# Aetna MED D - EGWP & SilverScript - Premium Billing Invoice Requests

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**Description:** Process for following Premium Billing Invoice Requests for **SilverScript Individual & applicable direct billed membership EGWP Plan PDP (Aetna Medicare)**:

* New to the plan: “I haven’t received an invoice yet. Do I still have coverage?”
* Asking about most recent invoice: “I haven’t received my current invoice. Can I get a copy?”
* Wanting a copy of a past invoice.
* No longer enrolled in plan, but still has a balance due and hasn’t received an invoice.
* No longer enrolled in plan, but has a credit balance and hasn’t received an invoice.
* Receives 100% LIS and hasn’t received an invoice.

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| Reminders |

Refer to the following:

* Beneficiaries typically receive their **1st** invoice within **45** days of their enrollment effective date. Always check ONEclick to see if an invoice has been mailed.
* If a beneficiary requests an invoice be sent in an alternate/accessible format, for example: Large Print, Braille, or Audio CD, refer to the [Requests for an Invoice in an Alternate Format](#_Requests_for_an) section below.

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| Invoice Details & Eligibility |

Premium Billing is responsible for invoicing beneficiary premiums for prescription drug plan benefits.

* Invoices include the monthly premium amount and any applicable late enrollment penalty.
* Premium Billing handles invoicing for SilverScript (SSI) and applicable direct billed membership EGWPs.
* Premium Billing also handles Group Billing for EGWPs. Refer to [Aetna MED D - SilverScript - Premium Billing Employer Group Reimbursements (104296)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f6a8a95a-5b10-46f0-ad02-ac6a2177eb69) for additional information on Group Billing.
* Premium Billing invoicing begins **AFTER** the beneficiary is set up by Enrollment, and the information reflects in CMS data systems.

Invoices are located within **ONEclick**.

* The Invoice is sent within a windowed envelope; the beneficiary’s mailing address will be visible through the plastic window.
* The return address is from:

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* “**ATTENTION: Important Plan Information. SilverScript Premium Notice**” is printed on the front of the envelope.

Invoices **ARE** sent to beneficiaries who:

* Have a credit balance and retro adjustments.
* Are enrolled in Direct Billing and have a balance due (Premium(s) and/or Late Enrollment Penalty amounts).
* Are enrolled in SSA/RRB and have a balance due for periods not covered by SSA/RRB.
* Have LIS but are still responsible for the premium or a portion of the premium.

Invoices are **NOT** sent to beneficiaries who:

* Have a $0 balance.
* Receive 100% Low Income Subsidy (LIS) with **NO** monthly premium due (No Premium per MARx).
* Have a balance due, but have been disenrolled from the plan for more than 4 months.
* Have a credit balance, but have been disenrolled from the plan for more than 6 months.
* Have a credit balance with no adjustments on their account.
* SilverScript beneficiaries enrolled in SSA/RRB and do not have a prior balance due.

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| Premium Billing Invoicing & Due Dates |

**Invoicing Dates:**

* **New Enrollees within 45** **days of enrollment** will receive invoice (usually for **two** months or more), refer to [Aetna MED D - SilverScript - New Enrollee Invoice Grid Job Aid for 2025 (023724)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=020e88aa-27b4-4a9e-947f-b3933e8f4b5e).
* **EGWP / SilverScript** - Invoices are mailed around the **15th** of the month.

**Premiums Due:**

* **EGWP / SilverScript** - Considered late if not received by the **1st** of the month.

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| Process Care |

The CCR must verify whether the beneficiary is eligible to receive an invoice.

When receiving a request for a copy of an invoice, the CCR will:

