

SilverScript®

♥ aetna®

2024

Medicare prescription
drug benefits and
information guide

Aetna Medicare Rx
offered by SilverScript

Healthier happens
together™

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Welcome





Aetna® Medicare

Ready to take a step toward your best health?

Aetna Medicare can help.

This guide contains:

- Information on the benefits, programs and services available to you
- Details to help you better understand our plan features
- Everything you need to enroll

Ready to get started?

Simply follow these steps:

1. Review the plan benefits in this guide.
2. Fill out and sign the included enrollment form.
3. Make a copy of the form for your records.
4. Mail your completed form to the address shown at the bottom of the Enrollment Instructions page. (You can use the return envelope if one was included.)
5. Follow any other instructions from your employer, union or trust, as applicable.



Questions?

1-800-307-4830 (TTY: 711)

8 AM–9PM ET
Monday–Friday



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ABOUT IRMAA

Income-Related Monthly Adjustment Amount

You'll get a Medicare Income-Related Monthly Adjustment Amount (IRMAA) notice if you have Medicare Part B or Part D and the U.S. Social Security Administration (SSA) determines that an IRMAA applies to you. This notice includes information about the determination by Social Security and your appeal rights.

When will you get it?

It can come at any time.

Who sends it?

Social Security will contact you if you have to pay IRMAA, based on your income. The amount you pay can change each year, and it should be paid directly to the SSA.

What should you do if you get this notice?

Keep the notice. If you disagree with the notice, you can contact SSA to appeal.

An Aetna Medicare prescription drug plan for you

Let's start with what matters most.



A history of care

We've provided access to Medicare coverage since 1966.



Your prescriptions

Our plans cover many commonly prescribed drugs. And you can get most of them delivered to you with the CVS Caremark® Mail Service Pharmacy.

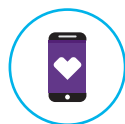


See if your prescriptions are covered

Our plan covers many of the most commonly prescribed generic and brand-name drugs.

To find your medicine in our formulary (drug list):

- Flip to this guide's Summary of Benefits section to find the drug list.
- Write down the formulary name and the plan's tier structure (*for example, 3-tier, 5-tier, etc.*) shown under "Pharmacy — Prescription Drug Benefits."
- Go to **AetnaRetireePlans.com**.
- Follow the prescription drug list search instructions.



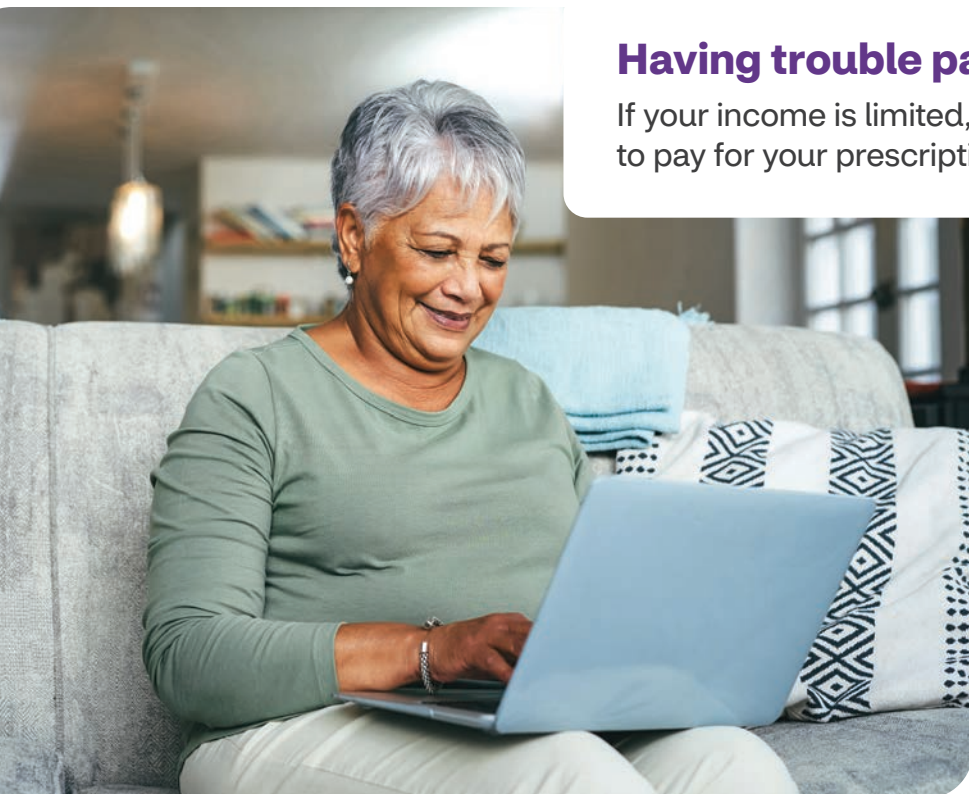
No computer or internet? No worries.

