

Date

Member Name  
Address  
City, State Zip

<b>Confidential Information Medication Coverage Notice</b>
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Dear Member Name,

We are writing to tell you about important changes to coverage of one of your medications.

Starting January 1, 2017, Blue Cross and Blue Shield of North Carolina (BCBSNC) will be removing certain medications from the HSA Enhanced Preventive Rx Benefit program. These medications will remain covered but will no longer be offered at no charge. The cost of these medications will depend on which tier they are listed on in the health plan's drug formulary. The impacted medications are listed on Page 2 of this letter. Our records show that you filled a prescription for one or more of these medications in the past 4 months. Please ignore this letter if you no longer take this medication.

**What do I need to do?**

The medications listed on Page 2 will continue to be covered; however, they will require you to pay the applicable copay / deductible and coinsurance according to your pharmacy benefits.

Medications which continue to be available under the HSA Enhanced Preventive Benefit can be found at <https://www.bcbsnc.com/content/services/formulary/preventive-rx-benefits.htm>.

We would encourage you to talk to your doctor about this change. You and your physician may find more information about covered medications at <http://www.bcbsnc.com/content/services/formulary/drug-search.htm>.

**Why is this change being made?**

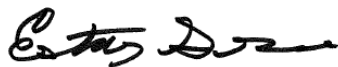
BCBSNC is making efforts to control the cost of medications, which can change on a regular basis. In order to keep the program active but better manage costs, BCBSNC reviewed the medications in the program removing the high cost brands and generics where there are suitable lower cost alternatives.

**How can I learn more?**

If you have questions, please call Customer Service at the number listed on the back of your BCBSNC ID card. We are available to help you Monday through Friday at 8 a.m. to 9 p.m., EST.

Thank you for choosing BCBSNC for your health plan needs.

Sincerely,



Estay Greene, PharmD  
Director, Pharmacy Programs  
Blue Cross and Blue Shield of North Carolina

<b>Medications which will no longer be covered under HSA Enhanced Preventive Benefits Program</b>		
Acarbose	Fluvastatin	Micronized colestipol HCL
Amlodipine besylate / atorvastatin calcium	Glipizide / metformin HCL	Nadolol
Apidra	Glumetza	Nateglinide
Apidra solostar	Humalog	Nifedipine
Budesonide	Humalog kwikpen	Nisoldipine
Candesartan cilexetil	Humalog mix 50/50 kwikpen	Novolin 70/30
Candesartan cilexetil / hydrochlorothiazide	Humalog mix 75/25	Novolin 70/30 relion
Captopril	Humalog mix 75/25 kwikpen	Novolin N
Cartia XT	Humulin 70/30	Novolin N relion
Cholestyramine	Humulin 70/30 kwikpen	Novolin R
Cholestyramine light	Humulin N	Pioglitazone HCL / metformin HCL
Clonidine HCL	Humulin N kwikpen	Prevalite
Colestipol HCL	Humulin R	Propranolol HCL
Diltiazem CD	Humulin R U-500 (concentrated)	Propranolol HCL ER
Diltiazem HCL ER	Icar-C plus	Pulmicort flexhaler
Eplerenone	Matzim LA	Repaglinide
Fenofibric acid	Metformin HCL ER	Trandolapril / verapamil HCL ER
Fenofibric acid DR	Metolazone	

## **Non-Discrimination and Accessibility Notice**

### **Discrimination is Against the Law**

- Blue Cross and Blue Shield of North Carolina (“BCBSNC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

- BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- If you need these services, contact Customer Service **1-888-206-4697**, TTY and TDD, call **1-800-442-7028**.
- If you believe that BCBSNC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
  - BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office, Telephone **919-765-1663**, Fax **919-287-5613**, TTY **1-888-291-1783** [civilrightscordinator@bcbsnc.com](mailto:civilrightscordinator@bcbsnc.com)
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator - Privacy, Ethics & Corporate Policy Office is available to help you.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 **1-800-368-1019**, **800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- This Notice and/or attachments may have important information about your application or coverage through BCBSNC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service **1-888-206-4697**.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-206-4697 (TTY: 1-800-442-7028).

注意: 如果您講廣東話或普通話, 您可以免費獲得語言援助服務。請致電 1-888-206-4697 (TTY: 1-800-442-7028)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-206-4697 (TTY: 1-800-442-7028).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-206-4697 (TTY: 1-800-442-7028)번으로 전화해 주십시오.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-206-4697 (ATS: 1-800-442-7028).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-206-4697. المبرقة الكاتبة: 1-800-442-7028.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-206-4697 (TTY: 1-800-442-7028).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-206-4697 (телетайп: 1-800-442-7028).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-206-4697 (TTY: 1-800-442-7028).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-206-4697 (TTY: 1-800-442-7028).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ: 1-888-206-4697 (TTY: 1-800-442-7028)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-206-4697 (TTY: 1-800-442-7028).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-206-4697 (TTY: 1-800-442-7028).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-206-4697 (TTY: 1-800-442-7028) まで、お電話にてご連絡ください。