2013 Express Scripts Benefits

*If you are in a collective bargaining unit, consult with your collective bargaining representative because some of the information in this presentation may not apply.
Who is Express Scripts?

• Prescription Benefit Manager with More Than 1.4 Billion Adjusted Claims in 2012
• Covers Cigna Plans (PPO, MyChoice Health)
• Retail Network of Over 57,000 Pharmacies
• Provides Administration for:
  ▪ Retail Pharmacy Program
  ▪ Home Delivery Program
  ▪ Specialty Drug Program
2013 Benefit Changes

Consumer-directed health plans (MyChoice Health)

• You first pay 100% of prescription drug costs while meeting an annual deductible (prescription and medical combined)
• All preventive drugs (brand and generic) cost $0 and do not count toward deductible for the MyChoice plans
• Examples of drug classes considered preventive include high blood pressure, diabetes, and cholesterol
• Deductibles for the MyChoice Option 2 plan will change from $1,200/$2,400 in-network, $2,400/$4,800 out-of-network to $1,250/$2,500 in and $2,500/$5,000 out. This is due to a change made by the IRS
2013 Benefit Changes

Women’s Coverage:

• The pharmacy benefit has expanded coverage for certain in-network preventive prescriptions for women.

• These prescriptions, including certain generic contraceptives, will be provided at no cost to you, as required by the Patient Protection and Affordable Care Act.

• This change applies to both the MyChoice plans and the PPO plan.
# 2013 Prescription Drug Co-Insurance – MyChoice Health

<table>
<thead>
<tr>
<th>You Pay:</th>
<th>Retail Pharmacy In-Network* (Up to a 34-day supply)</th>
<th>Retail Pharmacy in the 90-day Network (Up to a 90-day supply)</th>
<th>Home Delivery Pharmacy (Up to a 90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (combined with medical)</td>
<td>MyChoice Health 1 - $1,500/member, $3,000/family</td>
<td>MyChoice Health 2 - $1,250/member, $2,500 family</td>
<td></td>
</tr>
<tr>
<td>Out of Pocket Maximum (combined with medical &amp; includes the deductible)</td>
<td>MyChoice Health 1 - $5,500/member, $11,000/family</td>
<td>MyChoice Health 2 - $4,000/member, $8,000 family</td>
<td></td>
</tr>
<tr>
<td>Preventive Care Drugs (brand and generic)</td>
<td></td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

**Non-preventive Drugs:**

| Generic Drugs | 20% after annual deductible is met; 0% after annual out-of-pocket max is met |
| Preferred Brand (Formulary) Drugs | 20% after annual deductible is met; 0% after annual out-of-pocket max is met |
| Non-Preferred Brand (Non-Formulary) Drugs | 20% after annual deductible is met; 0% after annual out-of-pocket max is met |

*Generics Preferred ancillary charge will affect your actual co-insurance amount*

*For out-of-network claims under the MyChoice plans, you will pay 40% of the cost. The full cost must be paid at the point of sale and submitted for reimbursement.*
# 2013 Prescription Drug Co-Pays – PPO

<table>
<thead>
<tr>
<th></th>
<th>Retail Pharmacy In-Network* (Up to a 34-day supply)</th>
<th>Retail Pharmacy in the 90-day Network (Up to a 90-day supply)</th>
<th>Home Delivery Pharmacy (Up to a 90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Drug</td>
<td>$4</td>
<td>$12</td>
<td>$10</td>
</tr>
<tr>
<td>Preferred Brand (Formulary) Drug</td>
<td>20% with min $20 and max $40</td>
<td>20% with min $60 and max $120</td>
<td>20% with min $50 and max $100</td>
</tr>
<tr>
<td>Non-Preferred Brand (Non-Formulary) Drug</td>
<td>40% with min $50 and max $100</td>
<td>40% with min $150 and max $300</td>
<td>40% with min $125 and max $250</td>
</tr>
</tbody>
</table>

*Out-of-network claims are covered under the PPO plans at 75%. The full cost must be paid at the point of sale and submitted for reimbursement. Copays are $4 generic, $30 preferred brand, and $75 plus 25% of cost.
Express Scripts Retail Network

- Over 57,000 pharmacies
- You receive up to a 34-day supply
- Point of sale
- Refills- The plan will allow refills at a retail pharmacy with 8 days of medication remaining
- If a brand drug has a generic equivalent available, the Generics Preferred program ancillary charge will apply on top of the retail co-insurance
- 90-day retail network available with over 43,000 pharmacies
- For a complete list of in-network pharmacies, go to www.express-scripts.com and use the “Find a Pharmacy” feature or call Express Scripts at 866.272.7320.
How Do You Access the 90-Day Network?

- You can locate pharmacies near you that are in the Express Scripts network on the Web site at www.express-scripts.com.
- There are over 43,000 pharmacies in the 90-day network.
- You will need to ask your physician to write a new prescription for a 90-day supply, plus appropriate refills for up to one year.
- Refills- The plan will allow refills at a 90-day retail pharmacy with 8 days of medication remaining.
Express Scripts Home Delivery

- You receive up to a 90-day supply
- Convenient - prescriptions are delivered to your home or work address
- No charge for shipping and handling; expedited shipping available
- Refills - The plan will allow refills at the home delivery pharmacy with 30 days of medication remaining
- Select Home Delivery Program - educates you about the benefits of Home Delivery - you then must make an annual decision to convert to Home Delivery or remain in retail
- You can receive up to two fills of a clinically appropriate maintenance medication at your participating retail pharmacy
- If you have not contacted Express Scripts with a decision by the third fill, a pharmacist intervention occurs
- At that time, you must contact Express Scripts with your decision, or pay the full cost of the medication at retail
- If you choose to remain in retail, you continue filling prescriptions at the retail pharmacy with no changes to the retail benefit
How Do You Access the Home Delivery Benefit?

