

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.

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**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):
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Medicare Number: ____ - ____ - ____

Birth date: (MM/DD/YYYY) (__/__/__)	Phone number: ()
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Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):

City:	County (Optional):	State:	ZIP code:
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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. SilverScript Employer PDP will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form.
- **SilverScript Employer PDP 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:
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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):
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Phone number: ()	Relationship to participant:
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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:

SilverScript Employer PDP
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.

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