

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

[DATE]

<First Name> <Last Name>  
<Address 1>

<Address 2>

<City>, <State> <Zip>

Dear <First Name> <Last Name>:

As the sponsor of your prescription drug plan, SilverScript® Insurance Company is dedicated to making your insurance plan easy for you to use. We are pleased to provide your prescription drug coverage under the Medicare Part D prescription drug program. If you are not satisfied with our plan offering, it is our responsibility to assist you in a professional and courteous manner when we interact with you. Conversely, it is your responsibility to conduct yourself in a civil manner while working with our team members.

Unfortunately, your <ACTIONS/ BEHAVIORS/ STATEMENTS/ THREATS> are disrupting our ability to assist you and other enrollees in our plan. We respectfully ask that you cease all disruptive <ACTIONS/ BEHAVIORS/ STATEMENTS/ THREATS>. We truly hope that this issue can be resolved amicably. If the [<ACTIONS/ BEHAVIORS/ STATEMENTS/ THREATS> continue, however, we will have to contact The Centers for Medicare & Medicaid Services (CMS), the federal agency that runs the Medicare program, to disenroll you from our plan. If you choose to stop the <ACTIONS/ BEHAVIORS/ STATEMENTS/ THREATS>, then you may remain in our plan without any repercussions.

We have fully documented each occurrence of <ACTIONS/ BEHAVIORS/ STAEMENTS/ THREATS> and are providing a summary below:

<INSERT SUMMARY OF EVENTS HERE>

**This letter only pertains to your Medicare Prescription Drug Plan benefits. Your other Medicare benefits would not be affected should you be disenrolled from SilverScript.**

You may file a verbal or written grievance regarding this issue. To file a verbal grievance, you may call our toll-free Customer Care Grievance Line at 1-866-884-9478, 24 hours a day, 7 days a week; TTY users should call 711. Written grievances should be sent to Aetna Medicare Grievances, PO Box 14067, Lexington, KY 40512. You will need to provide any information or explanation that you have in support of your position regarding this matter.

Sincerely,

SilverScript Insurance Company

Your privacy is important to us. SilverScript employees are trained regarding the appropriate way to handle your private health information.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.