

Prescription Drug Benefits

When you enroll in one of our medical Plan options, you'll automatically have coverage for prescription drugs through the Medco Prescription Drug Program. This program includes a Formulary Management Program, which uses a "three-tier" copayment approach to covered drugs and is designed to control costs for you and the Plan. The formulary includes all FDA-approved drugs that have been placed in tiers based on their clinical effectiveness, safety, and cost. Tier 1 includes primarily generic drugs (smallest copayment); Tier 2 includes preferred drugs (middle copayment); and Tier 3 includes non-preferred drugs and all non-sedating antihistamines (highest copayment).

For 2008, there are two prescription drug benefit plans: the Standard Plan and the Premium Plan. Additionally, the HDHP/HSA Plan has its own prescription drug plan. [See your personalized open enrollment page for your predetermined* plan option.](#)

Standard

	RETAIL PRESCRIPTION DRUGS	MAIL-ORDER PRESCRIPTION DRUGS
Annual Prescription Deductible	\$50 per individual	N/A
Tier 1: Generic	You pay up to \$10.	You pay up to \$25.
Tier 2: Formulary Brand-Name	You pay up to \$30.	You pay up to \$70.
Tier 3: Non-Formulary Brand-Name and Brand Non-Sedating Antihistamines	You pay up to \$50.	You pay up to \$120.
Dispensing Limits Per Copayment	Up to a 30-day supply.	Up to a 90-day supply
Prescription Smoking Cessation Drugs Annual Maximum	1 cycle of therapy per individual.	

Premium

	RETAIL PRESCRIPTION DRUGS	MAIL-ORDER PRESCRIPTION DRUGS
Annual Prescription Deductible	\$50 individual	N/A
Tier 1: Generic	You pay up to \$5.	You pay up to \$12.
Tier 2: Formulary Brand-Name	You pay up to \$20.	You pay up to \$50.
Tier 3: Non-Formulary Brand-Name and Brand Non-Sedating Antihistamines	You pay up to \$35.	You pay up to \$80.
Dispensing Limits Per Copayment	Up to a 30-day supply.	Up to a 90-day supply
Prescription Smoking Cessation Drugs Annual Maximum	1 cycle of therapy per individual.	

The HDHP/HSA Plans

RETAIL AND MAIL-ORDER PRESCRIPTION DRUGS	
Network Prescription Deductible (combined with Medical Deductible)	\$2,700/\$5,450 (BCBS II and CIGNA)
Tier 1: Generic Drugs	15% after deductible
Tier 2: Brand-Name Drugs Included on the Medco Formulary	25% after deductible
Tier 3: Brand-Name Drugs Not Included on the Medco Formulary and All Non-Sedating Antihistamines	50% after deductible

*By your diocese or group.

Coverage of Non-Sedating Antihistamines

The non-sedating antihistamine drug category has the highest copayment, regardless of the drug's formulary status. This change is a result of the drug Claritin now being available over the counter. For example, if you prefer to take the medication Clarinex rather than buying Claritin over the counter, you pay the third-tier copayment.

Prescription Deductible

The Prescription Drug Program has a *separate* annual deductible of \$50 per individual for retail prescriptions. (Please note, this does not apply to the HSA/High Deductible Health Plan.) **This annual Prescription Drug Program retail deductible does not apply to mail-order prescriptions, so you can begin receiving full mail-order program benefits without first meeting the annual retail deductible.** You may want to keep this in mind if you or a covered dependent will be receiving any maintenance medications during the coming calendar year.

Retail Refill Limit

To help manage overall program costs and limit dramatic increases to prescription drug copayments, the Prescription Drug Program will maintain a retail refill limit. The Retail Refill Limit requires that you participate in the mail-order program if you are prescribed a maintenance medication, rather than refilling multiple prescriptions for the same drug at a retail pharmacy.

