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Description automatically generated

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

**Important Plan Information**

<First Name> <Last Name>

<Mailing Address 1>

<Mailing Address 2>

<City>, <State> <ZIP>

<Date>

Dear <First Name> <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 The Maryland-National Capital Park and Planning Commission that will apply to these prescription drugs effective **February 1, 2025**.

| **Drug Name** | **Change** |
| --- | --- |
| [{*Formulary Exclusion*}  <Drug Name> | This drug will **not** be covered effective <Effective Date>. [{*If alternative drugs are available, insert the following*} Possible alternatives include: <Alternative Drugs>.] Talk to your doctor to see if another drug will work for you. If not, your doctor can work with us to ask for an exception.] |
| [{*PA Added*}  <Drug Name> | This drug will require a **prior authorization** for us to cover it effective February 1, 2025. Your doctor can work with us to request this.] |
| [{*QL Added*}  <Drug Name> | This drug will have a **quantity limit** effective <Effective Date>. Check your Formulary (List of Covered Drugs) for more information. If you need to take more than our quantity limit permits, your doctor can work with us to ask for an exception.] |
| [{*ST Added*}  <Drug Name> | This drug will require **step therapy** effective <Effective Date>. This means you’ll need to try another drug first. Other drugs that may work include: <Step Therapy Drugs>. Talk to your doctor to see if another drug will work for you. If not, your doctor can work with us to ask for an exception.] |
| [{*Negative Tier Change*}  <Drug Name> | This drug will move to a **higher cost-sharing tier** effective <Effective Date>. You usually pay more for drugs on a higher tier. [{*If tier information is available, insert the following*} It is on tier <Current Tier> and will be on tier <Future Tier> effective <Effective Date>.]  You may continue to fill your current prescription at the higher cost-sharing tier or choose a lower-cost alternative drug. Talk to your doctor to see if another drug may work for you.  Your doctor can work with us to ask for an exception if there is not a lower-cost alternative drug available. Keep in mind that there are specific circumstances when your doctor can request to change the tier of this drug and lower the cost. We may not be able to grant this request.] |
| [[{*Part B Drug*} | This drug will **not** be covered effective <Effective Date> but may be covered under your medical/Medicare Part B provider. Talk to your doctor or pharmacy to submit the claim through your medical/Medicare Part B provider.] |

**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 **Caremark.com** or call Customer Care at **1-866-270-3759 (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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