

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 pharmacy benefits manager. This summary highlights key features effective January 1, 2010, including:

- Three tiers of benefits (generic, preferred, non-preferred)
- 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
- Mandatory mail order for drugs listed on the Maintenance Drug List

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 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.

If your prescription is included on the Maintenance drug list, you may also save by ordering a 90-day supply through MedVantx, the mail order service.

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.

The difference between generic and brand drugs is in the cost. For example, the average prescription cost of a generic drug is

Prescription Drug Benefit Structure <i>SmartHealth</i> or St. Mary's PPO Plan	
Up to 30-day Supply	Retail Pharmacies
Tier 1 - Generic	\$7 copay
Tier 2 - Preferred Brand	\$15 copay
Tier 3 - Non-Preferred Brand	\$30 copay
30-90 day Supply	Mail Order -- MedVantx
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 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. 	

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	LESCOL
ACTOPLUS MET	LEXAPRO
ACTOS	LIPITOR
ADVICOR	LUNESTA
AMBIEN CR	LUVOX CR
AMERGE	MAXALT
ATACAND, ATACAND HCT	MEVACOR
AVALIDE	MICARDIS, MICARDIS HCT
AVANDAMET	PAXIL CR
AVANDARYL	PEXEVA
AVANDIA	PRAVACHOL
AVAPRO	PROZAC WEEKLY
AXERT	RELPAX
BENICAR, BENICAR HCT	ROZEREM
CADUET	SIMCOR
CELEBREX	SONATA
COZAAR	TEKTURNA
CRESTOR	TEVETEN, TEVETEN HCT
DIOVAN, DIOVAN HCT	TREXIMET
DUETACT	VYTORIN
EXFORGE	XOPENEX, XOPENEX HFA
FROVA	ZETIA
HYZAAR	ZOCOR
IMITREX	ZOLOFT
JANUMET	ZOMIG
JANUVIA	

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

Once you have followed the Step Therapy program, you will not be required to meet the requirement again under this plan.

Prior Authorization

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

ACIPHEX	NEXIUM
ACTIMMUNE	NORDITROPIN
ACTIQ	NORDITROPIN NORDIFLEX
AMEVIVE	NPLATE
ARANESP	NUTROPIN AQ
AVONEX	NUVIGIL
AVONEX ADMIN PACK	OMEPRAZOLE
BETASERON	OMNITROPE
BYETTA	ONSOLIS
CIMZIA	PEGASYS
COPAXONE	PEGINTRON REDIPEN
DELATESTRYL	PREVACID
DEPO-TESTOSTERONE	PRILOSEC, PRILOSEC OTC
ENBREL	PROCRIT
EPOGEN	PROGESTERONE SUPP
EXTAVIA	PROMACTA
FENTORA	PROTONIX
FIRST-TESTOSTERONE	PROTROPIN
FORTEO	PROVIGIL
FUZEON	RAPTIVA
GENOTROPIN	REBIF
GLEEVEC	ROFERON-A
HUMATROPE	SAIZEN
HUMIRA	SANCUSO
INFERGEN	SIMPONI
INTRON A	TARCEVA
IRESSA	THALOMID
KAPIDEX	TRACLEER
KINERET	XOLAIR
KUVAN	ZEGERID
NEUMEGA	ZORBITIVE

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. Prior Authorizations are approved for a specific period of time, and will need to be resubmitted once the Authorization expires.

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 SMOM associates 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 I receive an ID card?

Your medical plan ID card also includes the information needed for the pharmacy benefit. The ID card will be mailed to your home address after you enroll through the benefit website.

Effective 1/1/2010, my medication will no longer be available through the mail order service. How will I be affected?

Please refer to the Maintenance Drug List and 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.

Medications that are no longer available through mail order may generally be filled through a local retail pharmacy.

I currently use Mail Order. How will I be affected? Will I need a new prescription?

If your prescription drug is not on the Maintenance Drug List, you may contact MedVantx to transfer your prescription to a retail pharmacy. Please be sure to have the prescription number and pharmacy contact information available. If your prescription is on the Maintenance Drug List, and you have refills remaining, you will be able to continue to receive the prescription through the mail service vendor, MedVantx.

How and when can I contact MedImpact with questions?

You may contact MedImpact through the Member Website and customer service call center. 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.

The information in this document highlights key features of the Prescription Drug Plan for easy reference. If there are inconsistencies between this document and the Plan, the Plan document shall govern.

Contact Information

You may contact MedImpact Customer Service (24 hours a day/7 days a week) at 800.788.2949 or at www.medimpact.com.