



State of Connecticut PrudentRx Specialty Drug Discount Program Opt-out Form

First Name _____

Last Name _____

Address _____

Phone # _____

Member ID on Anthem ID card _____ Employee ID _____

Date of Birth _____

Open Enrollment Election- PrudentRx Specialty Drug Discount Program Opt-Out:
By checking the box below, I am opting out of the PrudentRx Specialty Discount program with a \$0 copay for specialty medications. I am electing to remain in the current plan and will continue to be charged specialty drug copays.

I am electing to remain in the current plan and will continue to be charged specialty drug copays.

Signature:

Date: _____

State of Connecticut and Partnership Plan members

Email this form to: answers@healthadvocate.com

For Health Advocate Use Only

Refer to State of CT/ CT Partnership PrudentRx Plan Override Process Map