Martin's Point

US FAMILY HEALTH PLAN

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

November 5, 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 12/05/2026, STELARA INJ 90MG/ML will change to a Tier 3 medication. **This means that the copay will change to $85 for a 90-day supply through Martin's Point mail-order pharmacy and to $85 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