



2024

Summary of Benefits

with Enrollment Information

January 1, 2024 – December 31, 2024

SilverScript SmartSaver (PDP)

SilverScript Choice (PDP)

SilverScript Plus (PDP)



Plans for a healthy you and a healthy budget

1

SilverScript® SmartSaver (PDP)

If you're someone who only takes generic maintenance drugs, or no drugs at all, this plan may be financially attractive.

- \$0 copay for a 30-day supply of Tier 1 drugs*
- Our lowest premium plan with nearly 600 drugs on Tier 1 and Tier 2 for no more than \$5
- \$0 deductible for drugs on Tier 1

2

SilverScript® Choice (PDP)

If you receive Extra Help, you may be eligible for a \$0 premium and reduced cost-sharing.

- \$2 plan copay (lower than Extra Help) for Tier 1 drugs*
- Over 600 drugs on Tier 1 and Tier 2 available for no more than a \$7 copay*
- This plan has a strong combination of both brand and generic drugs across all tiers

3

SilverScript® Plus (PDP)

If you want the security of our most comprehensive prescription drug plan, this might be the plan for you.

- \$0 copay for up to a 90-day supply of Tier 1 and Tier 2 drugs*
- \$0 deductible for drugs on Tier 1 and Tier 2

Inflation Reduction Act

Improving Your Health and Saving You Even More

\$0 copay for most Part D vaccines recommended for adults (ages 19 and older) at no cost to you that are given to prevent an illness

\$35 copay for all insulins on our formulary for a one-month supply, \$70 for a two-month supply, and \$105 for a three-month supply**

This coverage applies regardless of drug tier and even if your plan has a deductible, you haven't yet met













Check the formulary for a list of covered insulins and vaccines

*At preferred pharmacies.

**Insulin cost-sharing is applicable through the Coverage Gap phase.

Aetna Medicare

SilverScript SmartSaver (PDP)

	Monthly plan premium	Georgia - \$15.70			
	Annual deductible	\$280 (Tiers 2 – 5)			
	Preferred pharmacies	More than 23,000			
	Network pharmacies	More than 44,000			
Initial coverage phase					
		Preferred pharmacies		Standard pharmacies	
		30-day	90-day	30-day	90-day
	Tier 1 Preferred generic	\$0	\$0	\$8	\$24
	Tier 2 Generic	\$5	\$15	\$12	\$36
	Tier 3 Preferred brand	24%*			
	Tier 4 Non-preferred drug	50%			
	Tier 5 Specialty	29%	N/A	29%	N/A
Coverage gap phase					
	Tier 1	25%			
	Tier 2				
	Tiers 3 – 5				
Catastrophic phase					
		You pay \$0 for all Part D covered drugs during this phase.			

*Your cost-sharing amount may be less. See the tables on pages 8 – 13 for state-specific pricing.

SilverScript Choice (PDP)				SilverScript Plus (PDP)			
Cost-sharing varies by region							
Georgia - \$52.60				Georgia - \$100.30			
\$545				\$200 (Tiers 3 – 5)			
More than 23,000				More than 23,000			
More than 65,000				More than 65,000			
Preferred pharmacies		Standard pharmacies		Preferred pharmacies		Standard pharmacies	
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
\$2	\$6	\$8	\$24	\$0	\$0	\$5	\$15
\$7	\$21	\$15	\$45	\$0	\$0	\$10	\$30
16%				\$47	\$141	\$47	\$141
46%*				50%*			
25%	N/A	25%	N/A	30%	N/A	30%	N/A
25%				\$0	\$0	\$5	\$15
				\$0	\$0	\$10	\$30
				25%			
You pay \$0 for all Part D covered drugs during this phase.				You pay \$0 for all Part D covered drugs during this phase. You pay \$0 (Tier 1 and Tier 2) at preferred pharmacies and \$5 (Tier 1) and \$10 (Tier 2) at standard pharmacies for excluded drugs covered under the SilverScript Plus plan’s enhanced benefit.			

