

<Logo>

<Return Address>

<CampaignID>

<Mail Date>

<MinorFlag>

<MemberFirstName> <MemberLastName>

<MemberAddress1>

<MemberAddress2>

<MemberCity>, <MemberState> <MemberZip>

## SUBJECT: ACCREDO SPECIALTY PHARMACY NEEDS YOUR UPDATED HEALTH PLAN INFORMATION

Dear <MinorFlag> <MemberFirstName>,



Welcome to <Plan Name>. We're excited to serve you.

Our records show you recently filled a prescription at Accredo Specialty Pharmacy. Accredo is the preferred specialty pharmacy for your new plan and you can continue to use them for your specialty drug needs. Before you fill your next prescription, please follow the steps below to update your health plan and billing information.

- Please contact an Accredo care advocate at **1 (833) 599-0514**.
- Have your insurance card handy when you make your call. The Accredo agent will need your ID number, group number, BIN number and PCN number.

**Helpful hint: When filling a prescription, share only the numeric part of your ID number.**

**Share these numbers with your pharmacist.**

<b>Regence</b>  <b>PPO</b>	
Subscriber Name JENNIFER SAMPLE	Member Name 00 JENNIFER SAMPLE
ID NO XXX 000000000	
Group No. XXXXXXX	Copay \$0X Med Ded \$XXXX/\$XXXX Med OOP Max \$XXXX/\$XXXX
RxBIN 610624 Rx OOP Max	RxPCN 02080000 INCL W/ MED
	

**We're here to help**

If you have any questions about your health plan, please call us at the number on your member ID card or contact us via online chat from 6:00 a.m. to 9:00 p.m. MT Monday through Friday, and 9:00 a.m. to 5:30 p.m. MT on Saturday. To access live online chat, sign in to our website at **<Website>**, select "Contact Us" and click on "Chat Now".

Sincerely,

<Signature Image>

<Signature Text>

<1557 Long English (PDF)>