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| **Step** | **Action** | | | | | | | | | |
| **1** | Determine if the beneficiary receives an invoice based on payment option.   * From the **Main** screen in **PeopleSafe**, click on the **Medicare D Inquiry** tab. * Click on the **Premium History** tab, the **Date Range** will automatically populate. * Set the **Date Range:** To ensure the **Stock ID** section of the **Premium History** screen will display correctly, change the End Date Range field to the end of the next year (**Example:** **12/31/2026**). * Click on the **Show** hyperlink next to the **Billing Cycle & Payment Method**. * Verify the **Stock ID**. | | | | | | | | | |
| **If the beneficiary’s payment option is…** | | | **Then…** | | | | | | |
| Direct Bill | | | Proceed to[**Step 2**](#ProcessCare_Step2). | | | | | | |
| Automatic Credit Card, EFT/ACH, SSA/RRB Deductions **OR** Fully Subsidized LIS with no premium due | | | Auto Pay options or Fully Subsidized premiums:   * A monthly invoice is **NOT** generated.   **Note:** Invoices are generated for Automatic Credit Card/EFT **ONLY** if the **SilverScript** beneficiary has a **credit**.   * A statement that shows account activity can be provided.   **Reminder:** SSA/RRB Withholding can take up to 90 days to be approved. The beneficiary is responsible for any premium amounts due **prior** to SSA/RRB Withholding taking effect and would receive an invoice for any outstanding balance accrued **prior** to the SSA/RRB effective date. Copies of these invoices **can** be requested following the remaining steps in this section.  **Note:** Statements are **NOT** meant to serve as a substitute for invoices and are not automatically sent each month to beneficiaries enrolled in auto-pay options. Statements include account activity for multiple months. If a beneficiary requests a statement, refer to **Statement Requests** section in [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). | | | | | | |
| **If the beneficiary…** | | | | | **Then…** | |
| Has an outstanding balance accrued **prior** to the SSA/RRB effective date and requests a copy of that invoice | | | | | Proceed to [**Step 2**](#ProcessCare_Step2). | |
| Does **NOT** request a statement | | | | | Proceed to [**Step 7**](#Step7). | |
| **2** | Determine the nature of the invoice request. | | | | | | | | | |
| **If the beneficiary…** | | | | **Then…** | | | | | |
| Wants a copy of a past invoice for records  **OR**  Never received a past invoice | | | | Proceed to [Step 3](#ProcessCare_Step3). | | | | | |
| Has **NOT** been sent an invoice and has a balance due/credit balance but is no longer in the plan. | | | | Determine whether the beneficiary still has a balance on the account. Refer to the **Viewing Premium Balance** section in [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) | | | | | |
| **If the beneficiary has…** | | | | | **Then…** |
| **NO** balance | | | | | According to our records, you do not have a balance on the account.  Proceed to [**Step 7**](#Step7). |
| A credit balance | | | | | Proceed to [**Step 5**](#ProcessCare_Step5). |
| A balance due | | | | | Proceed to [**Step 6**](#ProcessCare_Step6). |
| Requests an **Invoice Hold** | | | | Beneficiaries can request to hold invoices, although this is **subject to approval**.  **Important:** Do **not** make any promises of Invoice Holds to the beneficiary during this discussion.  **Examples:**   * Beneficiaries with credit balances may be approved. * Beneficiaries with outstanding balances owed, may **not** be approved.   Send the following RM task:   * **Task Category:** Billing/Payment * **Task Type:** Premium Billing Inquiry Medicare Part D * **Queue:** Finance Scottsdale Premium Billing * **Reason For Dispute:** Invoice Request Hold * **Task Notes:** Document the following:   + **IHR008,** Beneficiary is requesting an Invoice Hold for <months> and <reason why the request is being made>.   + Indicate whether the beneficiary has a credit or outstanding balance.   + Beneficiary’s contact number.   Proceed to[**Step 7**](#Step7). | | | | | |
| Has **NOT** received an invoice, and although receives 100% LIS/Extra Help, is concerned a balance may be due. | | | | View the beneficiary’s **Amount After LIS** in the **Rate Data** section in **PeopleSafe** to verify whether LIS fully covers the beneficiary’s premium for the current plan year.   * Navigate to the **Medicare D Inquiry** tab > **Premium History** screen. * Under the **Rate Data** section, click the **Show** hyperlink. | | | | | |
| **If…** | **Then…** | | | | |
| Yes | Your Extra Help covers 100% of your premium and you have no monthly premium due. Because your Extra Help fully covers your monthly MED D premiums, you will not receive an invoice.  Proceed to[**Step 7**](#Step7). | | | | |
| No | 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>.  Proceed to [**Step 3**](#Step7). | | | | |
| **3** | Search for the invoice in question in **ONEclick**; refer to [Med D - Viewing Correspondence and Requesting Preprints in PeopleSafe (003379)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8d25a915-ad65-4b9e-bfb9-2d0fc62b8b79).  **Note:** If an invoice is not listed for a particular month, no invoice was generated in that month or mailed to the beneficiary.   * Invoices are viewable in ONEclick within 72 hours of being generated. * If the invoice is viewable in ONEclick but the beneficiary has not received it yet, advise the beneficiary that the invoice has been mailed.   **Reminder:** Both invoices and statements are listed in **ONEclick** as **Invoices** under the **Corr\_Doc\_Type** column.   * The MBI value will be populated for invoices. * Statements do not show the MBI value. | | | | | | | | | |
| **If the requested invoice was…** | **Then…** | | | | | | | | |
| **NOT** sent | Research the reason the requested invoice was not sent. | | | | | | | | |
| **If the reason the requested invoice was not sent out was because the beneficiary…** | | | | | | **Then…** | | |