Why millions like you trust Aetna®

Aetna Medicare offers a variety of plans to meet your health care needs

Value-driven

Low generic copays
on all SilverScript plans*

- \$0 copay for Tier 1 and Tier 2 drugs with SilverScript Plus
- \$0 copay for Tier 1 and \$5 copay for Tier 2 drugs with SilverScript SmartSaver**
- \$2 copay for Tier 1 drugs and \$7 copay for Tier 2 drugs with SilverScript Choice**

Comprehensive

Formularies (drug lists)

We cover 9 out of 10 of the CMS Top 10 most commonly prescribed Part D drugs on Tier 1 across SilverScript SmartSaver, Choice, and Plus Plans

Our formulary guides are easy to read, navigate and provide:

- Complete coverage information under our Part D plans
- Tier placement and cost-sharing details
- Insulin and Vaccine coverage under the Inflation Reduction Act
- How to find a network pharmacy
- Resources available to help you with coverage determinations and more

For more information, visit
[AetnaMedicare.com/PlanDocuments](https://www.aetna.com/medicare/plandocuments).



Convenient

Nationwide network of retail pharmacies

A strong network of pharmacies including, CVS, Publix, Kroger and neighborhood pharmacies which includes more than 23,000 preferred pharmacies to help you get the most savings coast to coast.

We also offer for your convenience:

CVS Caremark® Mail Service Pharmacy

Use mail-order to get a 90-day supply of your prescriptions delivered to you. Mail order shipments are typically received within 10 days after your prescription is received.

- No trips to the pharmacy
- Free standard shipping to your home or location of choice
- Medicines arrive in unmarked, secure packaging to protect your privacy
- Automatic refill reminders so you don't run out

For more information, visit
[AetnaMedicare.com/MailOrder](https://www.aetna.com/medicare/mailorder).

CVS Specialty® Pharmacy

Specialty medicines for complex medical conditions often require special shipping or storage. Whether you'd like to refill your prescription online or need one-on-one support, we're here to help. That's why CVS Specialty® Pharmacy Services gives you safe and reliable prescription delivery. For more information, visit [CVSSpecialty.com](https://www.cvspecialty.com).

*For up to a 30-day supply at preferred pharmacies in the initial coverage phase.

**After meeting your deductible.

Understanding drug payment phases

Up to \$545	Deductible phase <p>During this phase, you'll pay the plan's negotiated drug cost up to the deductible limit.</p> <p>SilverScript Plus has a \$200 deductible for drugs on Tiers 3 – 5. SilverScript SmartSaver has a \$280 deductible for drugs on Tiers 2 – 5. SilverScript Choice has a \$545 deductible on all five tiers.</p> <p>Once you reach the deductible limit, you'll pay a copayment or coinsurance in the initial coverage phase.</p>	
Up to \$5,030	Initial coverage phase <p>During this phase, the plan will pay its share of the cost and you'll pay a copayment or coinsurance (your share of the cost) for each prescription you fill until your total drug costs reach \$5,030.</p> <p>Once you reach \$5,030, you'll enter the coverage gap phase or "donut hole."</p>	 <p>Most people will remain in this phase.</p>
Up to \$8,000	Coverage gap phase <p>(Also known as the donut hole.) During this phase, you'll pay 25% of the cost for generics and brands. Our SilverScript Plus plan offers additional coverage in the gap for Tier 1 and Tier 2 drugs. This phase continues until your yearly out-of-pocket drug costs reach \$8,000.</p> <p>Once your yearly out-of-pocket costs reach \$8,000, you'll move to catastrophic coverage.</p>	 <p>Some people will move into this phase.</p>
Through the end of the year	Catastrophic coverage phase <p>You pay \$0 for all Part D covered drugs during this phase.</p> <p>You pay \$0 (Tier 1 and Tier 2) at preferred pharmacies and \$5 (Tier 1) and \$10 (Tier 2) at standard pharmacies for excluded drugs covered under the SilverScript Plus plan's enhanced benefit.</p>	 <p>Few people will reach this phase.</p>