Keep in mind, the retail pharmacy program allows for a total of three fills of a maintenance medication at a retail pharmacy (one original fill and two refills). Additional fills will not be covered by the program. Each fill can be for no more than a 30-day supply. Note that you are allowed a total of three fills, even if each is for less than 30 days.

If you or a covered dependent receives a prescription for a maintenance medication and you do not use the mail-order program, your prescriptions may not be covered.

In some circumstances, you may not be required to utilize the mail-order program. For example, there are several categories of medications that are uniquely appropriate for multiple refills at your local pharmacy (and are therefore exempt from the retail refill limit provision, as outlined above). If you have a prescription for any of the following medications, the Medco Prescription Drug Program allows you to receive multiple refills at your local retail pharmacy:

- Anti-infectives, including antibiotics (Amoxicillin, Biaxin), antivirals (Zovirax, Famvir), antifungals (Diflucan), and drops used in the eyes and ears (Polsporin Opth, Cipro Otic). Please note that drops must be prescribed specifically to treat infection. For example, glaucoma drops are not covered.
- Prescription cough medications, including Phenergan with Codeine, Tessalon, and Tussionex.
- Medications to treat acute pain, both narcotic (Vicodin, Percodan, etc.) and non-narcotic (Darvocet). Please note that long-term pain medications, such as NSAIDs, do not meet the necessary retail requirements.
- Medications that require a new written prescription each time you need them, as refills are prohibited by federal law (e.g., Percodan, Ritalin, and Nembutal).
- Medications used to treat both attention deficit disorder (Ritalin, Cylert) and narcolepsy (Dexedrine).
- Medications whose sole use is to treat cancer.

Generic Medications

Generic medications and their brand-name counterparts have the same active ingredients and are manufactured according to the same strict federal regulations.

Generic drugs may differ in color, size, or shape, but the U.S. Food and Drug Administration (FDA) requires that the active ingredients have the same strength, purity, and quality as their brand-name counterparts.

For this reason, the Plans will cover the cost of the generic equivalent if you purchase a brand-name medication when there is a generic available. You will be charged the generic copayment and the cost difference between the brand-name and the generic medication.

If you have questions or concerns about generic medication, speak to your physician or your pharmacist, and he or she will be able to help you.

Your Plan May Have Coverage Limits

Your Plan may have certain coverage limits. For example, prescription drugs used for cosmetic purposes may not be covered, or a medication might be limited to a certain amount (such as the number of pills or total dosage) within a specific time period.

If you submit a prescription for a drug that has coverage limits, your pharmacist will tell you that approval is needed before the prescription can be filled. The pharmacist will give you or your doctor a toll-free number to call. If you use *Medco By Mail*, your doctor will be contacted directly.

When a coverage limit is triggered, more information is needed to determine whether your use of the medication meets your Plan's coverage conditions. We will notify you and your doctor of the decision in writing. If coverage is approved, the letter will indicate the amount of time for which coverage is valid. If coverage is denied, an explanation will be provided, along with instructions on how to submit an appeal.

Additional Information

It is always up to you and your doctor to decide which prescriptions are best for you. You are never required to use generic drugs or drugs that are on the Medco formulary list. If you prefer, you can use non-formulary brand-name drugs and pay a higher copayment.

It is also important to note that drugs included on the formulary list are routinely updated. To find the most up-to-date list of covered drugs, visit Medco at www.medco.com, or call their member services department at (800) 841-3361. It should be noted that all drugs listed on the formulary may not be covered due to Plan exclusions and limitations. You can also use Medco's Web site or member services telephone number to locate the retail pharmacy nearest you.

Paper Claims Reimbursement

You must pay the full price at the pharmacy and file a claim for reimbursement. You will be reimbursed according to what the Plan would have paid at a participating pharmacy, less your applicable copayment. See the "Pharmacy Benefits" section of your Plan Handbook for more information about filing claims for reimbursement for prescription drugs purchased at retail pharmacies.