| Had recently enrolled in the plan | | | | | | The plan is in the process of mailing invoices. It can take 1-2 months before your first invoice is sent. No payment is due until you receive an invoice and your benefits will not be affected.  **Reminder:** Do **NOT** create RM task requests for invoices on **future dates** or when it is known the beneficiary’s account has **not yet been invoiced** due to recent eligibility change or enrollment with the plan.  **CCR Process Note:** Refer to [Aetna MED D - SilverScript - New Enrollee Invoice Grid Job Aid for 2025 (023724)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=020e88aa-27b4-4a9e-947f-b3933e8f4b5e).  Proceed to[**Step 7**](file:///P:\Care%20PB%20Specialized%20Team\PB%20Care%20WI%20Updates\AEP%202024%20Plan%20Year%20WI%20Updates\Updated%20Documents\097435%20Aetna%20MED%20D%20-%20EGWP%20%20SilverScript%20-%20Premium%20Billing%20Invoice%20Requests_10.24.23.doc#Step7). | | |
| Was enrolled in an auto-pay option | | | | | | I apologize.No invoice was generated for your account for that particular month because you are enrolled in (Auto-Pay option).  **Reminder:** Do **NOT** create an RM task.  Proceed to[**Step 7**](file:///P:\Care%20PB%20Specialized%20Team\PB%20Care%20WI%20Updates\AEP%202024%20Plan%20Year%20WI%20Updates\Updated%20Documents\097435%20Aetna%20MED%20D%20-%20EGWP%20%20SilverScript%20-%20Premium%20Billing%20Invoice%20Requests_10.24.23.doc#Step7). | | |
| Owed no balance | | | | | | You have a $0 balance. Invoices are not mailed to beneficiaries with a $0 balance because no payments are needed for the current invoice month.  **Reminder:** Do **not** create an RM task.  Proceed to[**Step 7**](#Step7). | | |
| Does **NOT** match at least **one** of the following reasons:   * Was enrolled in an auto-pay option   **OR**   * Owed no balance   **OR**   * Had recently enrolled in the plan | | | | | | Proceed to [**Step 4**](#ProcessCare_Step4). | | |
| Sent | Confirm that the address reflected on the invoice matches the beneficiary’s current mailing address.  **CCR Process Note:** Verify the mailing address in **PeopleSafe** and with the beneficiary to guarantee accuracy. | | | | | | | | |
| **If the beneficiary’s mailing address is…** | | | | | **Then…** | | | |
| Correct | | | | | The plan is in the process of mailing invoices.  **For recently enrolled beneficiaries**, (based on effective date),  It can take 1-2 months before your first invoice is sent. No payment is due until you receive an invoice and your benefits will not be affected.  **Reminder:** Do **NOT** send RM task requests for invoices on **future dates** or when it is known the beneficiary’s account has **not yet been invoiced** due to recent eligibility change or enrollment with the plan.  **CCR Process Note:** Refer to [Aetna MED D - SilverScript - New Enrollee Invoice Grid Job Aid for 2025 (023724)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=020e88aa-27b4-4a9e-947f-b3933e8f4b5e).  Proceed to [**Step 7**](#Step7). | | | |
| **NOT** correct in **PeopleSafe** or on the invoice | | | | | Update the beneficiary’s mailing address on the **Medicare D Inquiry** tab and the **Participant** tab. To update contact information, refer to [MED D - Address Changes and Out of Area (OOA) (030149)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0ba6dea9-4b34-4351-b06a-ec81046f6c0f).  Your mailing address has been corrected so you should receive future invoices.  Proceed to [**Step 4**](#ProcessCare_Step4)**.** | | | |
| **4** | Send the following RM task:   * **Task Category:** Billing/Payment * **Task Type:** Premium Billing Inquiry Medicare Part D * **Queue:** Finance Scottsdale Premium Billing * **Reason For Dispute:** Invoice Request * **Task Notes:** Document the following:   + **IRQ009,** Beneficiary is requesting an invoice for <Month> and <Reason Why The Request Is Being Made>. Do **NOT** include the beneficiary’s account number.   + Indicate & include the beneficiary’s mailing address if it was recently updated, to ensure the duplicate invoice reaches the beneficiary.   + Beneficiary’s contact number.   When submitting an RM Task, **ALWAYS** access the beneficiary’s account in the **Participant Inquiry** tab in **PeopleSafe** prior to creating the RM Task.   * The **Participant External ID** field will be populated in the RM Task when it has been created correctly and linked to a specific beneficiary account.   Proceed to[**Step 7**](#Step7). | | | | | | | | | |
| **5** | According to our records, your account has a **credit balance** of <$xx.xx>.  **Note:** Invoices are not mailed to beneficiaries who have a credit balance and have not been in the plan for more than **6** months.   * If the beneficiary **asks for a refund**,refer to the **Credit Balances and Premium Refunds** section in [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). * If the beneficiary does **NOT** ask for a refund, proceed to [**Step 7**](#Step7). | | | | | | | | | |
| **6** | According to our records, your account has a **balance** due of <$xx.xx>. Would you like to make a payment today?  **Note:** Invoices are not mailed to beneficiaries who owe a balance and have not been in the plan for more than 4 months. | | | | | | | | | |
| **If…** | | **Then…** | | | | | | | |
| Yes | | I would be happy to help with that.  Refer to applicable work instruction:   * [Aetna MED D - SilverScript Premium Billing Credit Card Single-Sign-On (SSO) Processes (098901)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=56e63826-3e28-4427-b5e9-1dc4a5140209) * [Aetna MED D - SilverScript Premium Billing E-Check/EFT Single-Sign-On (SSO) Processes (005923)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=6c4730ff-7093-47c9-a1b5-87593d686394)   Proceed to [**Step 7**](#Step7). | | | | | | | |
| No | | I understand.If you change your mind at a future date, please contact Customer Care and we will be happy to assist you.  Proceed to [**Step 7**](#Step7). | | | | | | | |
| **7** | Ask if there are any other questions.   * Address any other issues and document/close the call according to existing policies and procedures; refer to [MED D - Call Documentation Including Viewing and Adding Comments in PeopleSafe (067665)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e9cdb772-9c04-4e42-b87a-ae4d2c2e1f62). * Log Activity1327 = Premium Billing. | | | | | | | | | |