SilverScript SmartSaver (PDP)

Regional states	Premium	Deductible T2–5	Preferred pharmacies 30-day supply (retail/mail-order ³)				
			T1	T2	T3	T4	T5
Northern New England (ME, NH)	\$9.90	\$280	\$0	\$5	24%	50%	29%
Central New England (CT, MA, RI, VT)	\$15.70	\$280	\$0	\$5	24%	50%	29%
New York	\$31.00	\$280	\$0	\$5	23%	50%	29%
New Jersey	\$12.40	\$280	\$0	\$5	24%	50%	29%
Mid-Atlantic (DE, DC, MD)	\$12.40	\$280	\$0	\$5	24%	50%	29%
Pennsylvania, West Virginia	\$9.90	\$280	\$0	\$5	24%	50%	29%
Virginia	\$5.30	\$280	\$0	\$5	24%	50%	29%
North Carolina	\$5.20	\$280	\$0	\$5	24%	50%	29%
South Carolina	\$13.40	\$280	\$0	\$5	24%	50%	29%
Georgia	\$15.70	\$280	\$0	\$5	24%	50%	29%
Florida	\$13.30	\$280	\$0	\$5	24%	50%	29%
Alabama, Tennessee	\$12.30	\$280	\$0	\$5	24%	50%	29%
Michigan	\$5.30	\$280	\$0	\$5	24%	50%	29%
Ohio	\$5.30	\$280	\$0	\$5	24%	50%	29%
Indiana, Kentucky	\$9.90	\$280	\$0	\$5	24%	50%	29%
Wisconsin	\$9.80	\$280	\$0	\$5	24%	50%	29%
Illinois	\$9.90	\$280	\$0	\$5	24%	50%	29%
Missouri	\$9.90	\$280	\$0	\$5	24%	50%	29%
Arkansas	\$9.90	\$280	\$0	\$5	24%	50%	29%
Mississippi	\$13.30	\$280	\$0	\$5	24%	50%	29%
Louisiana	\$13.90	\$280	\$0	\$5	24%	50%	29%
Texas	\$9.80	\$280	\$0	\$5	24%	50%	29%
Oklahoma	\$9.90	\$280	\$0	\$5	24%	50%	29%
Kansas	\$3.30	\$280	\$0	\$5	24%	50%	29%
Upper MW and N. Plains ¹	\$5.30	\$280	\$0	\$5	24%	50%	29%
New Mexico	\$19.00	\$280	\$0	\$5	24%	50%	29%
Colorado	\$20.10	\$280	\$0	\$5	24%	50%	29%
Arizona	\$9.90	\$280	\$0	\$5	24%	50%	29%
Nevada	\$12.40	\$280	\$0	\$5	24%	50%	29%
Oregon, Washington	\$3.30	\$280	\$0	\$5	24%	50%	29%
Idaho, Utah	\$9.90	\$280	\$0	\$5	24%	50%	29%
California	\$18.60	\$280	\$0	\$5	24%	50%	29%
Hawaii	\$5.30	\$280	\$0	\$5	24%	50%	29%
Alaska	\$9.90	\$280	\$0	\$5	24%	50%	29%

¹ IA, MN, MT, ND, NE, SD, WY

² Long-term care (LTC) and home infusion pharmacies use standard pharmacy cost-sharing.
For LTC, you'll get up to a 31-day supply.

³ The typical number of business days after the mail-order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail-order delivery.