Call us at **1-800-307-4830 (TTY: 711)**.

We're here 8 AM to 9 PM ET, Monday through Friday.

Why Aetna Medicare Rx[®] offered by SilverScript[®]?

Your medicine can be expensive. A prescription drug plan can help you cover the cost. And our plan covers many of the most commonly prescribed generic and brand-name drugs.



Having trouble paying for your medicine?

If your income is limited, you may qualify for Extra Help to pay for your prescription drugs.

This can include:



Monthly prescription drug premiums



Annual deductibles



Copays and coinsurance



To see if you qualify, you can:

- Call Social Security at **1-800-772-1213 (TTY: 1-800-325-0778)**, 8 AM to 7 PM local time, Monday through Friday
- Contact your state Medicaid office

The Medicare Coverage Gap Discount Program

Available for select plans, this program gives manufacturer discounts on prescription drugs to Part D members who:

- Reach the Coverage Gap
- Don't get Extra Help

If your plan doesn't include added coverage during the Coverage Gap phase, for covered brand-name drugs, a discount will be applied when the pharmacy bills you.



Pharmacy coverage from coast to coast

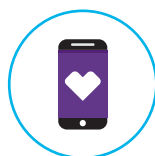
Our pharmacy network includes national chains and local options.



Find a network pharmacy close to you



Search online at
[AetnaRetireePlans.com](https://www.aetna.com/retireeplans).



Ask an Aetna representative.

Call us at **1-800-307-4830, (TTY:711)**.

We're here 8 AM to 9 PM ET,
Monday through Friday.



Save a trip with home delivery

With CVS Caremark® Mail Service Pharmacy (a preferred pharmacy), standard shipping is always free. Your medicine is securely packed, then checked for accuracy by a registered pharmacist. Finally, it's mailed quickly and safely to you.

If you have questions about your medicine, you can call anytime.



TIP

Check Medicare's Star Ratings

Star Ratings can help you learn more about the Medicare plan you're offered. They can give you insight into the parts of a health plan you care most about.



Medicare basics

Understand how your plan works



Aetna
Medicare Rx[®]
offered by
SilverScript[®]

About your plan

Our prescription drug plan offers:



A **network of pharmacies** that includes national chains



A **formulary** — or drug list — that includes many or all Part D drugs



CVS Caremark[®] Mail Service Pharmacy for your maintenance drugs



Specialty pharmacy services for complex-condition medicines that require:


- Special handling
- Refrigeration
- Education and support

Specialty pharmacies fill specialty medicines that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they aren't considered to be mail-order pharmacies. So, most specialty medicines aren't available at the mail-order cost share.

Points to consider

- If you're currently enrolled in an individual Medicare prescription drug plan, enrollment into this group plan will disenroll you from your individual plan.
- If you're enrolled in this group plan, it will provide your Medicare prescription drug coverage.



For more detailed information on what your plan offers, see the **Summary of Benefits section** of this guide. 



