



IMPORTANT RX UPDATE OUR FORMULARY IS CHANGING

Effective [DATE], 201X, the prescription drug formulary for our medical plan is changing. The following explains what this change may mean for you, as well as what actions you may need to take.

What Is a formulary?

A medical plan's formulary—also known as a drug list—is a list of prescription drugs covered under your medical plan. You pay less when using a drug on the plan's formulary list. Formularies often have different levels of coverage, called tiers. In general, the higher the tier, the higher your out-of-pocket costs will be.

Changes to Your Formulary

Our Pharmacy Benefit Manager reviews the prescription drug formulary on a regular basis and makes updates based on measures such as safety and effectiveness, as well as the availability of new prescription drugs. In many cases, the formularies are updated when new, more effective medication becomes available.

We highly encourage you to check your plan's formulary to ensure any prescription drugs you are currently taking are still covered. Formularies typically change in one of two ways (or both):

1. Tier changes: Prescription drugs that change to a higher tier are still covered; however, you will pay a higher out-of-pocket cost for coverage.
2. Exclusions: Prescription drugs that are excluded from the formulary will no longer be covered under the plan. If you choose to continue to take the excluded prescription drug, you will be responsible for the full cost.

To check whether your prescription drug has changed tiers or is no longer covered, go to [URL] or call XXX-XXX-XXXX.

What to do if your prescription drug is no longer covered or has changed tiers

Talk with your doctor to determine whether a lower-tier alternative is available and right for you and your condition. It is your responsibility to reach out to your doctor, as he/she may not have direct access to the plan's formulary.

TAKE A PEEK!

Look up your plan's drug formulary at [URL].



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