



120 Fifth Ave. Place
Pittsburgh, PA 15222

<<DATE>>

<<MEMBER NAME>>

<<MEMBER ADDRESS LINE 1>>

<<MEMBER ADDRESS LINE 2>>

<<MEMBER ADDRESS LINE 3>>

<<CITY, ST ZIP>>

Important information about your pharmacy network

Dear <<MEMBER NAME>>:

We have important information about your pharmacy network. Records show that you have filled a prescription at <<PHARMACY NAME>> during the last three months.

Effective <<DATE>>, <<PHARMACY NAME>> will no longer be participating in your pharmacy network. To ensure that you have access to your prescription drugs, below we have listed participating pharmacies that are close to <<PHARMACY NAME>>.

Participating pharmacies in your plan's network

<<PHARMACY NAME 1>>	<<PHARMACY NAME 2>>	<<PHARMACY NAME 3>>
<<FIRST ADDRESS>>	<<FIRST ADDRESS>>	<<FIRST ADDRESS>>
<<SECOND ADDRESS>>	<<SECOND ADDRESS>>	<<SECOND ADDRESS>>
<<CITY, ST ZIP>>	<<CITY, ST ZIP>>	<<CITY, ST ZIP>>
<<PHONE>>	<<PHONE>>	<<PHONE>>

Transfer your prescriptions to a participating pharmacy

For any prescriptions with refills remaining, do one of the following:

- Take your prescription bottle to your new pharmacy; they will call your old pharmacy to transfer your prescription.
- Ask the new pharmacy to call your old pharmacy to transfer your prescription(s).
- Call your doctor and ask for a new prescription(s), which you can provide to your new pharmacy.

You may also take advantage of a convenient mail order option through Express Scripts, the company chosen by Highmark to administer your prescription drug benefits, for your drug refills.

- Go to your member website at www.highmarkbcbswv.com and log in, or create an account
 - Select the **Prescription** tab at the top of the home page
 - Then, select **Refills & Order Status** to order your refill
- Or, call **the number on the back of your member ID card** to talk to a member service representative for help

Highmark Blue Cross Blue Shield West Virginia is an independent licensee of the Blue Cross Blue Shield Association.

Express Scripts is an independent company that administers your prescription benefit for your health plan.

We regret any inconvenience this change may cause you. If you have any questions, or would like additional information about participating pharmacies, please call the toll-free phone number on the back of your member ID card.

If you need help finding a network provider and/or pharmacy, please call the **number on the back of your member ID card** or visit www.highmarkbcbswv.com to access an online searchable directory. If you would like a Pharmacy Directory mailed to you, you may call the number above or request one at the website link provided above.

Your pharmacy network may change at any time. You will be advised of any changes.

Sincerely,

Highmark Blue Cross Blue Shield West Virginia



Discrimination is Against the Law.

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language 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 the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer 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: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator 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>.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCION: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。
请拨打您的身份证背面的号码 (TTY: 711)。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

말림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화 하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyo tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تهذيب: إذا كنت تتحدث اللغة العربية، فيهناك خدمات المعاونة في اللغة المعاونة متاحة للر. اتصل بالرقم الموجود على بطاقة هيرنوك (جهاز الاتصال الذي صغيرات النسخ والنطق: 711).

Kominike: Si se Kreyòl Ayisyen ou pale, gen sèvis entépreòt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。IDカードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در استورمن شناسن. با شماره واتلر در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.