Summary of Benefits

Take a closer look



Aetna Medicare Rx[®] offered by SilverScript[®]

The **Summary of Benefits** shows expected costs and describes the benefits package.

These affect what you'll pay for your prescription drugs.

So be sure to review all the pages in this section.

Benefits and Premiums are effective January 1, 2024 through December 31, 2024

SUMMARY OF BENEFITS
 PROVIDED BY SILVERSCRIPT INSURANCE COMPANY

PHARMACY - PRESCRIPTION DRUG BENEFITS

Monthly Premium	Please contact your former employer/union/trust for more information on your plan premium.
Calendar-Year deductible for Prescription drugs	\$0
Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.	
Pharmacy Network	S2
Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (http://www.aetnaretireplans.com .)	
Formulary (Drug List)	Classic
Initial Coverage Limit (ICL)	\$5,030

The Initial Coverage Limit includes the plan deductible, if applicable. This is your cost sharing until covered Medicare prescription drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied, if your plan has a deductible):

5 Tier Plan	30-day Supply through Retail	90-day Supply through Retail or Mail	
	Standard	Preferred Mail	Standard Retail or Mail
Tier 1 - Preferred Generic Generic Drugs	\$0	\$0	\$0
Tier 2 - Generic Generic Drugs	\$10	\$20	\$20

5 Tier Plan	30-day Supply through Retail	90-day Supply through Retail or Mail	
	Standard	Preferred Mail	Standard Retail or Mail
Tier 3 - Preferred Brand Includes some high-cost generic and preferred brand drugs	\$20	\$40	\$40
Tier 4 - Non-Preferred Drug Includes some high-cost generic and non-preferred brand drugs	\$30	\$60	\$60
Tier 5 - Specialty Includes high-cost/unique generic and brand drugs	\$50	Limited to one-month supply	Limited to one-month supply

If you reside in a long-term care facility, your cost share is the same as a 30 day supply at a retail pharmacy and you may receive up to a 31 day supply.

Coverage Gap

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage Limit. Your cost-sharing for covered Part D drugs after the Initial Coverage Limit and until you reach \$8,000 in prescription drug expenses is indicated below.

Your former employer/union/trust provides additional coverage during the Coverage Gap stage for covered drugs. This means that you will generally continue to pay the same amount for covered drugs throughout the Coverage Gap stage of the plan as you paid in the Initial Coverage stage. Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

Catastrophic Coverage: You pay \$0.

Catastrophic Coverage benefits start once \$8,000 in true out-of-pocket costs is incurred.

Requirements:

Precertification	Applies
Step-Therapy	Applies

Non-Part D Supplemental Benefit

- Agents when used for the treatment of sexual or erectile dysfunction (ED)

For more information about Aetna plans, go to www.aetna.com or call Member Services toll-free at 1-800-594-9390 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

Pharmacy Disclaimers

Aetna’s retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30 day supply.

Pharmacy clinical programs such as precertification, step therapy and quantity limits may apply to your prescription drug coverage.

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered “mail-order pharmacies.” Therefore, most specialty drugs are not available at the mail-order cost share.

The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at 1-855-222-6857, 24 hours a day, 7 days a week. TTY users call 711.

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. The amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.

Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for “off label” use, (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs”. These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds

- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Your plan includes supplemental coverage for some drugs not typically covered by a Medicare Part D plan. Refer to the "Non-Part D Supplemental Benefit" section in the chart above. Non-Part D drugs covered under the non-part D supplemental benefit can be purchased at the appropriate plan copay. Copayments and other costs for these prescription drugs will not apply toward the deductible, initial coverage limit or true out-of-pocket threshold. Some drugs may require prior authorization before they are covered under the plan.

Plan Disclaimers

Aetna Medicare Rx offered by SilverScript is a group standalone Medicare Prescription Drug Plan (PDP). This Plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the Plan depends on Medicare contract renewal.

