

<PLAN_LOGO>

[<LKUP_CO_LOGO>]

<Plan Correspondence Address 1>

<Member Full Name>

<Member Address 1>

<Member Address 2>

<Member Address 3>

<Member City State Zip>

Questions?

We're here to help.

Toll-Free <PHONE_NUMBER>

TTY <TTY_NUMBER>[,]

<OPERATING_HOURS>

<OPERATING_HOURS>

Important: Coverage change for One Touch® diabetes meters and test strips

[<Plan Name>]

<Date>

Member ID: <Membership ID>

Dear <Member Name>,

We're writing to let you know about an important change in coverage for your diabetes testing supplies.

What's changing?

Starting <date>, your plan will no longer cover OneTouch meters and test strips. If you continue using them after this date, you may have to pay the full retail price.

Get a new, covered meter for \$0

To continue to receive coverage for your meter and test strips after <date>, you'll need to switch to one of the following options which are **available at a \$0 copay**. These products have similar accuracy and reliability that you depend on to manage your diabetes:

- Contour® Plus Blue meter, Contour® Next Gen meter, Contour® Next One meter, and Contour® Next EZ meter
- Contour® Plus test strips and Contour® Next test strips
- Accu-Chek® Guide Me meter and Accu-Chek® Guide meter
- Accu-Check® Guide test strips

Action Required: Contact Your Provider

1. **Contact your provider's office as soon as possible.** Tell them your plan no longer covers OneTouch® products. Ask which of the above covered meter and test strips may be best for you. You may also want to ask your pharmacy or testing supplier which of these products they carry.
2. **Ask your provider to send a new prescription prior to <date> to your pharmacy or testing supplier.** They will need a prescription to give you the new covered products. Your new meter and test strips will still have a \$0 copay.
3. **Keep using your current meter and test strips** until you can get your new ones.

We're here to help.

We apologize for the inconvenience this change may cause, and we're committed to helping you get the supplies you need.

If you have any questions or would like more information on your coverage options, please call Customer Service toll-free at <TFN>, TTY 711, <Hours of operation>.

Sincerely,

The <Signature> Team

[If Group Number = 15896 or 15456 insert: Do we have the right address and phone number for you?]

[If Group Number = 15734, 15735, 15736, 15737, 15738, 15739, 15740, 15741, 15782, 15783, 15784, 15785, 15786, 15787, 15788, 15789, 15790, 15791, 15792, 15793, 15742, or 15743 insert: Has your address recently changed?]

[All others insert: Do we have the right address for you?]

[Insert if ADDR_TAGLINE=BLANK: If not, please let us know so we can keep you informed about your plan.]

[Insert if ADDR_TAGLINE not equal to blank: [<LKUP_ADDR_TAGLINE>]]

If you and your provider feel it's medically necessary for you to stay with your current meter and strips, your provider can ask for an exception at go.covermymeds.com/OptumRx or call Optum Rx at 1-800-711-4555, TTY 711, 5 a.m.–10 p.m. PT, Monday–Friday; 6 a.m.–3 p.m. PT, Saturday.

Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

All trademarks are property of their respective owners.

[Drafting Note: Insert M&R Global NOA]

ATENÇÃO: Caso fale português, serviços de intérprete estão disponíveis sem custo para você. Ligue para o número de ligação gratuita para associados exibido no seu cartão de identificação.
>]

[All Others: <LKUP_DISCLAIMER>]