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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>,

Our records show you may be taking the following medications. (This list may not include all the medications you are currently taking.)

|  |  |
| --- | --- |
| **Drug Name** | **Age Range** |
| Aspirin | 12-59 |
| Statins | 40-75 |
| Metformin | 35-70 |
| Bowel Prep | 45-75 |

Under the Affordable Care Act (ACA), some medications are a $0 copayment if age requirements are met. Even though these provisions do not apply to Medicare prescription drug plans, STRS Ohio chose to add the medications with the applicable ACA age requirements to the SilverScript Employer PDP plan with a $0 copayment. However, you no longer meet the ACA age requirements. As a result, you will be responsible for paying the applicable copayment for these medications.

**Contact us**

If you have questions, visit us at **https://info.caremark.com/oe/strsegwpretiree** or call Customer Care at **1-800-756-6859 (TTY: 711)**, 24 hours a day, 7 days a week.

The formulary 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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