



P.O. Box 30005, Pittsburgh, PA 15222-0330

(270) 093378968988



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

July 11, 2025

Payment ID: GA2712679

Reference ID: INVDUN

 Dear CLAUDE A SIMON:

You were enrolled in an Aetna® Medicare prescription drug plan and have a balance due. Although you're no longer in this plan, you're still responsible for the monthly plan premium owed during your coverage time.

You can find the amount due on the enclosed invoice. Please send in your payment using the payment coupon. Or just give us a call at the phone number listed below.

If you have already paid the balance, simply disregard this letter.

**We're here to help**

If you have questions, you can call **1-855-651-4856 (TTY: 711)**. We're available 24 hours a day, 7 days a week.

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



P.O. Box 30007, Pittsburgh, PA 15222-0330



July 7, 2025

T2 P1 593 (271) 095584862510



 CLAUDE A SIMON  
71 TONJES RD  
CALLICOON NY 12723-5729

Dear CLAUDE SIMON:

Medicare has confirmed your disenrollment from SilverScript Choice (PDP) because you didn't pay your plan premium. Your disenrollment begins July 1, 2025. As of July 1, 2025, SilverScript Choice (PDP) won't cover your prescription drugs.

**What if I think there's been a mistake?**

If you think that we have made a mistake, please call us at 1-844-275-8120, 24 hours a day, 7 days a week. TTY users should call 711. You also have the right to ask us to reconsider your disenrollment through the grievance procedure written in your *Evidence of Coverage*.

**I had an emergency that kept me from sending my payment. What can I do?**

You can ask us to review this decision if you had an emergency or unexpected situation that kept you from paying your premiums on time. If we approve your request, you will have to pay all owed premium amounts within three (3) months of your disenrollment in order to get your coverage back. To ask us to review this decision, please call us at 1-866-824-4055, 24 hours a day, 7 days a week. TTY users should call 711. You must make your request no later than August 29, 2025.

**When can I get Part D coverage?**

Medicare limits when you can make changes to your coverage. **From October 15 through December 7 each year**, you can join, switch, or drop a Medicare health or drug plan for the following year.

Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug coverage.

Please remember, if you don't have other creditable coverage (prescription drug coverage that is expected to pay on average as much as Medicare), you may have to pay a Part D late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

**Can I get help paying my premiums and other out-of-pocket costs?**

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could help pay for your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won't have a coverage gap or a Part D late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213 from 8 AM to 7 PM, Monday through Friday. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at <https://www.ssa.gov/medicare/part-d-extra-help>.

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**For more information**

If you have any questions, please call 1-844-275-8120, 24 hours a day, 7 days a week. TTY users should call 711.

Thank you.

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

**Please note** - The payment address has changed on the attached coupon. If you use online bill pay, you may need to update the address with your financial institution.

AMOUNT DUE	DUE DATE	MEMBER ID
\$131.50	08/01/2025	GA2712679

- Visit [AetnaMedicare.com/PayYourPremium](http://AetnaMedicare.com/PayYourPremium), scan the QR code on the front of this page or call **1-833-287-0075** to set up automated one-time or recurring payments by credit/debit card or bank account.
- For general premium billing questions or to set up automatic payment from your Social Security/Railroad Retirement Board check, please call **1-855-651-4856 (TTY: 711)**. We're available 24 hours a day, 7 days a week.

#### Online Payment



Visit [AetnaMedicare.com/PayYourPremium](http://AetnaMedicare.com/PayYourPremium) or scan this QR code with your mobile device camera.

#### Pay bill at CVS Pharmacy®

Take this invoice to any CVS Pharmacy® to pay with cash, credit card, or debit card. See full details on the back of this page.



799366205540006371683247349625

**CVS Pharmacy associate instructions:** Scan barcode above, enter amount customer wishes to pay and tender transaction as normal. (Amount must be between \$1.00 - \$999.00/day).

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

**BILLING FOR: CLAUDE A SIMON**

**DUE DATE: 08/01/2025 CT I01**

PAYMENT ID	AMOUNT DUE	AMOUNT ENCLOSED
GA2712679	\$131.50	

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 7411650  
Chicago, IL 60674-1650



<b>Previous balance</b>	<b>\$197.50</b>	
<b>Payment activity since last invoice</b>	<b>\$0.00</b>	
<b>Activity detail</b>	<b>-\$66.00</b>	
<u>Transaction Type</u>	<u>Premium Month</u>	<u>Amount</u>
Premium Reversal	JULY 2025	-\$66.00
<b>Amount due</b>	<b>\$131.50</b>	

Please note:

- Always include your payment ID on your online payment and check payment. Not having it may result in delayed payments or errors.
- Please submit a separate check and payment form for each member if you are paying for multiple members.
- To change your address, please contact Customer Care at **1-855-651-4856 (TTY: 711)**, 24 hours a day, 7 days a week.
- Automatic payments may take one or more months to begin, and they will occur between the 8th and 10th of each month. Please continue to pay your premium invoice as long as you receive it.

**Pay bill at CVS Pharmacy®:** By using the pay bill at CVS Pharmacy barcode to make a payment, you agree to the full terms and conditions (available at [PayItHere.com/terms](http://PayItHere.com/terms)). After you pay using this barcode, you can get your full detailed e-receipt at [PayItHere.com/ereceipt](http://PayItHere.com/ereceipt).

Note: This service is not available at CVS Pharmacy® locations inside Target and Schnucks.

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.

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

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#### **AUTOMATIC BANK WITHDRAWAL REQUEST**

**To change your payment option to automatic bank withdrawal, please sign and date below:**

I authorize the bank or financial organization on the enclosed check to pay my premium through electronic bank withdrawal payable to SilverScript® Insurance Company. I authorize the deduction of up to \$300 per month to settle my current balance due. The bank or other financial organization will be fully protected in honoring these payments until written notice from me canceling this request is received at the address listed on the front side of this form. **NOTE:** If any part of the above authorization is altered, your ACH request may not be processed. Please see the above notes section for information on when your premium deductions will begin.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_