



Prescription Benefits

January 2010

If you elect coverage under the CoreSourcePPO/DRP, HumanaPPO/DRP or the HumanaHMO, you are covered automatically under the Advocate Prescription Benefits Program.

If you elect coverage under the CoreSourceHDHP, this program does not apply to you. For information about your prescription drug benefits, see *If You Have HDHP Coverage* on page 4.

The Advocate Health Care Prescription Benefits Program is managed by CVS/Caremark—a premier health management solution provider.

Copayments

The copayment is the amount you pay out-of-pocket for the cost of each prescription you fill through the Prescription Benefits Program. Copayments for generic, preferred brand-name and non-preferred brand-name prescription drugs in 2010 are listed below.

As you can see, when you use a generic drug, you'll pay the lowest copayment—just \$15 for each prescription that you have filled at a retail pharmacy.

Per-Prescription Copayment (2010)			
	Generic	Preferred Brand-Name	Non-Preferred Brand-Name
Retail (30-day supply)	\$15	\$30	\$50
Mail Order (90-day supply)	\$25	\$60	\$110

Note: For prescriptions filled with a brand-name drug when a generic is available, you pay the copayment plus the difference between the cost of the generic and brand-name drug.

Using Your Prescription Card

Each time you use your card to fill a prescription, your personal drug profile is screened for possible medicine interactions and other potential problems—no matter which participating pharmacy you use. If a potential problem exists, your pharmacist is notified immediately.

Retail Prescriptions

Filling your prescriptions through a participating retail pharmacy takes just three easy steps.

- 1. Select a pharmacy.** Ask your pharmacist if the pharmacy participates in your program. If you get prescriptions filled at a non-participating pharmacy, you will receive no benefit.
- 2. Present your benefit card to your pharmacist.** Take both your card and prescription to the pharmacist.
- 3. Pay your portion of the prescription cost.** Your pharmacist will tell you what this amount is.

Participating retail pharmacies include major chains such as Walgreens, Osco, CVS, Dominicks and Target. If you need additional information, please contact CVS/Caremark Customer Care at 800.966.5772.

Mail Order Prescriptions

Your Prescription Benefits Program offers you the advantage of purchasing maintenance drugs through the mail and paying only a single copayment for up to 90 days of medication. That makes mail order the most cost-effective and convenient way to order maintenance medications.

Starting January 1, 2010, all maintenance medications must be filled via mail order. You will be able to fill up to two 30-day prescriptions for a maintenance medication at a retail pharmacy, but after that benefits for maintenance medications will be paid only if the prescription is filled for a 90-day supply via the CVS/Caremark mail order service.

For new mail order prescriptions

When you are issued a prescription for a new maintenance medication, ask your doctor to write two prescriptions—one for up to two 30-day supplies (which you can fill at a local retail pharmacy) and the other for a 90-day supply with as many as three refills, if appropriate (which you can submit to be filled through the program's mail order service).

Mail the 90-day prescription to CVS/Caremark. Be sure to include a completed order form and a check, credit card number or money order, covering your portion of the prescription cost based on the applicable copayment (see table on page 1).

You can expect to receive your medicine within 10 to 14 days from the day your mail order form is received.

CVS/Caremark may contact your doctor regarding your prescription. This may result in your doctor prescribing a different brand name product in place of the one your doctor originally prescribed. Additionally, it is standard pharmacy practice to substitute chemically-equivalent generic medicines for brand name medicines whenever possible.

For refill mail order prescriptions

Call the toll-free number on your prescription label or log on to www.caremark.com.

All you will need is your prescription number, ZIP code and credit card information. You may also mail your refill requests, but refills ordered by telephone or online will be processed and delivered faster.

Performance Drug List

The Advocate Health Care Drug List is a guide to excellent value within select therapeutic categories. The generic and preferred brand-name medicines listed within each category are a selection of prescription drugs intended to help identify products that are clinically appropriate and cost-effective.

CVS/Caremark Specialty Pharmacy

Certain types of drugs with very high ingredient costs—generally self-injectable for treatment of rheumatoid arthritis, infertility, cancer and multiple sclerosis—are now dispensed through CVS/Caremark’s Specialty Pharmacy. This insures the best pricing and optimal delivery services—overnight (with temperature controlled delivery, when necessary) at no cost to the participant.

These drugs will be available in 30-day supplies only due to their high cost.

If you are prescribed an injectable drug for treatment of rheumatoid arthritis, infertility, cancer or multiple sclerosis, you should contact the CVS/Caremark Specialty Pharmacy by calling CVS/Caremark Connect at 800.237.2767.

Using this list

Ask your doctor to consider prescribing generic medications whenever possible. **Generics should be considered the first line of prescribing.** If a generic is not available, ask your doctor to prescribe a preferred brand-name medication. **Note:** Generics listed in therapeutic categories are for representation purposes only and not meant to be all inclusive.

For your information

The Advocate Health Care Drug List:

- Is not inclusive nor does it guarantee coverage, but is a summary of prescription coverage.
- Contains prescription brand-name medicines that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with CVS/Caremark. (Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescribing physician.)

Your pharmacist also may discuss alternative, cost-saving medicines with you. For the most up-to-date version of the Advocate Health Care Drug List, go to www.caremark.com.

Your doctor always has the final decision as to which medicine is appropriate for you.