SilverScript Choice (PDP)

Regional states	Premium	Deductible	Preferred pharmacies 30-day supply (retail/mail-order ³)				
			T1	T2	T3	T4	T5
Northern New England (ME, NH)	\$44.90	\$545	\$2	\$7	16%	36%	25%
Central New England (CT, MA, RI, VT)	\$50.90	\$545	\$2	\$7	16%	36%	25%
New York	\$66.10	\$545	\$2	\$7	16%	36%	25%
New Jersey	\$53.10	\$545	\$2	\$7	16%	40%	25%
Mid-Atlantic (DE, DC, MD)	\$42.50	\$545	\$2	\$7	16%	35%	25%
Pennsylvania, West Virginia	\$40.70	\$545	\$2	\$7	16%	35%	25%
Virginia	\$39.40	\$545	\$2	\$7	16%	46%	25%
North Carolina	\$52.30	\$545	\$2	\$7	16%	40%	25%
South Carolina	\$53.20	\$545	\$2	\$7	16%	40%	25%
Georgia	\$52.60	\$545	\$2	\$7	16%	42%	25%
Florida	\$52.50	\$545	\$2	\$7	16%	40%	25%
Alabama, Tennessee	\$50.00	\$545	\$2	\$7	16%	40%	25%
Michigan	\$40.40	\$545	\$2	\$7	16%	40%	25%
Ohio	\$44.10	\$545	\$2	\$7	16%	46%	25%
Indiana, Kentucky	\$41.60	\$545	\$2	\$7	16%	40%	25%
Wisconsin	\$45.60	\$545	\$2	\$7	16%	30%	25%
Illinois	\$39.40	\$545	\$2	\$7	16%	46%	25%
Missouri	\$50.50	\$545	\$2	\$7	16%	40%	25%
Arkansas	\$37.50	\$545	\$2	\$7	16%	40%	25%
Mississippi	\$48.20	\$545	\$2	\$7	16%	40%	25%
Louisiana	\$52.10	\$545	\$2	\$7	16%	36%	25%
Texas	\$40.50	\$545	\$2	\$7	16%	40%	25%
Oklahoma	\$56.90	\$545	\$2	\$7	16%	36%	25%
Kansas	\$43.50	\$545	\$2	\$7	16%	36%	25%
Upper MW and N. Plains ¹	\$41.00	\$545	\$2	\$7	16%	33%	25%
New Mexico	\$34.70	\$545	\$2	\$7	16%	35%	25%
Colorado	\$59.50	\$545	\$2	\$7	16%	40%	25%
Arizona	\$50.40	\$545	\$2	\$7	16%	46%	25%
Nevada	\$36.70	\$545	\$2	\$7	16%	42%	25%
Oregon, Washington	\$44.10	\$545	\$2	\$7	16%	40%	25%
Idaho, Utah	\$43.50	\$545	\$2	\$7	16%	33%	25%
California	\$55.20	\$545	\$2	\$7	16%	36%	25%
Hawaii	\$37.00	\$545	\$2	\$7	16%	36%	25%
Alaska	\$43.30	\$545	\$2	\$7	16%	36%	25%

¹ IA, MN, MT, ND, NE, SD, WY

² Long-term care (LTC) and home infusion pharmacies use standard pharmacy cost-sharing.
For LTC, you'll get up to a 31-day supply.

Standard pharmacies 30-day supply ² (retail/mail-order ³)					90-day supply (retail/mail-order ³)	Coverage gap (donut hole)
T1	T2	T3	T4	T5		
\$8	\$15	16%	36%	25%	Tiers 1 and 2 3x copay Tiers 3 and 4 applicable coinsurance Tier 5 N/A	25% brand/generic
\$8	\$15	16%	36%	25%		
\$8	\$15	16%	36%	25%		
\$8	\$15	16%	40%	25%		
\$8	\$15	16%	35%	25%		
\$8	\$15	16%	35%	25%		
\$8	\$15	16%	46%	25%		
\$8	\$15	16%	40%	25%		
\$8	\$15	16%	40%	25%		
\$8	\$15	16%	42%	25%		
\$8	\$15	16%	40%	25%		
\$8	\$15	16%	40%	25%		
\$8	\$15	16%	40%	25%		
\$8	\$15	16%	46%	25%		
\$8	\$15	16%	40%	25%		
\$8	\$15	16%	30%	25%		
\$8	\$15	16%	46%	25%		
\$8	\$15	16%	40%	25%		
\$8	\$15	16%	40%	25%		
\$8	\$15	16%	40%	25%		
\$8	\$15	16%	36%	25%		
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\$8	\$15	16%	36%	25%		
\$8	\$15	16%	33%	25%		
\$8	\$15	16%	35%	25%		
\$8	\$15	16%	40%	25%		
\$8	\$15	16%	46%	25%		
\$8	\$15	16%	42%	25%		
\$8	\$15	16%	40%	25%		
\$8	\$15	16%	33%	25%		
\$8	\$15	16%	36%	25%		
\$8	\$15	16%	36%	25%		
\$8	\$15	16%	36%	25%		