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| Requests for an Invoice in an Alternate Format |

If a beneficiary requests an invoice in an alternate/accessible format (Large print, Braille, Audio CD) perform the following steps:

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| **Step** | **Action** |
| **1** | How would you like to receive your invoice? (Large print, Braille, Audio CD)  I would be happy to submit your request.  Submit the following RM Task:   * **Task Category:** Customer Care Internal Process * **Task Type:** Account Executive Consideration * **Queue:** CC Internal Processes – Client Support * **Notes:** Document the following:   + Beneficiary’s Name   + Beneficiary’s Mailing Address   + Participant External ID (Member ID)   + Letter type   + Original Letter Date   + Alternate/Accessible Format   + One-time Request   + Confirmed the beneficiary received the original letter   Proceed to [**Step 2**](#ReqInv_AltForm_Step2). |
| **2** | Explain next steps.  You should receive the requested format of your letter within 20 business days.  When you receive future mailings, please contact us again to request the invoice in an alternate/accessible format and we’ll be happy to assist. Thank you. |

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| Frequently Asked Questions |

The following table will assist in addressing Frequently Asked Questions regarding Invoices:

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| **#** | **Question** | **Answer** |
| **1** | **I didn’t receive an Invoice in the mail.** | **CCR Process Note:** Locate the Invoice in **ONEclick**.  **Note:** If there is **NOT** an Invoice in **ONEclick**, refer to [**Step 2**](#ProcessCare_Step2) within the **Process Care** section.  Our records show the letter was mailed on <MM/DD/YYYY> to the following address, <Insert Address Here>.   * The Invoice is sent within a windowed envelope; your mailing address would be visible through the plastic window. * The return address is:      * “**ATTENTION: Important Plan Information**” is printed on the front of the envelope.   **CCR Process Note:** If the Invoice was sent to the incorrect address - verify address on account and update if applicable, then refer to [**Step 3**](#ProcessCare_Step3) and **[Step 4](#ProcessCare_Step4)** within the **Process** **Care** section. |

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| Sample - Front of Aetna SilverScript Individual PDP Invoice |

The sample below is an illustration of the **front**of an Aetna SilverScript Individual PDP Premium Billing Invoice:

A close up of a receipt

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| Sample - Back of Aetna SilverScript Individual PDP Invoice |

The sample below is an illustration of the **back**of an Aetna SilverScript Individual PDP Premium Billing Invoice:

**Items to note**:

* Notation regarding Automatic Payment which indicates that the entire balance up to $300 will be withdrawn from the beneficiary’s bank account or charged to his/her credit card.
* For an amount due over $300, the beneficiary will be contacted before the deduction/charge is made.

