

What's the Medicare Prescription Payment Plan?

It's a new payment option offered by all plans with Medicare prescription drug coverage, starting **January 1, 2025**. It lets you spread the cost of a prescription drug over the rest of the plan year. There's no cost to sign up or opt in. And you don't have to opt in if you don't want to.

Here's how it works

You'll pay \$0 for your covered Part D drug at the pharmacy. Then we'll bill you for your share of the drug's cost each month, through the rest of the plan year.

Remember: You won't pay for your drug at the pharmacy. But you'll still have to pay your share of the drug's cost.

Will the Medicare Prescription Payment Plan help you?

You're **more likely** to benefit if your drugs have high-cost shares early in the plan year. You can opt in at any time. But starting earlier in the plan year gives you more time to spread out your drug costs.

It **may not** be the best choice for you if:

- Your yearly drug costs are low
- Your drug costs are the same each month
- You're thinking about opting in late in the plan year

Or if:

- You don't want to change how you pay for your drugs
- You get, or are eligible for, Extra Help or a Medicare Savings Program
- You get help paying for your drugs from a State Pharmaceutical Assistance Program, a coupon program or other health coverage

To find out if you're likely to benefit from this payment option, answer a few questions at **[Medicare.gov/prescription-payment-plan/will-this-help-me](https://www.Medicare.gov/prescription-payment-plan/will-this-help-me)**.

Will the Medicare Prescription Payment Plan save you money?

It may help you manage your monthly expenses. But it **won't** save you money **or** lower your drug costs. Is your income limited? If it is, the Low-Income Subsidy (Extra Help program) may be a better option for you.

The program was expanded in 2024. So if you weren't eligible for Extra Help in the past, you may be now. You can learn more about the program in our Medicare Extra Help FAQ at **[Aetna.com/medicare/faq/part-d-extra-help.html](https://www.Aetna.com/medicare/faq/part-d-extra-help.html)**.

Want to opt in to the Medicare Prescription Payment Plan?

You can:

- Log in to your secure member website
- Call us at the number on your member ID card

After you opt in:

- We'll send you a letter confirming you've opted in
- We'll let the pharmacy know you've opted in, too
- You'll pay \$0 for your covered Part D drug at the pharmacy
- We'll send you a monthly bill for your share of the drug's cost

The Medicare Prescription Payment Plan Fact Sheet helps explain how we'll calculate your monthly bill. You'll find it at **[Medicare.gov/prescription-payment-plan/will-this-help-me](https://www.medicare.gov/prescription-payment-plan/will-this-help-me)**.

You can opt out online or by phone, too, at any time

If you opt out, you'll pay your share of the cost for any future drugs you pick up at the pharmacy. Then we'll bill you each month for the remaining balance. Or you can pay the full balance at any time.

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.

©2025 SilverScript Insurance Company

**Medicare Prescription Payment Plan
Participation request form**

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.

Complete all fields unless marked optional

FIRST name:	LAST name:	MIDDLE initial (optional):
-------------	------------	----------------------------

Medicare Number: ____ - ____ - ____

Birth date: (MM/DD/YYYY) (__/__/__)	Phone number: ()
--	----------------------

Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):

City:	County (Optional):	State:	ZIP code:
-------	--------------------	--------	-----------

Mailing address, if different from your permanent address (P.O. Box allowed):

Street Address:

City:	State:	ZIP code:
-------	--------	-----------

Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. Aetna Medicare Rx offered by SilverScript will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form.
- **Aetna Medicare Rx offered by SilverScript will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

Signature:	Date:
-------------------	--------------

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name:	Address (Street, City, State, & ZIP code):
-------	--

Phone number: ()	Relationship to participant:
-------------------	------------------------------

How to submit this form

You can also complete the participation request form online at caremark.com/mppp. To submit this request via telephone, or if you need help or have questions completing this form call us at the number on the back of your card. TTY users can call 711, 24 hours a day, 7 days a week.

Submit your completed form to:

Aetna Medicare Rx
Medicare Prescription Payment Plan
P.O. Box 7
Pittsburgh, PA 15230

The Medicare Prescription Payment Plan is a voluntary program that allows you to spread your out-of-pocket costs for covered Part D drugs across the remaining months of the plan year. The program does not affect your total prescription cost. Any applicable plan premiums are billed and should be paid separately from your Prescription Payment Plan billing statement. By opting in to the program, you (or your authorized representative) are indicating you understand these Medicare Prescription Payment Plan terms and conditions. You are agreeing to be financially responsible for all amounts billed under the program. If you do not pay the amounts due under the program you will be terminated from the program, and will not be allowed to opt in again until the amounts owed are repaid in full. You can choose to opt out of the program at any time, however any outstanding amounts owed will continue to be billed and must be paid.

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.

