**Aetna MED D - SilverScript** **- Premium Awareness for LIS (Extra Help) and Loss of LIS**

[Loss of LIS (Extra Help)](#_Toc199754220)

[Choice Plan LIS with Premium Due](#_Toc199754221)

[Frequently Asked Questions](#_Toc199754222)

[Related Documents](#_Toc199754223)

**Description:** This document will assist Med D CCRs in identifying and explaining premium responsibility for beneficiaries who lose Low Income Subsidy (LIS/Extra Help) and for beneficiaries who have LIS (Extra Help) but are still responsible for a portion of the premium.

|  |
| --- |
| **Loss of LIS (Extra Help)** |

Beneficiaries may call regarding an increase in co-pays and/or a letter they received regarding loss of Extra Help. If a beneficiary has lost Extra Help, they MUST also be advised about their premium responsibility and balance. Beneficiaries should be encouraged to reapply for Extra Help; however, beneficiaries must pay plan premiums as long as they receive an invoice to maintain consistent coverage.

Follow the steps below:

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1** | Review the Rate Data on the **Premium History** screen of the **Medicare D Inquiry** tab in PeopleSafe to determine the beneficiary’s monthly premium responsibility. If the beneficiary shows **0%** LIS and an amount due for premiums, the CCR MUST advise the beneficiary.  Per review of your account, you no longer qualify for LIS. Due to this, you are responsible to pay the premium of <$XX.XX> each month. Please pay your premium each month to maintain consistent coverage.  A screenshot of a computer  AI-generated content may be incorrect. |
| **2** | Review the beneficiary’s premium Balance Details on the **Premium History** screen of the **Medicare D Inquiry** tab in PeopleSafe. Advise the beneficiary of their balance and provide payment options.  A screenshot of a computer  AI-generated content may be incorrect.  **Note:** If the beneficiary has a balance of more than one (1) month’s premium, the beneficiary MUST be transferred to the Premium Billing Specialized Team so they can determine if the beneficiary is in the Dunning process and assist the beneficiary with their options. |

[T](#_top)[op of the Document](#_top)

|  |
| --- |
| **Choice Plan LIS with Premium Due** |

Follow the steps below:

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1** | Review the **Rate Data** on the **Premium History** screen of the **Medicare D Inquiry** tab in PeopleSafe to determine the beneficiary’s monthly premium responsibility. If the beneficiary shows an amount due under “Amount After LIS”, the CCR MUST advise the beneficiary of the premium due each month.  Although you have LIS, you have a monthly premium responsibility each month. The monthly LIS subsidy is <$XX.XX> and your monthly premium responsibility is <$XX.XX>. Please pay your premium each month to maintain consistent coverage.  A screenshot of a computer  AI-generated content may be incorrect. |
| **2** | Review the beneficiary’s premium **Balance Details** on the **Premium History** screen of the **Medicare D Inquiry** tab in PeopleSafe. Advise the beneficiary of their balance and provide payment options.  **Important:** The January premiums will not bill until December.  **Note:** If the beneficiary has a balance of more than 1 month’s premium, the beneficiary MUST be transferred to the Premium Billing Specialized team so they can determine if the beneficiary is in the Dunning process and assist the beneficiary with their options. |

[Top of the Document](#_top)

|  |
| --- |
| **Frequently Asked Questions** |

Refer to the following FAQs as needed:

* [What is Extra Help?](#_Toc148601859)
* [If I no longer automatically qualify, how do I apply for Extra Help?](#_Toc148601860)
* [How long does the Extra Help application process take?](#_Toc148601861)
* [What will happen if I don’t apply for Extra Help?](#_Toc148601862)
* [Why did my 2024 Prescription Drug Plan premium increase?](#_Toc148601863)
* [How do I pay my monthly premiums?](#_Toc148601864)
* [When are my monthly plan premiums due?](#_Toc148601865)
* [Can I have my premiums deducted automatically?](#_Toc148601866)
* [What happens if I do not pay my monthly premiums?](#_Toc148601867)

