

## 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.** This summary highlights key features effective January 1, 2010, 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.

As you are aware, changes were made to the 2010 SmartHealth prescription drug plan in order for Borgess to continue to offer you and your family affordable and quality health care/prescription coverage at a nominal cost.

These changes include the following: Introduction of a Maintenance Drug List and the requirement that all Maintenance Drugs must be filled either at the Borgess Outpatient or Woodbridge Outpatient pharmacies. Both locations will offer a prescription drug mail program and/or courier service in limited circumstances. This applies only to drugs listed on the Maintenance Drug List (available on the [www.smarthealth-mi.org](http://www.smarthealth-mi.org) web site, or [hr.borgess.com](http://hr.borgess.com)). Maintenance Drugs are those specific medications that can be obtained with two co-pays for a 90 days supply.

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"> <li>▪ 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.</li> <li>▪ Where the cost of the drug is less than the copays shown above, no more than the cost of the drug will be charged.</li> </ul>	

## 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. 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.

## 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 for 2010 are:

- Infertility drugs covered at a 50% coinsurance

# Q&A

## **Q. Why is Borgess implementing a maintenance drug list?**

A. Maintenance Drug lists reduce cost by limiting the drugs associates can get with a two co-pays when ordering three months supply of prescriptions. Without a list, associates can order a three-month supply of drugs for two co-pays on any drug, whether the dosage is correct. This reduces waste and paying for medications that a patient may not continue.

## **Q. Where do I find a list of the maintenance drugs?**

A. The drug list is available on the Borgess Home page, under Human Resources (HR), Benefit Information, Medical/RX section, or on the SmartHealth web site, [www.smarthealth-mi.org / Pharmacy](http://www.smarthealth-mi.org / Pharmacy). Hardcopies are also available in the information display rack outside of the HR office.

## **Q. How do I obtain my refills?**

A. Refills for maintenance drugs can be obtained approximately 3 weeks before you run out of your medication. Mail order is available, and prescriptions will be delivered to your home within 5 to 7 business days after receipt of payment.

## **Q. Will I be charged an additional charge for utilizing the mail order program?**

A. No.

## **Q. What if I currently received a 30-day medication supply? How do I obtain a 90-day prescription?**

A. Your physician must write a prescription stating that you are obtaining a 90-day supply.

## **Q. How do I transfer my prescriptions to the Borgess Outpatient Pharmacy or the Woodbridge Outpatient Pharmacy?**

A. Call one of the Borgess Outpatient pharmacies and ask them to call your current pharmacy for a copy of your prescription.

## **Q. Can I use payroll deduction to pay for my prescriptions?**

A. Yes, payroll deduction is available exclusively through the Borgess Outpatient Pharmacy for all your prescriptions. Indicate you wish to use payroll deduction when prompted for your payment method.

## **Q. How do I get my new prescription to Borgess Outpatient pharmacy?**

A. There are several ways you can get your prescriptions to the Outpatient Pharmacy:

- Call 269.226.8336, Option 2
- Have your physician call or fax the script
- Have Borgess Lee Pharmacy fax the script to the Outpatient Pharmacy

## **Outpatient Pharmacy Phone #s:**

<b>Borgess</b>	<b>269.226.8336</b>
<b>Woodbridge</b>	<b>269.324-8409</b>