Drug limitations

Certain medicine categories will be subject to specified limitations, including:

- Asthma inhalers
- Impotence medicines
- Migraine medicines
- Nasal inhalers
- Pain medicines—Stadol nasal spray and Toradol tabs
- Infertility medicines—\$7,500 lifetime benefit maximum applies.

These limits are based on clinically approved prescribing guidelines and are routinely reviewed by CVS/Caremark to ensure clinical appropriateness. They only affect the amount of medicine for which the program will pay (not whether you can obtain greater quantities). The final decision regarding the amount of medicine you receive remains between you and your doctor.

If you have any questions related to the program's drug limitations, you or your doctor may call CVS/Caremark Customer Care at 800.966.5772. Plan participants in need of telecommunications device assistance (TTY Assistance) call toll-free at 800.863.5488.

Protect Your Health

- Keep an updated list of your medicines, medicine allergies and emergency contact numbers in your wallet or purse.
- Review the medicines you are taking—including herbal and nutritional supplements—with your doctor on a regular basis.
- Read and follow the instructions included with your medicines.
- Don't stop taking your prescription medicines unless your doctor tells you to. Stopping when you "feel better" could lead to problems.
- Only take prescription medicines that are prescribed for you.
- Check the expiration dates of medicines in your medicine cabinet regularly. Do not take expired medicines.

Tips for Saving Money

- Ask your doctor about generic drugs. On average, generic drugs cost less and produce the same results as comparable brand name drugs.
- Take the Advocate Health Care Drug List with you to your doctor's office. You may save money when you use a drug from the list.

Prior authorizations

The program requires that CVS/Caremark conduct a prior authorization review and provide authorization to your doctor by phone before it will pay benefits for certain medicines, including:

- Alzheimers Disease medicines
- Growth hormones
- ADD/ADHD medicines—for those over age 18
- Select Interferons—Infergen, Intron-A, Pegasys, Peg-Intron, Rebetol, Rebetrone and Roferon A
- Gauchet Disease medicines
- Psoriasis treatments—Embrel, Soriatone
- Osteoporosis medicine—Forteo
- Irritable Bowel Syndrome (IBS) medicine—Zelnorm
- Asthma treatment—Xolair
- Multiple sclerosis agents
- Injectable anemia agents
- Rheumatoid arthritis treatments
- Oral acne agents
- Oral antifungals
- Specialty medications
- Topical acne agents—for those over age 24

In order to avoid delays in filling a prescription, please share this information with your doctor, and ask him or her to contact CVS/Caremark toll-free at 888.413.2723 to request authorization for you for this medicine. This should be done before you get your initial prescription filled. This will allow for the prior authorization request to be efficiently evaluated and minimize any inconvenience to you. Upon approval, your prescription will be filled. If coverage for your medicine is denied, you can choose to have the prescription filled and pay 100% of the cost.

Drug exclusions

The program does not cover certain medicines including:

- Anabolic steroids
- Anti-obesity medication
- Anti-wrinkle agents
- Contraceptive devices
- Cosmetic hair removal products
- Dietary supplements
- Fluoride supplements
- Hair growth stimulants
- Immunization agents, blood or blood plasma—other than Vivotif Bema vaccine
- Medicines requiring a prescription by state law, but not by federal law (state controlled)
- Smoking deterrent medicines containing nicotine or any other smoking cessation aids—all dosage forms (unless recipient is enrolled in a smoking cessation program)
- Therapeutic devices or appliances unless listed as a covered product
- Charges for the administration or injection of any medicine
- Medicine which is to be taken by or administered to an individual, in whole or in part, while he or she is a plan participant in a hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.

If You Have HDHP Coverage

If you elect coverage under the CoreSourceHDHP, prescription drug benefits for you and your covered family members are provided through that coverage, as follows:

- You will pay 20% of the cost of certain prescription drugs included on a special “preventive drug list” and your CoreSourceHDHP coverage pays the balance.
- For all other prescription medications, you pay the full cost until you satisfy your annual deductibles under this coverage. Once you meet your annual deductible, benefits for prescription drugs are paid through your HDHP coverage as for any other covered service.

Remember: The CoreSourceHDHP family deductible is an aggregate deductible which means that if you elect associate + child(ren), associate + spouse/domestic partner (DP) or family coverage under this plan, you must satisfy the entire family deductible amount before any benefits are paid under this plan.

You will receive a CVS/Caremark identification card. By showing this card at participating pharmacies, you will be charged a discounted price for any prescription drugs you purchase. You must submit a claim to CoreSource for any reimbursement to which you may be entitled. If you do not show your CVS/Caremark identification card at the time of purchase—or if you do not have your prescription filled at a participating pharmacy—you will be charged the full (non-discounted) price for the prescription drugs you purchase.

Other features of the Advocate Health Care Prescription Benefits Program described in this brochure—including drug limitations, prior authorization and drug exclusions—apply to your prescription drug benefits.

Important! As a CoreSourceHDHP participant, you may choose to establish—on your own—a personal Health Savings Account. You may use your tax-free contributions to this account to reimburse yourself the cost of eligible medical expenses—including any amount you pay in deductibles and coinsurance throughout the year—on a tax-free basis.

About This Summary

This summary highlights certain features of the Advocate Health Care Prescription Benefits Program. Advocate reserves the right, at its discretion, to amend, change or terminate any of its benefit plans, programs, practices or policies, as it requires. Nothing in this summary shall be construed as creating an expressed or implied obligation on Advocate’s part to maintain such benefit plans, programs, practices or policies.