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P.O. Box 30006, Pittsburgh, PA 15222-0330

**Important Plan Information**

<Member First Name> <Member Last Name>

<Mailing Address 1>

<Mailing Address 2>

<City>, <State> <ZIP>

<Date>

Dear <Member First Name> <Member Last Name>,

We see that you may be taking the following medications. (This list may not include all the medications you are currently taking.) There have been changes to the enhanced benefit provided by Fiat Chrysler Automobiles that will apply to these prescription drugs effective **August 1, 2025**.

| **Drug Name** | **Change** |
| --- | --- |
| {*PA Added*}  <Drug Name> | This drug will require a **prior authorization** for us to cover it effective August 1, 2025. Your doctor can work with us to request this. |

**Review your benefits**

The changes above may not be a full list. It is important to review your Evidence of Coverage, Formulary (List of Covered Drugs), Pharmacy Directory, and other plan materials. **Remember, you should not stop taking your medication unless directed by your doctor.**

**Contact us**

We want to help you understand how your plan works. If you have questions, visit us at **<Website Address>** or call Customer Care at **1-866-808-7289 (TTY: 711)**, 24 hours a day, 7 days a week. We can review changes listed in this letter and help you check other drugs you take.

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.

The formulary may change at any time. You will receive notice when necessary.

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