³ The typical number of business days after the mail-order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail-order delivery.

SilverScript Plus (PDP)

Regional states	Premium	Deductible	Preferred pharmacies 30-day supply (retail/mail-order ³)				
			T1	T2	T3	T4	T5
Northern New England (ME, NH)	\$111.90	\$200	\$0	\$0	\$47	50%	30%
Central New England (CT, MA, RI, VT)	\$110.50	\$200	\$0	\$0	\$47	50%	30%
New York	\$120.40	\$200	\$0	\$0	\$47	48%	30%
New Jersey	\$93.60	\$200	\$0	\$0	\$47	50%	30%
Mid-Atlantic (DE, DC, MD)	\$113.40	\$200	\$0	\$0	\$47	50%	30%
Pennsylvania, West Virginia	\$99.60	\$200	\$0	\$0	\$47	50%	30%
Virginia	\$98.70	\$200	\$0	\$0	\$47	50%	30%
North Carolina	\$98.30	\$200	\$0	\$0	\$47	50%	30%
South Carolina	\$106.40	\$200	\$0	\$0	\$47	50%	30%
Georgia	\$100.30	\$200	\$0	\$0	\$47	50%	30%
Florida	\$101.80	\$200	\$0	\$0	\$47	50%	30%
Alabama, Tennessee	\$104.10	\$200	\$0	\$0	\$47	50%	30%
Michigan	\$85.90	\$200	\$0	\$0	\$47	50%	30%
Ohio	\$101.10	\$200	\$0	\$0	\$47	50%	30%
Indiana, Kentucky	\$100.00	\$200	\$0	\$0	\$47	50%	30%
Wisconsin	\$98.70	\$200	\$0	\$0	\$47	50%	30%
Illinois	\$103.40	\$200	\$0	\$0	\$47	50%	30%
Missouri	\$103.20	\$200	\$0	\$0	\$47	50%	30%
Arkansas	\$95.60	\$200	\$0	\$0	\$47	50%	30%
Mississippi	\$113.10	\$200	\$0	\$0	\$47	50%	30%
Louisiana	\$117.50	\$200	\$0	\$0	\$47	50%	30%
Texas	\$98.40	\$200	\$0	\$0	\$47	50%	30%
Oklahoma	\$103.20	\$200	\$0	\$0	\$47	50%	30%
Kansas	\$103.40	\$200	\$0	\$0	\$47	50%	30%
Upper MW and N. Plains ¹	\$92.60	\$200	\$0	\$0	\$47	50%	30%
New Mexico	\$104.10	\$200	\$0	\$0	\$47	50%	30%
Colorado	\$115.20	\$200	\$0	\$0	\$47	50%	30%
Arizona	\$112.10	\$200	\$0	\$0	\$47	50%	30%
Nevada	\$101.30	\$200	\$0	\$0	\$47	50%	30%
Oregon, Washington	\$89.40	\$200	\$0	\$0	\$47	50%	30%
Idaho, Utah	\$103.00	\$200	\$0	\$0	\$47	50%	30%
California	\$116.00	\$200	\$0	\$0	\$47	50%	30%
Hawaii	\$99.40	\$200	\$0	\$0	\$47	50%	30%
Alaska	\$103.70	\$200	\$0	\$0	\$47	50%	30%

¹ IA, MN, MT, ND, NE, SD, WY

² Long-term care (LTC) and home infusion pharmacies use standard pharmacy cost-sharing.
For LTC, you'll get up to a 31-day supply.

