

P.O. Box 30007, Pittsburgh, PA 15222-0330

<DATE>

**[Important Plan Information]**

**Looking to save on prescription drug costs this year?**Consider changing to a prescription drug   
that may have a lower copay.

<First\_Name> <Last\_Name>

<Mailing\_Address\_1>

<Mailing\_Address\_2>

<Mailing\_City>, <Mailing\_State> <Mailing\_Zip>

Dear <First\_Name> <Last\_Name>:

We are writing to inform you that there has been a change to the REHP Drug List, also known as a formulary, for the Retired Employees Health Program.

Our records show that **one or more of the prescription drugs you may be currently taking is no longer preferred** and, as a result, may now have a higher copay.

Below you will find a list of your prescriptions affected by this change. These prescription drugs will still be covered under your prescription benefit plan, however, **after <effective date>, your copay may increase**.

|  |  |
| --- | --- |
| **Prescription Drug(s) Non-preferred** | **Preferred Prescription Drug(s)** |
| <Drug\_Name> | <Alternative\_Texts> |
| [<Drug\_Name>] | [<Alternative\_Texts>] |

{*Additional rows will be added as needed*}

To avoid paying more for your prescription drugs, we encourage you and your prescriber to consider changing to a preferred prescription drug on your benefit plan’s drug list, which may have a lower copay. Your prescriber is the most qualified person to balance quality and cost considerations when choosing the most appropriate prescription drugs.

**Your next steps:**

* Ask your prescriber to consider changing your prescription to a preferred prescription drug, which may have a lower copay. Share this letter with your prescriber at your next visit.
* If possible, consider using a generic prescription drug, which will usually have the lowest copay.
* Your prescriber may consult **www.rxlist.com** for additional options. However, changing to a different prescription drug is not required by your plan.

##### Visit **www.caremark.com** for more information about your plan coverage, to check prescription drug costs, learn more about generics, and more. You may also call us toll-free at **1‑866‑329‑2088** **(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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