A close-up of a payment form

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| Sample - Aetna SilverScript Individual PDP Credit Balance Invoice |

The sample below shows an Aetna SilverScript Individual PDP Premium Billing Invoices for beneficiaries with a credit balance on their accounts.

**Notes:**

* CREDIT BALANCE replaces the AMOUNT DUE heading.
* The message “NO PAYMENT DUE” displays at the top of the payment coupon to remind beneficiaries that they do not owe a payment.

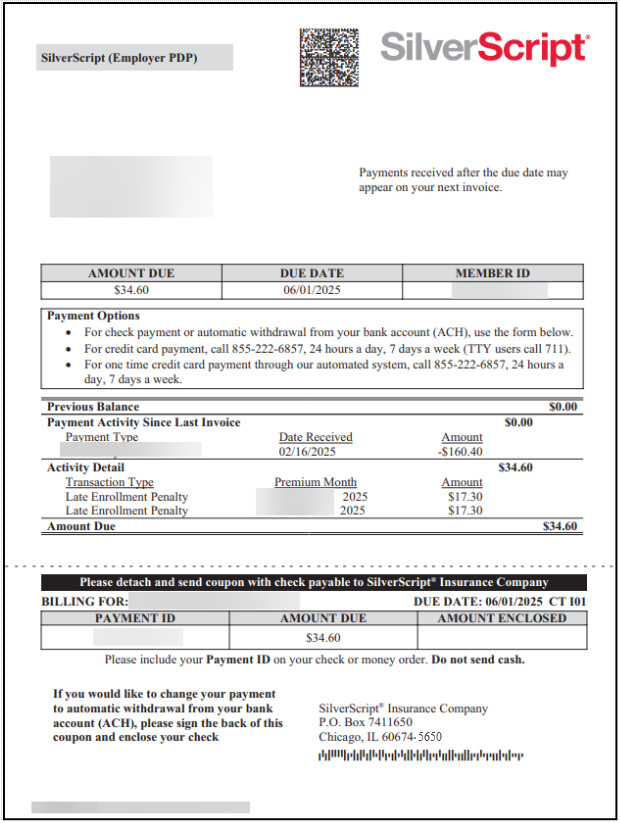
A close-up of a credit card

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| Sample - Front of EGWP PDP Invoice |

The sample below is an illustration of the **front**of an EWGP PDP Premium Billing Invoice:



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| Sample - Back of EGWP PDP Invoice |

The sample below is an illustration of the **back**of an EGWP PDP Premium Billing Invoice.

**Items to note**:

* Notation regarding Automatic Payment which indicates that the entire balance up to $300 will be withdrawn from the beneficiary’s bank account or charged to his/her credit card.
* For an amount due over $300, the beneficiary will be contacted before the deduction/charge is made.

A close-up of a document

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| Sample - EGWP PDP Credit Balance Invoice |

The sample below shows EGWP PDP Premium Billing Invoices for beneficiaries with a credit balance on their accounts.

* Beneficiaries will receive this invoice format for credit balances with their appropriate logo/info.

**Items to note**:

* CREDIT BALANCE replaces the AMOUNT DUE heading.
* The message “NO PAYMENT DUE” displays at the top of the payment coupon to remind beneficiaries that they do not owe a payment.

A close-up of a credit balance

AI-generated content may be incorrect.

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| Resolution Time |

Resolution times vary by the specific situation.

**CCR Process Note:** Resolution times for Premium Billing RM Tasks are contingent on the issue. Premium Billing will research and provide a resolution for all Premium Billing related activity within 10 business days. This does **not** include: Invoice requests, statement letters, refunds and social security refunds. Any issue requiring review from other internal departments can cause a delay in Premium Billing addressing the concern with the standard timeframe of 10 business days.

Premium Billing RM Task requests for duplicate invoice and statement letter requests can take up to 14 business days. Beneficiaries should allow 21 business days for Premium Billing refund checks. Social Security set up and refunds may take up to 90 days.

Refer to Premium Billing Processing Time section in the [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) and [Compass and PeopleSafe – General Resolution Times/Turn Around Times (TAT) and Related Documents (028775)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=863acba1-4370-4da9-9f6b-4cadf8633fbf).

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| Related Documents |

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

**Grievance Standard Verbiage: Grievance Standard Verbiage (for use in Discussion with Beneficiary)** section in [MED D - Grievances Index (007931)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=71364003-a41f-4b84-be24-1e85435462b2)

**Parent Document:** 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/DocRenderer?documentId=CALL-0048)

**Abbreviations/Definitions:** [Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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