New Prescriptions

• Obtain two prescriptions from your physician: one for a 34-day supply, the other for a 90-day supply.

• Complete the patient profile included in your card packet. Patient profiles are also available by calling the Patient Care Contact Center or logging on to the Express Scripts website.

• You can then mail the patient profile along with your original prescription(s) and appropriate copay(s) to Express Scripts in the self-addressed envelope provided.

• Prescription medications will be delivered within 14 days from the date your profile was completed.

• If a brand drug has a generic equivalent available, the Generics Preferred program ancillary charge will apply on top of the home delivery co-insurance.
How Do You Access the Home Delivery Benefit?

Transferring Existing Prescriptions

- You can log on to the website and follow the instructions to transfer a prescription.
- You can call the Patient Care Contact Center to request a prescription to be transferred.
- You can ask your physician to fax a new prescription to the mail pharmacy.
How Do You Access the Home Delivery Benefit?

Obtaining Refills

• Your plan allows refills at home delivery with 30 days of medication remaining.
• You can mail in your refill slip to Express Scripts.
• You can order refills through the Express Scripts IVR option or speak to a Patient Care Advocate.
• You can order refills online through the website.
2013 Maintenance Medication Options

What is a maintenance medication?

• Maintenance medications are those drugs taken regularly for long-term conditions. These include:
  ▪ Anti-depressants
  ▪ Insulin and Diabetic Supplies
  ▪ High Blood Pressure/Heart Disease medications
  ▪ Asthma medications

• After one initial fill and one refill on a maintenance medication, you can obtain a 90-day supply from the Express Scripts home delivery pharmacy OR a 90-day supply from a retail pharmacy. Remember, you must contact ESI on which option you will continue to use.

• You can locate pharmacies near you that are in the Express Scripts network on the website at www.express-scripts.com.

• You will need to ask your physicians to write a new prescription for a 90-day supply, plus appropriate refills for up to one year.
2013 Formulary

• Each January, the formulary is updated. Additions are done quarterly.

• If you are taking a drug that will move to non-preferred status, you will be notified via letter.

• The formulary will be sent to you with your ID cards if you are a new member. If you are not a new member, you can view the formulary by logging on to www.express-scripts.com

• You should check to see if your drug is on the list and consult with your physician if needed.

• If you take a brand-name prescription drug that is on the formulary list, you will pay the preferred co-insurance. If you take a brand-name drug that is not on the list, you will pay the non-preferred co-insurance.

• If a drug is not on the formulary, the Generics Preferred program ancillary charge will apply if a generic equivalent is available.

• Generics are medications approved by the U.S. Food and Drug Administration (FDA) that are as safe and effective as brand-name drugs, and cost less. The formulary encourages the use of generics, and they save the plan and you money.
Specialty Drug Program

- Specialty medications are high cost products that treat chronic and complex conditions such as hepatitis C, multiple sclerosis and rheumatoid arthritis.
- Express Scripts offers the CuraScript Specialty Pharmacy as the exclusive pharmacy for your specialty needs.
- Express Scripts allows the first-time specialty medication user to access a participating retail pharmacy for the first fill and one refill before requiring fills through the CuraScript pharmacy. Specialty drugs cannot be filled through the Home Delivery pharmacy.
- The specialty drug list is updated automatically as new drugs come on the market.
- CuraScript can be reached at 866-848-9870, or you can contact the Express Scripts Patient Care Contact Center at 866-272-7320.
Influenza Vaccine Program

• Red Cross offers flu vaccines through participating retail pharmacies at no charge
• Flu vaccines administered at your retail pharmacy typically do not require an appointment and use the same effective medications as your physician’s office
• There are several ways to locate a participating pharmacy:
  • Visit www.express-scripts.com and click the “Find a Pharmacy that Offers Vaccines” link for a list of vaccine network chain providers
  • Call the number on the back of your Express Scripts prescription ID card to find a participating pharmacy near you
  • State pharmacy regulations may limit this program; please check with your local pharmacy first for any restrictions
Express Scripts Website: www.express-scripts.com

You can:

• Refill home delivery prescriptions
• Review 12-month prescription history
• Locate a participating pharmacy
• Look up medication and disease state information
• Conduct a formulary check
• View drug costs/co-insurance
• Conduct drug price checks
• Check home delivery order status
Express Scripts Contact Information

• Patient Care Contact Center
  ▪ 24 hrs/day, 365 days/year
  ▪ Dedicated toll-free number- 1-866-272-7320

• CuraScript
  ▪ Toll-free number- 1-866-848-9870

• Website
  ▪ [www.express-scripts.com](http://www.express-scripts.com)

• Pre-enrollment Site (for non-enrolled members)
  ▪ [https://member.express-scripts.com/preview/arc2013](https://member.express-scripts.com/preview/arc2013)
Thank you!

Please take a few minutes to complete the survey using the link below.
https://www.zoomerang.com/Survey/WEB22GR9GZFUNR