



(270) 093377253726



CLAUDE A SIMON
71 TONJES RD
CALLICOON, NY 12723-5729

Member ID: GA2712679
Payment ID: GA2712679
Reference ID: DUN1

March 14, 2025

Avoid losing your prescription drug coverage

What you need to know

Your monthly plan premium for SilverScript Choice (PDP) is past due. If you don't pay by 04/30/2025, we'll disenroll you from the plan. If this happens, you won't have Medicare prescription drug coverage with us starting 05/01/2025. This letter only applies to your prescription drug coverage. It does not affect any other Medicare plans or benefits.

You need to pay the amount listed below to avoid losing your drug coverage:

Current Total Due	Date we need payment
This amount includes your past due balance and current month's premium	
\$132.00	04/30/2025

If you need to set up a payment plan to stay up to date with your Medicare Part D premium, call us at **1-866-824-4055 (TTY: 711)**, 24/7.

Note: It may take up to 48 hours to process your payment. If we get your payment on 04/30/2025, you may lose coverage until the payment posts to your account.






If your prescription drug coverage ends, you may have to pay a late enrollment penalty if you get drug coverage in the future. There are some ways to avoid this penalty. Go to [Medicare.gov](https://www.Medicare.gov) to find out how.

Extra Help program

We understand the challenges of rising living costs, including those that make it harder to get the medicines you need. The Medicare Extra Help program helps those with limited income and resources. If you qualify, Medicare could pay for your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Those who qualify also won't have a coverage gap or a late enrollment penalty. To see if you qualify, call the Social Security Administration at **1-800-772-1213**

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Below are convenient payment options:

	Online: Visit AetnaMedicare.com/PayYourPremium or scan this QR code with your mobile device camera.
	Phone: Call us at 1-833-287-0075. You can use your bank account or credit/debit card. We can also set up recurring monthly payments with you.
	Mail: Send your payment to the address found on the attached payment coupon. If paying for more than one member, just be sure to include coupons for all members.
	In a CVS store: Take your invoice to a CVS Pharmacy® location to use our payment service. These services are not available at stores inside a Target® or Schnucks®.
	Automatic payment: Sign the back of the coupon below and enclose your check payment to have future premiums deducted from your bank account. Requests will be submitted for the next available payment cycle. It may take one or more months for your deduction to begin, and they will occur between the 8th and 10th of each month.

Retain the top portion of this form for your records

Please detach and send coupon with check payable to SilverScript® Insurance Company

BILLING FOR: CLAUDE A SIMON

DUE DATE: 04/30/2025 CT I01

PAYMENT ID	AMOUNT DUE	AMOUNT ENCLOSED
GA2712679	\$132.00	

Please include your **Payment ID** on your check or money order. **Do not send cash.**

If you would like to change your payment to automatic withdrawal from your bank account (ACH), please sign the back of this coupon and enclose your check.

SilverScript® Insurance Company
P.O. Box 504849
St. Louis, MO 63150-4849



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