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P.O. Box 30006, Pittsburgh, PA 15222-0330

**Important Plan Information**

<First Name> <Last Name>

<Mailing Address 1>

<Mailing Address 2>

<City>, <State> <ZIP>

<Date>

Dear <First Name> <Last Name>,

Get ready for 2025

[{*If Enrollment Confirmed = NO, insert the following*} Please note: If you elected Medicare Part D prescription drug coverage that is not [*If carrier = 9368, 9596, or 9597, print*} for] [{*For all other carriers print*} sponsored by] <Client Name>, just disregard this letter.]

Welcome to [{*If Carrier =* *9350, 9351, 9352, 9354, 9356, 9357, 9358, 9359, 9361, or 9364, print*} Aetna Medicare Rx offered by SilverScript Employer PDP, your Medicare Part D prescription drug plan sponsored by <Client Name>] [{*If Carrier = 9368, print*} Aetna Medicare Rx offered by SilverScript Employer PDP, your Medicare Part D prescription drug plan for <Client Name>] [{*If Carrier = 9596 or 9597, print*} SilverScript Employer PDP, your Medicare Part D prescription drug plan for <Client Name> (SilverScript)] [{*For all other carriers, print*} SilverScript Employer PDP, your Medicare Part D prescription drug plan sponsored by <Client Name> (SilverScript)]. Use the information below to get the most out of your Medicare Part D benefits.

We see that you may be taking the following medications. (This list may not include all the medications you are currently taking.) New guidelines will apply to these prescription drugs. This is due to differences between your current coverage and the coverage effective **January 1, 2025**.

|  |  |
| --- | --- |
| **Drug Name** | **Change** |
| [{*Formulary Inclusion*}  <Drug Name> | This drug will be covered by SilverScript in 2025.] |
| [{*PA Removed*}  <Drug Name> | This drug will no longer require a prior authorization for us to cover it in 2025.] |
| [{*QL Removed*}  <Drug Name> | This drug will no longer have a quantity limit in 2025.] |
| [{*ST Removed*}  <Drug Name> | This drug will no longer require step therapy in 2025. This means you will not need to try another drug first.] |
| [{*Honoring PA*}  <Drug Name> | This drug will require a prior authorization in 2025. However, you **do not** need to request a prior authorization for us to cover it.] |
| [{*Honoring QL*}  <Drug Name> | This drug will have a quantity limit in 2025. However, you **do not** need to request an exception for us to cover it.] |
| [{*Honoring ST*}  <Drug Name> | This drug will require step therapy in 2025. However, you **do not** need to request an exception for us to cover it.] |
| [{*Positive Tier Change*}  <Drug Name> | This drug will move to a lower cost-sharing tier in 2025. You usually pay less for drugs on a lower tier. [{*If tier information is available, insert the following*} It is on tier <Current Tier> and will be on tier <Future Tier> in 2025.]] |
| [{*Formulary Exclusion*}  <Drug Name> | This drug will **not** be covered by SilverScript in 2025. [{*If alternative drugs are available, insert the following*} Possible alternatives include: <Alternative Drugs>.] Talk to your doctor to see if another drug will work for you. If not, your doctor can work with us to ask for an exception.] |
| [{*PA Added*}  <Drug Name> | This drug will require a **prior authorization** for us to cover it in 2025. Your doctor can work with us to request this.] |
| [{*QL Added*}  <Drug Name> | This drug will have a **quantity limit** in 2025. Check your Formulary (List of Covered Drugs) for more information. If you need to take more than our quantity limit permits, your doctor can work with us to ask for an exception.] |
| [{*ST Added*}  <Drug Name> | This drug will require **step therapy** in 2025. This means you’ll need to try another drug first. Other drugs that may work include: <Step Therapy Drugs>. Talk to your doctor to see if another drug will work for you. If not, your doctor can work with us to ask for an exception.] |
| [{*Negative Tier Change*}  <Drug Name> | This drug will move to a **higher cost-sharing tier** in 2025. You usually pay more for drugs on a higher tier. [{*If tier information is available, insert the following*} It is on tier <Current Tier> and will be on tier <Future Tier> in 2025.]  You may continue to fill your current prescription at the higher cost-sharing tier or choose a lower-cost alternative drug. Talk to your doctor to see if another drug may work for you. If not, your doctor can work with us to ask for an exception. Keep in mind that there are specific circumstances when we can change the tier of a drug and lower the cost. We may not be able to grant your request.] |
| [{*BvsD PA*}  <Drug Name> | This drug will require a **prior authorization** to determine whether it will be covered under Medicare Part B or Medicare Part D. It will only be covered by SilverScript in 2025 if determined to be Part D. If the drug is determined to be Part B, you can work with your doctor or pharmacy to submit the claim through your medical/Part B provider.] |
| [{*Part B Drug*}  <Drug Name> | This drug will **not** be covered by SilverScript in 2025 but may be covered under your medical/Medicare Part B provider. Talk to your doctor or pharmacy to submit the claim through your medical/Medicare Part B provider.] |
| {*Repeat rows above as needed for additional drugs*} |  |

**Review your benefits**

The changes above may not be a full list. It is important to review your Evidence of Coverage, Formulary (List of Covered Drugs), Pharmacy Directory, and other plan materials.

Your plan may provide additional coverage for prescription drugs not included in your Medicare Part D benefit. There may be instances where your share of the cost may be less due to this additional coverage. If you are unsure about your share of the cost or which drugs may or may not be covered, please call Customer Care.

**Contact us**

We want to help you understand how your plan works. If you have questions, visit us at **<Website Address>** or call Customer Care at **<Customer Care Number> (TTY: 711)**,

24 hours a day, 7 days a week. We can review changes listed in this letter and help you check other drugs you take.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

The formulary may change at any time. You will receive notice when necessary.

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