

Your Ascension Health Prescription Drug Plan

The Ascension Health prescription drug program is offered with your Health Ministry's medical plan and is administered by **MedImpact Healthcare Systems, Inc.**, your new pharmacy benefits manager. This summary highlights key features effective January 1, 2009, including:

- Three tiers of benefits
- Generic drug provisions, including step therapy trials, to help manage out-of-pocket costs while achieving the desired clinical results
- Specific drugs that are excluded, covered, or covered but require Prior Authorization

Benefit Structure

Your prescription drug program has three tiers of benefits, as shown below, with lower out-of-pocket costs if you choose generic or preferred brand name drugs.

You do have the flexibility of choosing non-preferred brand drugs, if they are covered under the plan, by paying higher copayments. See the Plan's formulary (list of covered drugs) for details.

You may also save by ordering a 90-day supply of maintenance medications. To receive a 90-day supply for 2 copays, the

prescription needs to be filled at the Borgess Outpatient Pharmacy or Borgess Woodbridge Pharmacy.

Generic Drug Requirements

A key goal of your prescription benefit plan is to help manage the rising cost of medical expenses.

When you choose a generic drug, your copay is lower. If you choose to receive a brand name drug when a generic drug is available, your costs will be equal to the brand copay plus the difference in cost between the generic and brand-name drug.

Prescription Drug Benefit Structure	
Retail Supply	Borgess or Participating Retail Pharmacies
Tier 1 - Generic	\$7 copay
Tier 2 - Preferred Brand	\$15 copay
Tier 3 - Non-Preferred Brand	\$30 copay
90-day Supply	Mail order prescription available only through the Borgess Outpatient Pharmacy.
Tier 1 - Generic	\$14 copay
Tier 2 - Preferred Brand	\$30 copay
Tier 3 - Non-Preferred Brand	\$60 copay
<ul style="list-style-type: none"> ▪ If you choose a brand drug when a generic drug is available, you pay the brand copay or coinsurance plus the difference between the cost of the brand drug and the generic drug. ▪ Where the cost of the drug is less than the copays shown above, no more than the cost of the drug will be charged. 	

Generic drugs must have the same effect on the body as the brand name product in

order to gain Food and Drug Administration (FDA) approval. This means that the generic product must have the same active ingredient and must be the same strength as the brand name product.

The difference between generic and brand drugs is in the cost. For example, the average prescription cost of a generic drug is approximately \$14 compared with an average cost of \$80 for a brand name drug. This is why you will pay lower co-pays when you choose a generic drug over the brand name equivalent.

Step Therapies

For certain drugs, the Plan requires that your doctor follow Step Therapy by prescribing “first line” medications before other drug therapies are used. The following non-preferred brand name drugs require a trial of another drug prior to using the non-preferred brand name drug:

ABILIFY	JANUVIA
ACTOS	LESCOL
ADVICOR	LEXAPRO
AMBIEN CR	LIPITOR
ATACAND	LUNESTA
AVANDAMET	MICARDIS
AVANDARYL	PAXIL CR
AVANDIA	PEXEVA
AVAPRO	PROZAC WEEKLY
BENICAR	ROZEREM
CELEBREX	SONATA
COZAAR	TEKTURNA
CRESTOR	TEVETEN
DIOVAN	VYTORIN
DUETACT	XOPENEX
EXFORGE	ZETIA
JANUMET	

If necessary, your pharmacist will notify your doctor if a prescription is rejected for lack of a Step Therapy.

If you have been continually taking one of the drugs listed above, you will not be

required to meet the requirement again under this new plan.

Prior Authorization

Your prescription benefit program has a Prior Authorization process for certain drugs, as follows:

ACIPHEX	PREVACID
BYETTA	PRIOLOSEC
COPAXONE	PROGESTERONE CMP
ENBREL	PROTONIX
GLEEVEC	REBIF
HUMIRA	TARCEVA
IRESSA	THALOMID
MERIDIA	TRACLEER
NEXIUM	

Prior Authorization helps ensure that you and your family receive the right care and the right drug to stay healthy. It also helps ensure that the drug you’ve been prescribed is medically needed. If you were a previous participant in 2008 with Prescription Solutions, any current Prior Authorizations will remain in effect until their normally scheduled expiration.

Exclusions

You will pay the full retail cost of excluded drugs under the Plan. For details, see the Plan’s list of exclusions. Many of the excluded drugs are available Over-The-Counter, including proton pump inhibitors (PPIs), such as Prilosec (which is excluded unless you have Prior Authorization, as described above) for the treatment of stomach disorders, and non-sedating antihistamines (NSAs), such as Allegra and Clarinex for the treatment of allergies.

Exceptions

Exceptions to the Plan for Borgess associates during 2009 are:

- Prescription smoking-cessation drugs are not covered
- Infertility drugs are covered at a 50% coinsurance level

Q&A

What is MedImpact?

MedImpact is the nation's largest independent privately-owned Pharmacy Benefit Manager (PBM), servicing more than 30 million members nationwide, with a network of 64,000 pharmacies, including major chains and various independent pharmacies.

When will new ID cards be issued?

Your 2009 ID card will be mailed to you in December, 2008. Please contact your Human Resources/Benefits Department if you have not received your new ID card by December 29, 2008.

I am currently on a medication that requires Prior Authorization. How will I be affected?

If you were a previous participant in 2008 with Prescription Solutions, any current effective Prior Authorizations will remain in effect until their normally scheduled expiration. Otherwise, you may be required to obtain a Prior Authorization with MedImpact.

Effective 1/1/2009, my medication will no longer be on the formulary. How will I be affected?

Please refer to the Ascension Health formulary (list of covered medications) for specific information on a particular medication. Most medications will continue to be covered by the plan, but a higher level copay may apply.

For participants that were previously covered under the Prescription Solutions plan, any medication taken within the last 6 months of 2008 will be grandfathered at the lower

tier \$15 copay. The grandfathered lower copay will be effective until December 31, 2009.

If our records show that you are eligible for this grandfathering, you will receive a letter explaining this provision.

How and when can I contact MedImpact with questions?

The MedImpact Member Web site and customer service call center will be available beginning January 1, 2009. With the Member Website, you can obtain prescription benefit and drug coverage detail to assist you in understanding your prescription benefit plan better, as well as view comprehensive health and information from the MedImpact Health Management System:

- Benefit Highlights displays your current copayment amounts and any deductible and maximum out-of-pocket expenses.
- Formulary Lookup presents a list of medications, defines the formulary status of each medication and assists you in finding lower-cost alternatives within a drug class. You can obtain a cost estimate for a specific medication.

Contact Information

After January 1, 2009, you may contact MedImpact Customer Service (24 hours a day/7 days a week) at 800.788.2949 or at <https://mp.medimpact.com/asc>.

The information in this document highlights key features of the Prescription Drug Plan for easy reference until the Plan's Summary Plan Description is available. If there are inconsistencies between this document and the Plan, the Plan document shall govern.