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 and/or pharmacy network may change at any time. You will receive notice when necessary.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

You can read the *Medicare & You 2024 Handbook*. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-594-9390 (TTY: 711). Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-594-9390 (TTY: 711).

Traditional Chinese: 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-800-594-9390 (TTY: 711)。

You can also visit our website at <http://www.aetnaretireplans.com>. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-307-4830. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-307-4830. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-307-4830。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-307-4830。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-307-4830. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-307-4830. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-307-4830 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-307-4830. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제

공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-307-4830번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-307-4830. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

:Arabic

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-307-4830. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-307-4830 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-307-4830. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-307-4830. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-307-4830. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-307-4830. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますごさい。通訳をご用命になるには、1-800-307-4830にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

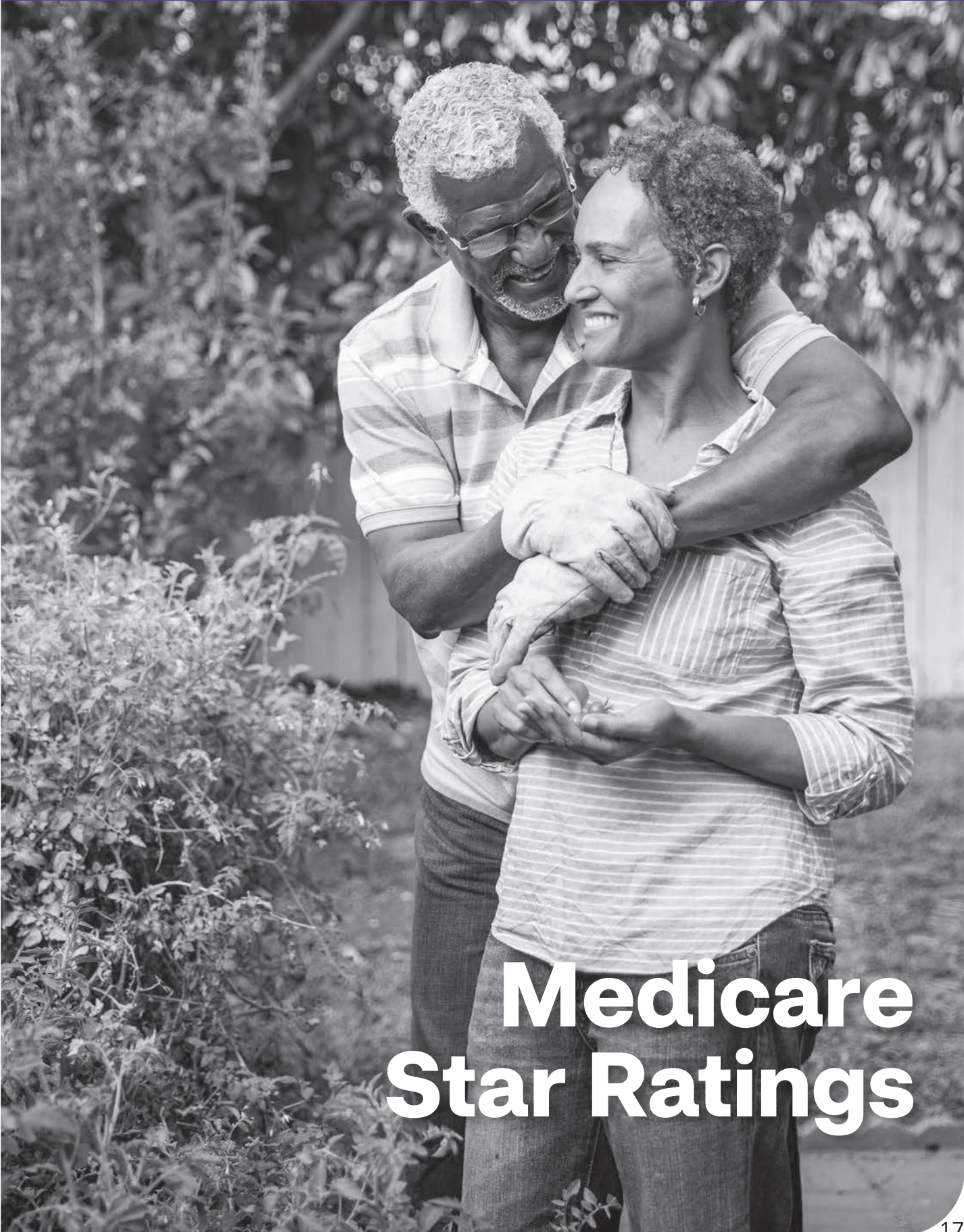
Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane ʻia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma 1-800-307-4830. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