Discrimination is Against the Law

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact 1-833-220-0349 (TTY: 711).

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator

Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332,
Woonsocket, RI 02895

1-833-220-0349 (TTY: 711)

Email: Coordinator1557@cvshealth.com

You can file a grievance in person or by mail, phone, or email. If you need help filing a grievance, the **Civil Rights Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Aetna Inc.'s website: <https://www.aetna.com/medicare>

SilverScript® Notice of Privacy Practices

Para recibir esta notificación en español por favor llamar al número gratuito de Member Services (Servicios a Miembros) que figura en su tarjeta de identificación.

To receive this notice in Spanish, please call Customer Care toll-free at [1-866-235-5660 \(TTY: 711\)](tel:1-866-235-5660).

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (Notice) describes the privacy practices of SilverScript Insurance Company. For purposes of this notice, “SilverScript” and the pronouns “we,” “us” and “our” refer to all of the HMO and licensed insurer subsidiaries of Aetna Inc. These entities have been designated as a single affiliated covered entity (Aetna ACE) for federal privacy purposes. The members of the Aetna ACE can share Protected Health Information (PHI) with each other. We do this for the treatment, payment and health care operations of the Aetna ACE and as allowed by HIPAA and this Notice. For a full list of the members of the Aetna ACE, contact the Aetna Privacy Office at PrivacyAetna@aetna.com.

Effective date This Notice took effect on September 1, 2025.

In this Notice, we describe:

- Information we collect about you
- How we use and share your information
- Times when we must share your information
- When we may share your information with those involved in your care
- When we need your okay to use or share your information
- Your rights under the law
- How we keep your information safe
- How we comply with the law
- When this Notice may change

Information we collect about you

We get information about you from many sources, including from you. But we also can get it from your employer or benefits plan sponsor (if applicable), other insurers, HMOs or third-party administrators, and health care providers such as doctors. This is called Protected Health Information (PHI). It includes personal information that may identify you that is not public information. And it includes information about your health, medical conditions, prescriptions, and payment for health care products or services.

It may include:

- Demographic data (like your name or address)
- Health details (like a medical history)
- Test results (like a lab test)
- Insurance information (like your member ID)
- Other information used to identify you or that’s linked to your health care or health care coverage

How we use and share your information without your authorization

In providing your health benefits, we may use and share PHI about you in varied ways. For instance:

Health care operations: We may use and share your PHI for our health care operations. Those are actions we need to do to run our health business, including:

- Quality assessment and improvement
- Licensing
- Accreditation by independent organizations
- Performance measurement and outcomes assessment
- Health services planning and development activities
- Preventive health, disease and case management, and care coordination

For example, we may use your PHI to offer programs for certain conditions, such as diabetes, asthma, or heart failure. We may also use it for other operations requiring use and disclosure, such as:

- Administering reinsurance and stop loss
- Underwriting and rating
- Investigating fraud
- Running pharmaceutical programs and payments
- Moving policies or contracts from and to other health plans
- Facilitating a sale, transfer, merger or consolidation of all or part of SilverScript with another entity (including related due diligence)
- Performing other general administrative activities (including data and information systems management and customer service)
- Creating de-identified data (this is data that no longer identifies you. We may use it or share it for analytics, business planning or other reasons).

We may use and disclose your health information in order to inform you about health-related products and services. For example, we may contact you:

- To remind you to refill a prescription or otherwise follow your drug therapy regimen
- To tell you about possible treatment options or medication alternatives that may be beneficial to you
- To tell you about health-related program benefits and services that may be of interest to you.

Health-related communications may be sent to you via unencrypted emails and/or IVRs and may contain the name of your prescribing physician and/or up to the first three letters of information about your prescription drug information. If you do not wish to receive such emails and/or IVRs from us that are not coded to prevent unauthorized access, you can opt out by requesting to transfer to an agent during an IVR call or by calling Customer Care at [1-866-235-5660](tel:1-866-235-5660).

Payment: We may use and disclose PHI to help pay for your covered services when:

- Doing utilization and medical necessity reviews
- Coordinating care
- Deciding eligibility
- Deciding on drug list (formulary) compliance
- Getting premium payments from you
- Calculating cost-sharing amounts
- Responding to complaints, appeals and requests for external reviews
- We pay pharmacies to fill your prescriptions.

We carry out these tasks to make sure we pay for your care the right way. We may use your health history and other PHI to decide whether a treatment is medically necessary and what the payment should be. During this process, we may share information with your health care provider. We may also mail Explanation of Benefits forms and other information to the address we have on file for the subscriber (i.e., the primary insured). We also make claims information on our secure member website and telephonic claims status sites available to the subscriber and all covered dependents. We also use PHI to get payment for any mail-order pharmacy services you get.

