



PO Box 9062  
Oxnard CA 93031

<Date>

HCID Number: <HCID Number>  
Group Case Number: <Case Number>

<Member First Name> <Member Last Name>  
<Member Address1> <Member Address 2>  
<Member City>, <Member State> <Member Zip>

**Regulatory changes effective October 1, 2019**

Dear <Member First Name>:

We are writing to inform you about regulatory changes that will affect pharmacy co-payments for your 2019 Anthem plan. Your plan has changed due to new state regulatory requirements. The affected co-payment amounts were different at the time of your effective date. As a result of these changes, your pharmacy co-payments will be different beginning on October 1, 2019.

**What is changing on your <plan name> plan?**

Tier 1 co-payments have been changed and are reflected in the enclosed table.

**These changes are being made to address regulatory requirements.** You should review your plan’s amended 2019 Evidence of Converge (EOC) for applicable co-payments and limitations. Your current plan EOC and amendment are available online at [anthem.com/ca](http://anthem.com/ca) or you can call member services at 1-855-383-7248.

As always, if you have questions please contact your group administrator or call our member services team at 1-855-383-7248.

Sincerely,

Colin Havert  
Vice President and General Manager  
California Small Group Business