*****This is the end of this plan benefit summary*****

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See how your plan rates



Medicare Star Ratings

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Here's how Star Ratings work



Medicare Star Ratings help you learn which plans perform best in areas you find important. The federal government (the Centers for Medicare & Medicaid Services, also known as CMS) gives an annual rating to Medicare Advantage and prescription drug plans (Part D), based on categories such as:

 Quality of care

 Customer service

 Member complaints

Each plan receives a rating from one star (lowest) to five stars (highest).



See your plan's Star Rating on the next page.

IMPORTANT INFORMATION: 2023 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



SILVERSCRIPT INSURANCE COMPANY - S5601

For 2023, SILVERSCRIPT INSURANCE COMPANY - S5601 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: Service not offered

Drug Services Rating: ★★★★★

SilverScript®

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well our plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact SILVERSCRIPT INSURANCE COMPANY 7 days a week from October 1 – March 31, 8 a.m. to 8 p.m., local time, or 5 days a week (M-F) from April 1 – September 30, 8 a.m. to 8 p.m., local time, at 1-833-526-2445 (toll-free) or 711 (TTY).

Current members please call 24 hours a day local time, 7 days a week, 1-866-235-5660 (toll-free) or 711 (TTY).

SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal.

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After enrollment

See what happens next

18-001311_D

Start your journey off right

You'll hear from us within about 30 days after your enrollment in the plan.



Plan confirmation and acceptance letter

This includes info about your plan's features. We'll send it to you once the Centers for Medicare & Medicaid Services (CMS) approves your enrollment. **You'll get your letter by mail.**



Plan member ID card

This card — not your red, white and blue Medicare card — should be used each time you visit the pharmacy. **You'll get your member ID card by mail attached to your confirmation letter. You can also find it online.**



Evidence of Coverage (EOC)

This is a complete description of your Medicare plan coverage and your member rights. **You'll find your EOC online.**



Formulary

This is a list of drugs your plan covers and any special requirements. **You'll find your formulary online.**



Pharmacy directory

Search for locations in your area — or anywhere coast to coast. **You'll find your pharmacy directory online.**

SilverScript® is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal. Aetna®, CVS Caremark® and CVS Pharmacy® are a part of the CVS Health® family of companies.

Standalone Prescription Drug Plans are offered by SilverScript, a CVS Health® company.

Every year, Medicare evaluates plans based on a 5-star rating system.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call the phone number on your member ID card, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign-up for automated mail-order delivery.

The Aetna Medicare Rx® offered by SilverScript® plan pharmacy network includes limited lower-cost, preferred pharmacies in Alaska; suburban and rural areas of Idaho, Puerto Rico, Washington, and Wyoming; and rural areas of Arkansas, Colorado, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, Oregon, and Wisconsin. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call members please call the number on your ID card, non-members please call **1-855-338-7027 (TTY: 711)**, 8 AM to 9 PM ET, Monday through Friday, or consult the online pharmacy directory at **AetnaRetireePlans.com**.

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 and/or pharmacy network may change at any time. You will receive notice when necessary.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call **1-800-MEDICARE** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

Other Pharmacies are available in our network.