Treatment: We may share your PHI with the health care providers who take care of you like your doctors, dentists, pharmacies and hospitals. Sometimes doctors may ask for your medical information from us to put in their own records or to coordinate care. We may also provide information about other medications you are taking to a pharmacist filling your prescription so to avoid harmful drug interactions. We may also use your information to offer you mail-order pharmacy services. And we may also share certain information for patient safety or other reasons linked to your treatment.

Disclosures to other covered entities: We may share your PHI with other covered entities or their business associates. This may be for treatment, payment, or for certain health care operations.

For example, you may get your health benefits through an employer. If so, we may share your PHI with other health plans your employer offers. We do this to make sure we pay your claims the right way.

Additional Reasons for Use and Disclosure without Your Authorization

We may use or share PHI about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. We also may use or share your PHI without your authorization in support of:

- **Plan Administration** (Group Plans) – to your employer, as applicable, when we have been informed that appropriate language has been included in your plan documents, or when summary data is disclosed to assist in bidding or amending a group health plan.
- **Research** – to researchers, provided measures are taken to protect your privacy.
- **Business Associates** – to persons who provide services to us and assure us they will protect the information.
- **Health Oversight** – to health oversight agencies (e.g., agencies that oversee the healthcare system and government benefit programs) for purposes of oversight activities authorized by law (e.g., investigations, audits, and licensure or disciplinary actions).
- **Workers' Compensation** – to comply with workers' compensation laws.
- **Law Enforcement** – to Government law enforcement officials as permitted or required by law.
- **Legal Proceedings** – in response to a court order or other lawful process.
- **Public Welfare** – to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, public health surveillance and investigations, controlling disease, product recalls).
- **As Required by Law** – to comply with legal obligations and requirements.
- **Decedents** – to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or as authorized by law; and to funeral directors as necessary to carry out their duties.
- **Organ Procurement** – to respond to organ donation groups for the purpose of facilitating donation and transplantation.

- **Abuse, Neglect, or Domestic Violence** – to government authorities, including social service or protective service agencies, authorized to receive such reports, if we believe that you are a victim of abuse, neglect, or domestic violence. We will inform you of such a disclosure, unless doing so would place you at risk of serious harm or not be in your best interests.
- **Specialized Government Functions, Military, and Correctional Institutions** – to authorized government officials for purposes of national security and intelligence activities, protective services for the President, and medical suitability determinations. If you are a member of the U.S. armed forces or the foreign military, we may disclose your PHI for activities deemed necessary by appropriate command authorities or under the law. If you are under the custody of a correctional institution or a law enforcement official, we may disclose your PHI to such parties if certain representations are made (e.g., the information is necessary to provide you with health care or the health and safety of others).

Times when we must share your information

There are times when we must share your PHI. When required, we must release it to:

- You, or someone who has the legal right to act for you. This person is your personal representative. We do this to help manage your rights, as spelled out in this Notice.
- The Department of Health and Human Services. We may do this to comply with the Health Insurance Portability and Accountability Act (HIPAA). They may collect this information to enforce HIPAA.
- Other government authorities as required by applicable law.

When we may share your information with those involved in your care

We may share your PHI with people involved in your health care. We may also share with those involved in paying for your care. For example, if a family member or a caregiver calls us about a claim, we may tell them what stage it's in. You have the right to stop or limit this kind of sharing (disclosure). To do so, just call the toll-free number on your member ID card.

If you're a minor, you may have the right to block parental views of your health information in certain cases. But you can only do so if state law allows it. You can call us at the toll-free number on your ID card. Or have your provider talk to us.

We may use or share your PHI to notify or to help to notify a family member or any other person responsible for your care about your location, general condition or death. We may also disclose your PHI to disaster relief groups so that your family or others responsible for your care can learn of your location, general condition or death.

When we need you're okay to use or share your information

If we have not described a use or disclosure above, we will need you to say it's okay in writing to use or disclose your PHI. For example, we will get your okay:

- For marketing purposes unrelated to your benefit plan(s)
- Before sharing any psychotherapy notes
- When linked to the sale of your PHI
- For other reasons as required by law

Even if you gave us your okay, you can withdraw it anytime. You just need to let us know in writing. If we haven't already acted on it, we'll stop using or sharing your information for that purpose. If you have questions about written permission, just call the toll-free number on your ID card.

PHI disclosed as permitted by HIPAA may be subject to redisclosure by the recipient and no longer protected by HIPAA.

Additional Restrictions on Use and Disclosure

Some state and federal laws may require special privacy protections, including certain requirements to obtain attestations from requestors, that limited the use and disclosure of certain sensitive health information. Such laws may protect information related to:

- Alcohol or substance use disorder
- Biometric Information
- Child or adult abuse or neglect, including sexual assault
- Communicable diseases
- Genetic information
- HIV/AIDs
- Mental health
- Minors
- Reproductive health
- Sexually transmitted diseases

We will follow the law that is stricter (or more protective of your PHI), where it applies to us. If you would like additional information about additional use or disclosure restrictions that may apply to your sensitive PHI, please contact the Aetna Privacy Office.

