- |
| **Question** | **Answer** |
| I can’t afford the plan premium. What can I do? | * You can select a different plan by using the [www.medicare.gov](http://www.medicare.gov) website or by calling **1-800-MEDICARE.** * You can select a different plan prior to December 7th to ensure you have prescription drug coverage for the upcoming plan year.   Refer to [MED D - When to Refer to Social Security (SSA) and Medicare (CMS)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c9e294cd-93c4-466f-a6d8-e850070eda25).     * 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/) |
| 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. |

[Top of the Document](#_top)

**Formulary/Drug Coverage**

|  |  |
| --- | --- |
| **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 2026? | **FOR CALLS BEFORE OCTOBER 1 FROM BENEFICIARIES WHO HAVE NOT RECEIVED THEIR ANOC:**     * We will have details on drug coverage for 2026 available for you on or after October 1. * You can view the 2026 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 2026. 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 2026 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 2026, but will cost the beneficiary more, refer to  [MED D - SilverScript Transition Fill Care Processes](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1b8b0e74-8bac-49e2-afc1-584c881bc839).  **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 2026 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 2026 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](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=57a93ef2-b94c-4b9a-87d9-5a54f99e3216). |
| My drug requires a Prior Authorization for 2026. 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.   Refer to [MED D - Coverage Determination Requests for 2026](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2c7ceccc-bde6-4ec4-87d8-de77a64c7697). |
| 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 2026 available for you on or after October 1. * You can view the 2026 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 2026. 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 2026, or if you would prefer, you can visit [www.aetnamedicare.com](http://www.aetnamedicare.com) and use the Drug Pricing Quote Tool.   Refer to [Compass MED D - Inflation Reduction Act](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f1ea65f5-0fb5-4457-b695-260bc18bb1b8).  **CCR Process Note:** Access [www.aetnamedicare.com](http://www.aetnamedicare.com) to view the Formulary. |

[Top of the Document](#_top)

**Pharmacy Networks**

|  |  |
| --- | --- |
| **Question** | **Answer** |
| Will there be any changes to my plan’s pharmacy network for 2026? | * For SilverScript CHOICE, there are no changes to the pharmacy network. I can verify your pharmacy’s status if you’d like. * For 2026, our Pharmacy Network for SilverScript CHOICE will include more than 63,000 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. * 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 2026, 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 2026 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. |
| 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 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. * 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. |
| 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. |

[Top of the Document](#_top)

**Financial Assistance**

|  |  |
| --- | --- |
| **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 2025. Will I continue to have Extra Help in 2026? | * You may or may not continue to have Extra Help in 2026. * If you are already deemed eligible for Extra Help in 2026, 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 2026.   **CCR Note:** Refer to [Compass MED D - Verifying Enrollment, Eligibility, and LIS in MARx](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=97073956-89ea-45dc-be12-d8b49af47bab). |
| 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 [Compass MED D - Verifying Enrollment, Eligibility, and LIS in MARx](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=97073956-89ea-45dc-be12-d8b49af47bab). |

[Top of the Document](#_top)

|  |
| --- |
| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in  [MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=71364003-a41f-4b84-be24-1e85435462b2)

* 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](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION – PAPER COPY = INFORMATIONAL ONLY**