Please read this section carefully:

I must keep Hospital (Part A) or Medical (Part B) to stay in Aetna Medicare Rx offered by SilverScript.

By joining this Medicare Prescription Drug Plan, I acknowledge that Aetna Medicare Rx offered by SilverScript will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

I understand that I can be enrolled in only one Part D plan at a time — and that enrollment in this plan will automatically end my enrollment in another Part D plan.

If you are a member of a Medicare Advantage Plan (such as an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining Aetna Medicare Rx offered by SilverScript, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

If you currently have health coverage from another employer or union, joining SilverScript Employer PDP could affect your other employer or union health benefits. You could lose your employer or union health coverage if you join Aetna Medicare Rx offered by SilverScript. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

By completing this enrollment application, I agree to the following: Aetna Medicare Rx[®] offered by SilverScript[®] is a Medicare Prescription Drug Plan and has a contract with the federal government. I must keep Medicare Part A or Part B to stay in Aetna Medicare Rx offered by SilverScript.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Aetna Medicare Rx offered by SilverScript, he or she may be paid based on my enrollment in Aetna Medicare Rx offered by SilverScript.

By joining this Medicare Prescription Drug Plan, I acknowledge that Aetna Medicare Rx offered by SilverScript will release my information to Medicare, who may use it to track beneficiary enrollment, for payment and other purposes applicable to federal statutes that authorize the collection of this information (see Privacy Act Statement below).

Privacy Act Statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)," System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Release of Information

By joining this Prescription Drug Plan, I acknowledge that the Prescription Drug Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Aetna Medicare Rx offered by SilverScript will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that Medicare beneficiaries are generally not covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Aetna Medicare Rx offered by SilverScript coverage begins, I must get all of my prescription drug services from Aetna Medicare Rx offered by SilverScript. Prescription drugs authorized by Aetna Medicare Rx offered by SilverScript and contained in my Aetna Medicare Rx offered by SilverScript Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR AETNA MEDICARE RX OFFERED BY SILVERSCRIPT WILL PAY FOR THE SERVICES.**

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-307-4830 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-307-4830 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-307-4830 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-307-4830 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-307-4830 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-307-4830 (TTY: 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-307-4830 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-307-4830 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-307-4830 (TTY: 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными

услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-307-4830 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-307-4830 (TTY: 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-307-4830 (TTY: 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-307-4830 (TTY: 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-307-4830 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-307-4830 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-307-4830 (TTY: 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-307-4830 (TTY: 711)**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma **1-800-307-4830 (TTY: 711)**. E hiki ana i kekahi mea 'ōlelo Pelekānia/'ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

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Form CMS-10802
(Expires 12/31/25)

Helpful resources

We're here to help answer your questions, so you can feel confident about your Medicare coverage.

Just call us at **1-800-307-4830 (TTY: 711)**.

We're here 8 AM to 9 PM ET,
Monday through Friday.

Visit **[AetnaRetireePlans.com](https://www.aetna.com/retireeplans)**
to find network pharmacies near you
or review your plan's drug list.





TIP

Uplift your spirits through song

With the Songs 4 Seniors playlist, people of all ages can enjoy classical music, soul, jazz and more.

Simply scan this QR code with the camera on your smartphone or tablet. Or visit [**youtube.com/c/Aetna/playlists**](https://youtube.com/c/Aetna/playlists).





Here's to your
best health



6

reasons to choose an **Aetna Medicare Rx[®] offered by SilverScript[®] Prescription Drug Plan**



Since 1966, we've helped our Medicare members get the most out of their health care. And our strong commitment continues today — see what you'll get with our plan:



1. A network of trusted national chain and local pharmacies

2. Prescription coverage for many commonly prescribed generic and brand-name drugs



3. Home delivery with free standard shipping for many drugs

4. Specialty pharmacy services for complex-condition medicines



5. 90-day prescription supply through retail or mail

6. Education and support programs



Want more reasons?

Just flip this guide over to get the whole story.

SilverScript[®]

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