



**BlueCross BlueShield
of North Carolina**

P.O. Box 2291 Durham, NC 27702

<MailDate>

<MemberFirstName> <MemberLastName>
<MemberAddress1>
<MemberAddress2>
<MemberCity>, <MemberState> <MemberZipCode>

Subject: How much you pay for certain drugs covered by your pharmacy benefit may change starting <EffectiveDate>

Dear <MemberFirstName>,

Thank you for choosing Blue Cross and Blue Shield of North Carolina (Blue Cross NC) as your health plan. We're writing to tell you about a change that could affect how much you pay for some of your prescription drugs.

Our records show that you filled a prescription for <DRUGNAME> in the past four months. Please ignore this letter if you no longer take the medication noted.

Starting <EffectiveDate>, your share of the cost for <DRUGNAME> will change, and the amount you pay may increase.

You can log in to ***BlueConnectNC.com*** and use the Find a Drug or Pharmacy tool to locate in-network pharmacies, find drugs covered under your benefit plan, as well as get cost information.

Next steps

If you'd like to switch to a drug with a lower cost share, please talk with your doctor.

Learn more

If you have questions or concerns, log in to ***BlueConnectNC.com*** to chat with a live agent or call the Customer Service number on the back of your Blue Cross NC member ID card.

Please see reverse side →

Thank you for choosing Blue Cross NC for your health coverage. We are here to help you make the most of your benefits.

Sincerely,



Arif Khan
Vice President of Pharmacy Services
Blue Cross and Blue Shield of North Carolina
BlueCrossNC.com

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