



[ReturnPriorityAddress2], [ReturnPriorityCity], [ReturnPriorityState] [ReturnPriorityZip]

[DATE]

[F101]

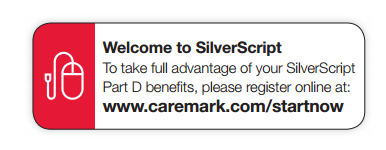
[F109] **Member #/**

[F8] [F9] [F10] **RxID: [F54]**

[F102] **RxGroup: [F14]**

[F103] **RxBin:** **[F11]**

[F104], [F105] [F106\_F107] **RxPCN: [F12]**



Dear [F8] [F10]:

Medicare has approved your enrollment in [PlanName] and we look forward to welcoming you as a member beginning [F22].

**How will my coverage work?**

As of [F22], you should begin using [PlanName] network pharmacies to fill your prescriptions. If you use an out-of-network pharmacy, except in an emergency, your prescription may not be covered under your plan benefit and [PlanName] may not pay for your prescriptions.

Finding network pharmacies in your area is easy:

* Call our Customer Care department at the number at the end of this letter
* Visit AetnaMedicare.com/FindPharmacy to use our Pharmacy Locator

**[**(If F47=0, populate)**How much is my premium?** The monthly premium for your plan is [(If F33=7185, populate)[PremiumAmount] + [F66] – [F134])] [If F33≠7185, populate)[F62]].

**What is Extra Help?**

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won’t have a coverage gap or a Part D late enrollment penalty. Many people qualify for these savings and don’t even know it. For more information about Extra Help, contact your local Social Security office, or call Social Security at [SSNPhone]. TTY users should call [SSNTTY]. You can also apply for Extra Help online at [SSHELPURL].

If you think you qualify for Extra Help with your prescription drug costs, but you don’t have or can’t find proof, please contact [PlanName] at the number provided at the end of this letter.**]**

**[**(If F47=1,2,3, or 4, populate)  
**What are my costs since I qualify for Extra Help?**

Because you qualify for Extra Help with your prescription drug costs, you will pay no more than:

* [(If F33=7185, F3=3TIERNET and F48=100, populate)$0.00(F48=075, populate)$8.30 (F48=050, populate)$16.60(F48=025, populate)$25.00*)*][If else, populate) [F62]] per month for your [PlanName] premium,
* **[**(If F47≠0, populate)[( If F47=1, 2 OR 3, populate)$0.00][( If F47=4 AND[CMSLICS4Deductible]*>*[PlanDeductible]*,* populate)[PlanDeductible]][( If F47=4 AND[CMSLICS4Deductible]*<*[PlanDeductible]*,* populate)[CMSLICS4Deductible]] [(If F47=4, Deductible=Yes, populate)(Tiers 3-5)] [(If F47=4 and F3=SMART, *Deductible=Yespopulate)*(Tiers 2-5)] for your yearly prescription drug plan deductible,
* [(If F47=1, populate)[CMSLICS1GenCoPay]/[CMSLICS1BrandCoPay]][( If F47=2, populate)[CMSLICS2GenCoPay]/[CMSLICS2BrandCoPay]][( If F47=3, populate)$0.00][(If F47=4, populate)15%] when you fill a prescription covered by [PlanName].]

If you believe this is incorrect and you have proof the Extra Help amounts should be different, please contact [PlanName] at the phone number provided at the end of this letter.**]**

**Will I pay a Part D late enrollment penalty required by Medicare as part of my premium?**

[If F50>0, populate)Your premium continues to reflect a Part D late enrollment penalty amount that was based on information sent by your previous plan. Your plan should have told you about this penalty. If you have questions about the Part D late enrollment penalty, call [PlanName] at the phone number provided at the end of this letter. You can also get information by visiting [MedicareURL] or by calling 1-800-MEDICARE ([MedicareNumber]), [MedicareHours]. TTY users should call [MedicareTTY]. If we determine that your penalty needs to be adjusted, we will notify you of your new monthly premium.]

[If F50=0, populate)The Part D late enrollment penalty is an amount added to your monthly Medicare drug plan (Part D) premium for as long as you have Medicare prescription drug coverage. This penalty is required by law and is designed to encourage people to enroll in a Medicare drug plan when they are first eligible or keep other prescription drug coverage that meets Medicare’s minimum standards. You may owe a Part D late enrollment penalty if you didn’t join a Medicare drug plan when you were first eligible for Medicare Part A and/or Part B, and:

* You didn’t have other prescription drug coverage that met Medicare’s minimum standards, OR
* You had a break in coverage of at least 63 days.

If we determine that you owe a Part D late enrollment penalty, we will notify you of your new monthly premium amount.]

**Will [PlanName] bill me for my premiums or will my premiums be deducted from   
my Social Security/Railroad Retirement Board check?**

Your enrollment form included the options for paying your plan premium. If you chose to have your [PlanName] premium withheld from your Social Security or Railroad Retirement Board benefit check, we may have to send you a bill for your first month or two of enrollment if the deduction doesn’t start right away or doesn’t start at all. If you didn’t choose this option, we will bill you for your monthly premiums or you may select a convenient automatic payment option. For questions on paying your monthly premium or to sign up for an automatic option, please contact us at [EnrollmentNumber], [EnrollmentHours]. TTY/TDD users should call [EnrollmentTTY]. Members who fail to pay the monthly premium may be disenrolled from [PlanName].

**What if I have a Medigap policy?**

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare prescription drug plan. Your Medigap Issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Call your Medigap Issuer for details.

**What if I have more questions?**

If you have any questions, please contact [PlanName] at [SpecEnrollNumber], [EnrollmentHours]. TTY users should call [EnrollmentTTY].

Thank you,

SilverScript® Insurance Company

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