DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare and Medicaid Services

In care of SilverScript® Insurance Company
P.O. Box 30007, Pittsburgh, PA 15222-0330

Avoid a Penalty Related to Your Medicare Prescription Drug Plan Premium!

If you fail to respond to this notice by January 10, 2022 you will owe a penalty. You may be able to avoid a penalty by completing the attached "Declaration of Prior Prescription Drug Coverage" form or calling your Medicare drug plan directly to provide this information.

Why am I getting this letter?

SilverScript® Insurance Company has sent you the attached form because it appears that you had a break in prescription drug coverage for 63 days or more and you may owe a penalty. We need you to complete the enclosed form or call us to give more information about your prior drug coverage. This information will help us determine if you had coverage that met Medicare's minimum standards and can avoid paying the Part D late enrollment penalty.

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What is the Part D late enrollment penalty?

The Part D late enrollment penalty is an amount added to your monthly Medicare drug plan (Part D) premium for as long as you have Medicare prescription drug coverage. This penalty is required by law and is designed to encourage people to enroll in a Medicare drug plan when they are first eligible or keep other prescription drug coverage that meets Medicare's minimum standards.

You may owe a Part D late enrollment penalty if you didn't join a Medicare drug plan when you were first eligible for Medicare Part A and/or Part B, and:

- You didn't have other prescription drug coverage that met Medicare's minimum standards; OR
- You had a break in coverage of at least 63 days.

How do I know if my prior prescription drug coverage met Medicare's minimum standards?

Most plans that offer prescription drug coverage, like plans from employers or unions, must send their members a notice explaining how their prescription drug coverage compares to Medicare prescription drug coverage. This notice tells you if the prescription drug coverage you had through your prior plan was "creditable prescription drug coverage," which means that it met Medicare's minimum standards. If you didn't get a separate written notice, your plan may have provided this information in its benefits handbook. If you don't know if the prescription drug coverage you had met this standard, you should contact your prior plan.

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

T19 P1 1743 (270) 093354353628

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

January 13, 2022
Payment ID: GA2712679
Reference ID: INVMPREM

0010033536280

Dear CLAUDE A SIMON:

Thank you for your membership in SilverScript SmartRx PDP, one of the Prescription Drug Plans offered by SilverScript® Insurance Company, a Medicare-approved Part D sponsor. Providing you with quality service is important to us and we appreciate the opportunity to provide your Medicare prescription drug coverage.

SilverScript (PDP) previously encountered a delay in processing your monthly invoice. Enclosed is an invoice that brings your billing up to date. We apologize for any inconvenience this may cause. **If you are unable to pay your premium balance in full by the due date listed on your invoice and would like to set up a payment plan, please contact us prior to your due date at the phone number listed below.**

For questions regarding the amount due or to set up a payment plan, please call Customer Care toll free at 1-855-651-4856, 24 hours a day, 7 days a week. TTY users should call 711. A plan representative will be happy to assist you.

Sincerely,

SilverScript Insurance Company

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

You must continue to pay your Medicare Part B premium.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare and Medicaid Services

In care of SilverScript® Insurance Company
P.O. Box 30007, Pittsburgh, PA 15222-0330

(260) 095540940356

January 7, 2022

Member ID: GA2712679

CLAUDE A SIMON
71 TONJES RD
CALLICOON NY 12723-5729

0010039403560

FINAL NOTICE

Dear CLAUDE A SIMON:

Prior to enrolling in SilverScript SmartRx (PDP), it appears that you did not have prescription drug coverage that met Medicare's minimum standards. If your records show that you did have prescription drug coverage from July 1, 2021 to December 31, 2021, you may be able to avoid paying the monthly penalty by returning the enclosed form.

Please complete the enclosed form and return it immediately to SilverScript Insurance Company, P.O. Box 30001, Pittsburgh, PA 15222-0330, or call us at 1-855-559-6434 (TTY: 711), 24 hours a day, 7 days a week, to provide us with the information by January 10, 2022.

If you don't contact SilverScript® Insurance Company by January 10, 2022, we will assume the above information is correct and you will owe a Part D late enrollment penalty.

Thank you,

SilverScript Insurance Company

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aetna®

DECLARATION OF PRIOR PRESCRIPTION DRUG COVERAGE

Date: _____

Enrollee Name: _____

Address: _____

_____

Phone: _____

Medicare Health Insurance Claim #:
(from red, white, and blue Medicare card)

_____

Name of Medicare Prescription Drug Plan:

_____

0030039403560

Please check all boxes that apply to you.	Dates of Coverage (month/year)
☐ I had creditable* prescription drug coverage from an Employer/Union, including the Federal Employees Health Benefits Program (FEHBP). Name: _____	From: _____ To: _____
☐ I had creditable* prescription drug coverage from a Medicaid, State Pharmaceutical Assistance Program (SPAP), or another plan sponsored by my state. Name of SPAP: _____ If you are in an SPAP, what state do you live in: _____	From: _____ To: _____
☐ I had prescription drug coverage through my VA benefits (veterans, survivor, or dependent benefits).	From: _____ To: _____
☐ I had prescription drug coverage through my TRICARE or other military coverage.	From: _____ To: _____
☐ I had a Medigap (Medicare Supplemental) policy with creditable* prescription drug coverage.	From: _____ To: _____
☐ I had prescription drug coverage through the Indian Health Service, a Tribe or Tribal organization, or an Urban Indian organization (I/T/U).	From: _____ To: _____
☐ I had prescription drug coverage through PACE (Program of All-Inclusive Care for the Elderly).	From: _____ To: _____
☐ I had creditable* prescription drug coverage from a different source not listed above. Name of other source: _____	From: _____ To: _____

*"Creditable" means that your prior coverage met Medicare's minimum standards.