Your rights under the law

Under federal privacy laws, you have rights when it comes to your PHI. You have the right to:

- Ask us to communicate with you how or where you choose. For example, if you're covered as an adult dependent, you might want us to send health information, like your Explanation of Benefits, to another address than that of your subscriber. If it's a reasonable request, we will make this happen.
- Ask us to limit the way we use or share your information when it comes to health care operations, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict sharing with people involved in your health care.
- Ask us for a copy of PHI that's part of a "designated record set". This may include medical records. It may also include other records we keep and use for:
 - Enrollment
 - Payment
 - Claims processing
 - Medical management
 - Other decisions

We may ask you to request this in writing. And we may charge a reasonable fee for making and mailing the copies. Sometimes, we may deny the request.

- Ask us to fix your PHI. You need to ask this in writing. And you must include the reason for the request. If we deny it, you may write us, to let us know you disagree.
- Ask us to give you a list of certain disclosures we have made about you, such as PHI we've shared with government agencies that license us. (This is called an "accounting.") You need to ask this in writing. If you ask for this kind of list more than once in 12 months, we may charge a reasonable fee.
- Be notified after a breach of your PHI.
- Know the reasons for denying an insurance policy or other unfavorable underwriting decision. If you've been denied a policy in the past, we can't use that information in our decision process. We

must review the facts on our own. Also, we can't use your genetic information to decide if we should issue you a policy or for other underwriting purposes.

- Insurers aren't allowed to take part in pretext interviews, except in some cases, such as suspected fraud or criminal activity. We don't take part in these.

You may make any of the above requests (if they apply), ask for a paper copy of this Notice, or ask questions about this Notice. You can do this by calling the toll-free number on your member ID card.

You also have the right to file a complaint if you think someone has violated your privacy rights. To do so, just email Aetna Privacy Office at PrivacyAetna@aetna.com or send a letter to:

SilverScript Insurance Company (SSIC)
Attn: Privacy Office
One CVS Drive
Woonsocket, RI 02895

You may stop the paper mailing of your EOB and other claim information by visiting Caremark.com. Choose "**Log In/Register.**" Follow the prompts to complete the one-time registration. Then you can log in anytime to view your EOBs and other claim information.

You also may write to the Secretary of the U.S. Department of Health and Human Services. There are no penalties for filing a complaint.

How we keep your information safe

We use administrative, technical and physical safeguards to keep your information from unauthorized access, and other threats and hazards to its security and integrity. We comply with all state and federal laws that apply related to the security and confidentiality of your PHI.

We don't destroy your PHI even when you end your coverage with us. We may need to use and share it even after your coverage terminates. (We describe the reasons for using or sharing in this Notice.) We will continue to protect your information against inappropriate use or disclosure.

How we comply with the law

Federal privacy law requires us to keep your PHI private. And we must tell you about our legal duties and privacy practices. We must also follow the terms of the Notice in effect.

When this Notice may change

We may change the terms of this Notice and our privacy policies anytime. If we do, the new terms and policies will be effective for all the information we now have about you. And they'll apply to any information that we may get or hold in the future.

If we make material or important changes to our privacy policies, we will promptly revise our Notice. We will also post the revised Notice on our website, and if you are enrolled in a SilverScript insurance plan at that time we will send you a new notice, as required.

You can ask for a copy of the revised Notice, just ask the Privacy Office through the contact above.

Notice of Availability (NOA)

TTY: 711

To access language services at no cost to you, call the number on your ID card. (English)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በጠቃላይ የደገፍ ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

. لا للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقةك الشخصية (Arabic)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Tajaajiiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa duugda waraaqaa eenyummaa (ID) kee irraa jiruun bilbili. (Cushite)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Pou jwenn sèvis lang gratis, rele nimewo telefòn ki sou kat idantite ou a. (French Creole)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID. (Hmong)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero sulla tessera identificativa. (Italian)

言語サービスを無料でご利用いただくには、IDカードに記載の番号にお電話ください。 (Japanese)

ဤသို့ ခေခန့် ညှိကရိန် ပုဒ်မလခေခန့် အေ ညသ ခသျအ အသ ဝသကယ ခန့် အနု ညကာဘနမ သည ဝသကမ ၏ ခမိဉ် (Karen)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

ເພື່ອຂ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នកសូមហៅទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید (Persian farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua identidade. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, указанному на вашей карточке участника плана. (Russian)

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhận dạng) của quý vị. (Vietnamese)