**Get ready for <2024>**

We want to help you get ready for a new year. Use the information below to get the most out of your Medicare Part D benefits in <2024>.

<Clipboard icon.eps> **Take action**

It is important to get your prescriptions on time. Here are some changes to your drug coverage & what to do so you’re ready the first time you go to the pharmacy next year.

|  |  |  |
| --- | --- | --- |
| [Drug name | | Change |
| [<DRUG NAME> | This drug **will not** be covered in <2024>. [Another drug that may work is <drug 1>. Talk to your doctor to see if another drug may work for you. If not, your doctor can work with us to ask for [a medical] [an] exception.] | |
| [<DRUG NAME> | This drug will require a prior authorization for us to cover it. Your doctor can work with us to request this.]  [This drug has also changed tiers. You usually pay more for drugs on a higher tier. This drug is on tier <x> this year and will be on tier <x> next year.] | |
| [<DRUG NAME> | This drug has changed tiers. You usually pay more for drugs on a higher tier. This drug is on tier <x> this year and will be on tier <x> next year.] | |
| Note | Some medications may be subject to a quantity limit. Please check your Formulary for more information. If you need to take more medication than our quantity limit permits, your doctor can work with us to ask for [a medical] [an] exception.] | |
| {Repeat rows above as needed for additional drugs} | | |

<Letter icon.eps> Review your benefits

Review your *Annual Notice of Changes* (ANOC). This is an important letter that explains changes to your plan for <2024>. It shows you this year’s and next year’s cost sharing side by side, so you can easily see if there are changes to what you’ll pay. Be sure to read this.

Go to **<URL>** to check on other medications that may work for you.

<Monitor icon.eps> **Contact us**

We want to help you get ready for <2024>. Go online at **<URL>** to check out your plan benefits and review your prescription drugs, 24/7.

You can also **call the number on your ID card .**We can answer questions about your ANOC, review the changes listed on this letter with you, and help you check other drugs that you take.

Important note: the changes above may not be a full list. It is important to review the ANOC, Evidence of Coverage (EOC), Formulary (List of Covered Drugs) and Pharmacy Directory each year.

Your plan may provide additional coverage for prescription drugs not included in your Medicare

Part D benefit. There may be instances where your share of the cost may be more or less due to this additional coverage. If you are unsure about your share of the cost or which drugs may or may not be covered, please call SilverScript Customer Care.

{Disclaimers}

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