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Answer** | | |
| **What is Extra Help?** | * Extra Help is financial assistance from Medicare. * It helps eligible beneficiaries pay for their Medicare prescription drug plan monthly premiums, annual deductibles, and prescription copayments/coinsurance. | | |
| **If I no longer automatically qualify, how do I apply for Extra Help?** | Confirm that beneficiary has not already applied for Extra Help.     * You may apply for Extra Help using one of these options:   1. Fill out and mail the application that is included in your grey letter from Medicare.   2. Fill out the online application at [www.ssa.gov/medicare/part-d-extra-help](http://www.ssa.gov/medicare/part-d-extra-help).   3. Receive and complete another copy of the application by mail.   4. Call Social Security at **<1-800-772-1213, 8 a.m. to 7 p.m. Local Time, Monday-Friday>**.      + TTY users should call **<1-800-325-0778>**. * If you would like to have live assistance completing the application by phone today, I would be happy to help you. * If you need assistance at a later time, please call SilverScript MED D Customer Care toll-free at **<****1-866-808-7463, 24 hours a day, 7 days a week>**.   + - TTY users should call **<711>**.   Refer to[www.ssa.gov/medicare/part-d-extra-help](http://www.ssa.gov/medicare/part-d-extra-help). | | |
| **How long does the Extra Help application process take?** | * It will take only a few minutes to complete the Extra Help application form. * Once you have completed and submitted your Extra Help application, it will take about 4-6 weeks to receive an answer from the Social Security Administration—the federal agency that administers the Extra Help program for Medicare. * You must continue to pay your premiums each month during this time to maintain consistent coverage. | | |
| **What will happen if I don’t apply for Extra Help?** | * If you choose not to apply for Extra Help, you will still keep your SilverScript coverage. * You may also have copays or coinsurance amounts for covered prescription drugs that will be your responsibility to pay as well as monthly premiums and deductibles. | | |
| **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 (040984)](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 also contact your local State Health Insurance Assistance Program (SHIP). To locate the program in your state, go to [www.shiptacenter.org](http://www.shiptacenter.org). * Some drug manufacturers offer resources/assistance programs for the drugs you are taking. You can access Medicine Assistance Tool (MAT) 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 (040984)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=57a93ef2-b94c-4b9a-87d9-5a54f99e3216). | | |
| **How do I pay my monthly premiums?** | I can assist you with processing your One-Time payment via Credit Card/Debit Card or E-check or provide you with more information about our self-service options. | | |
| **If the beneficiary responds with...** | **Then…** | |
| **Credit Card/Debit Card** | Refer to [Aetna MED D - SilverScript - Premium Billing Credit Card Single-Sign-On (SSO) Processes (098901)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=56e63826-3e28-4427-b5e9-1dc4a5140209). | |
| **E-Check** | Refer to [Aetna MED D – SilverScript - Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (005923)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6c4730ff-7093-47c9-a1b5-87593d686394). | |
| **Self-Service Options** | You can also make a payment through one of the following options:   * IVR Payment * Online Payment * Pay at a standalone CVS/pharmacy * Mail In Payment   Which payment method can I provide more information on? | |
| **If the beneficiary responds with...** | **Then...** |
| **IVR Payment** | You cancall the automated system at **1-833-287-0075** to make a One Time Credit Card/Debit Card payment. This option is available 24 hours a day. Please note that payments made on the IVR may take up to three (3) days to be visible in plan systems.  Refer to [Aetna MED D - SilverScript - Premium Billing Payment IVR (028730)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=07b5a134-7762-4b32-9bb3-6ebe9079c739). |
| **Online Payment** | Refer to [Aetna MED D - SilverScript - Premium Billing Online Payment Portal (101305)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=14948382-cd5e-4f18-a5bc-0e843a6c974e).  **Note:** Payments made on AetnaMedicare.com/payyourpremium may take up to three (3) days to be visible in plan systems. |
| **Pay at a CVS/pharmacy**  **Exception:** CVS/pharmacy at Target & Schnucks | Refer to [Aetna MED D - SilverScript - Incomm (Pay at Pharmacy) Premium Payments (101323)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6b7df87a-c5ba-4c02-a1d7-e5748373b499).  **Note:** It may take up to four (4) business days for premium payments made at the pharmacy to post to a member’s account. |
| **Mail In Payment** | You can mail your personal check or money order for the past due premium balance to:  **SilverScript Insurance Company**  **P.O. Box 7411650**  **Chicago, IL 60674-5650**  Mailed in payments can take up to two (2) weeks to be received by the plan. Payment sent via mail are subject to USPS mailing timeframes. Check payments are processed and posted to accounts within 72 hours of the plan receiving the payment. |
| **When are my monthly plan premiums due?** | Please pay your Medicare Part D premiums by the 1st of each month to maintain consistent coverage. | | |
| **Can I have my premiums deducted automatically?** | We offer convenient automatic payments options including automatic deductions from your check/savings account, credit/debit card or from your SSA/RRB benefit each month. Would you like to hear more about these options?  **CCR Note:** If the beneficiary would like to set-up automatic payments, the beneficiary MUST be transferred to the Premium Billing Specialized Team. | | |
| **What happens if I do not pay my monthly premiums?** | 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.  **CCR Notes:**   * If the beneficiary has a balance of more than one (1) month’s premium or was already disenrolled, the beneficiary MUST be transferred to the Premium Billing Specialized team so they can determine if the beneficiary is in the Dunning process and assist the beneficiary with their options. * The beneficiary may be eligible for Good Cause reinstatement if they were improperly disenrolled. Refer to [Aetna MED D SilverScript - Process for Good Cause Determinations For Non-payment of Plan Premiums (063898)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=307fc8be-d14d-43ff-ab22-92e01762193f). | | |

[Top of the Document](#_top)

|  |
| --- |
| **Related Documents** |

[MED D - Low Income Subsidy (LIS) Informational Overview (018616)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=39c4d667-eb19-4bde-9ec0-bdcda34aa0dd)

[Aetna MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (026695)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7072bae5-b9f6-4141-991f-9b3d11e7a5bd)

[MED D - SilverScript Plan Changes for ANOC/EOC 2025 (069026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=406c2afe-a140-4970-9173-6ce9706c7fd8)

**Abbreviations/Definitions:**[Customer Care Abbreviations, Definitions, and Terms (017428)](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**