Martin's Point

US FAMILY HEALTH PLAN

[Member ID]
[Member First Name] [Member Last Name]
[Member Address]
[Member City], [State] [Zip]

November 4, 2026

**Important Information for Martin's Point US Family Health Plan Members**

Dear [Member Name]:

It is our goal at the Martin's Point US Family Health Plan to keep you informed of changes to your pharmacy benefit. You are receiving this letter because **one of the medications that you have taken, and may currently be taking, will have a copay change.**

Effective 12/04/2026, ENTRESTO TAB 24-26MG will change to a Tier 2 medication. **This means that the copay will change to $44 for a 90-day supply through Martin's Point mail-order pharmacy and to $48 for a 30-day supply through a local pharmacy.**

If you would like to switch to a formulary alternative, please speak with your provider. If you have discontinued use of this medication, you may disregard this notice.

***If you have other primary prescription coverage, please contact your other insurer for their preferred product information.***

If you have specific questions about your pharmacy benefit through the US Family Health Plan, please contact Member Services at 1-888-674-8734.

Sincerely,

Pharmacy Services Department
Martin's Point Health Care