

<Month DD, YYYY>

<First Name> <Last Name> <Address line 1> <Address line 2> <City>. <State> <Zip>

Dear <First Name>,

We want to let you know about an important update to your coverage. Starting <MM/DD/YYYYY>, your plan will limit how much medicine you can get at one time for certain prescriptions (listed on the right).

This change is based on the product information approved by the Food and Drug Administration (FDA) as well as published clinical trials and guidelines. We want to make sure you get the safest, most effective medicine available. It also helps lower overall drug costs by reducing waste.

All you need to do is one of the following:

- Have your pharmacist talk with your doctor to prescribe a higher strength when one is available. OR
- Ask your pharmacist to give you the amount your plan will cover and you'll pay your copayment each time. OR
- Talk with your doctor. If your doctor doesn't agree with this change, he or she may call Express Scripts at 800.417.1764 to request a review on or after <MM/DD/YYYYY>, which may let you get more. If your doctor doesn't call and get approval, you'll be responsible for any additional costs not covered under the plan. We don't want you to pay more, so please ask for a different prescription or have your doctor call us.

If you have any questions, we'd be glad to help. Please call us at the number on your member ID card.

Sincerely,

andur R. Behn

Andrew R. Behm, Doctor of Pharmacy Express Scripts

A benefit coverage update: Please talk with your doctor about your prescription.

As of <MM/DD/YYYYY>, your plan's coverage will change for the medicine(s) below¹. This means your plan will cover only fills for the amount listed below.

NAME <drug name=""></drug>	<u>LIMIT</u> 2, 3 <limit></limit>
<drug name=""></drug>	<limit></limit>
<drug name=""></drug>	<limit></limit>
<drug name=""></drug>	<limit></limit>

1. May not be all medicines you currently take.

- The per-month quantity allowed (unless otherwise noted). 90-day retail and home delivery are typically 3 times the per-month quantity.
- 3. For example, if your medicine comes in different strengths, you could take one dose of the higher strength instead of two at the lower strength. The amount of medicine you're taking is the same, but you won't pay for more doses which can save you money.



We'd be glad to help.



Call the number on your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund.

Additional covered alternatives may be available. Other prescription plan considerations may apply. Costs for covered alternatives may vary. To compare drug prices, please log in at express-scripts.com. Select "Price a Medication" from the menu under "Prescriptions," enter your current medicine name and follow the instructions.

© 2017 Express Scripts Holding Company. All Rights Reserved. Express Scripts and "E" Logo are trademarks of Express Scripts Holding Company and/or its subsidiaries. All other trademarks are the property of their respective owners. EME33131 LT44074Q CRP0617_F193 UMDQMSTD