



# STATE *of* CONNECTICUT

## PrudentRx Specialty Drug Discount Program *Opt-out Form*

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First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Member ID on Anthem ID card \_\_\_\_\_ Employee/Group 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: [STofCTClientConcierge@CVSHealth.com](mailto:STofCTClientConcierge@CVSHealth.com)

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