³ The typical number of business days after the mail-order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail-order delivery.

Ways to enroll



Online

This method is the easiest and quickest way to apply.

Visit [AetnaMedicare.com](https://www.AetnaMedicare.com) or [Medicare.gov](https://www.Medicare.gov).



By telephone

If you want to talk to one of our friendly customer representatives or licensed agents from the convenience of your home, we can be reached at

1-833-526-2445 (TTY: 711), October 1 – March 31, seven days/week,

8 AM – 8 PM, local time; April 1 – September 30, five days/week (M – F),

8 AM – 8 PM, local time.



In person

If your situation is complicated and you prefer speaking to someone face-to-face, call us to request an appointment.

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Care representative at 1-833-526-2455 (TTY: 711), October 1 – March 31, seven days/week, 8 AM – 8 PM, local time; April 1 – September 30, five days/week (M – F), 8 AM – 8 PM, local time.

Understanding the benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [AetnaMedicare.com/PlanDocuments](https://www.AetnaMedicare.com/PlanDocuments) or call 1-833-526-2445 (TTY: 711) to view a copy of the EOC.
- ☐ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the Formulary to make sure your drugs are covered.

Understanding important rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2025.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Next steps after enrolling

As soon as Medicare approves your application, we will send you your new member plan materials.

Your plan materials include:

- Confirmation of Enrollment Letter – This letter confirms Medicare has approved your enrollment.
- Member ID Card – The card you present at the pharmacy to access your plan benefits.
- Get Started Guide – A guide that introduces the resources, tools and information that will be helpful for new Aetna Medicare members.
- Online Document Notice – Instructions on electronically accessing essential plan documents, such as Evidence of Coverage (EOC), Pharmacy Directory and Formulary.



A SilverScript Prescription Drug Plan
Administered by CVS Caremark®

RXBIN: 004336

RXPCN: MEDDADV

RXGRP: RXCVSD

ISSUER: (80840): 9151014609

ID: TEST_0002

NAME: JANE P SAMPLE 2

MedicareRx

Prescription Drug Coverage

S5601 003

Customer care

Method	Contact information
Call	<p>1-833-526-2445 (prospective members)</p> <p>October 1 – March 31, seven days/week, 8 AM - 8 PM, local time</p> <p>April 1 – September 30, five days/week (M – F), 8 AM – 8 PM, local time</p> <p>1-866-235-5660 (current members) 24 hours a day, seven days a week</p> <p>Calls to these numbers are free.</p> <p>Customer Care also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p> <p>Calls to this number are free, 24 hours a day, seven days a week.</p>
Fax	1-866-552-6205
Write	<p>SilverScript Insurance Company</p> <p>P.O. Box 30016</p> <p>Pittsburgh, PA 15222-0330</p>
Website	AetnaMedicare.com

Agent

George E Daniel Jr

Danielhealth

119 N Donalson Street

Bainbridge, Georgia 39817

229-246-3342.

e-mail: georgedanieljr@gmail.com

Web: www.danielhealth.com



To join one of our prescription drug plans, you must be entitled to Medicare Part A and/or be enrolled in Medicare Part B, be a United States citizen or be lawfully present in the United States and live in our service area. Our service area includes all 50 states and the District of Columbia.

Plan features and availability may vary by service area.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

SilverScript is a Prescription Drug Plan with a Medicare contract marketed through Aetna Medicare. Enrollment in SilverScript depends on contract renewal.

Aetna and CVS Caremark® are part of the CVS Health® family of companies.

Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

This Summary of Benefits doesn't list every service we cover or every limitation or exclusion. To get our full list of services, download a copy of the Evidence of Coverage from our website at AetnaMedicare.com/PlanDocuments or call us and we'll send you a copy. You can find our contact information on the last page of this booklet.

Other pharmacies are available in our network.