

4361 Irwin-Simpson Road
Mailstop: OH0203-A852/ROTC
Mason, OH 45040



[Date]
[Member Name / Parent of guardian of Member First Name Member Last Name]
[Member Address]
[City], [State] [ZIP Code]

Your pharmacy benefit has a new drug list.

Dear <Member First Name> <Member Last Name> / <Parent of guardian of Member First Name> <Member Last Name>,,

We're writing to let you know about a change in your prescription drug coverage. If your employer renews with us in 2016, your plan will have a different list of covered drugs called the Select Drug List.

You can review the list at anthem.com/ca/Selectdrugtier4. It's important to check if your current medicines are included.

Starting on your renewal date, <date>, one or more of the medicines you're taking may not be covered under the list. Your prescriptions may also change tiers, which will affect how much you pay out of pocket for them

Want to know more?

If your medicines aren't on the list, talk to your doctor about other drug choices that might be right for you. Remember, only you and your doctor can decide what's best for your health.

If you have additional questions, please call Customer Service at the number on your member ID card.

Wishing you the best of health,
Anthem Blue Cross

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.