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*"The teacher who is indeed wise does not bid you to enter the house of his wisdom but rather leads you to the threshold of your mind."*

*Khalil Gibran*

## *We are pleased to welcome the following school districts to the Egyptian Trust:*

**Marshall C.U.S. #C2  
Martinsville C.U.S.D. #C3  
Cowden-Herrick C.U.S.D. #3A  
Neoga C.U.S.D. #3**

### [10th Annual Bookkeeper/Administration Meetings](#)

Once again, Meritain Health will be hosting the 10<sup>th</sup> Annual Bookkeeper/Administration Meetings. The meetings will be July 28<sup>th</sup> – July 30<sup>th</sup>, 2010 in Effingham, Mt. Vernon and Fairview Heights.

In addition to Meritain Health, representatives from Express Scripts, HealthLink, Lincoln Financial, UniView, Delta Dental of Illinois, and American Fidelity will be present to discuss their individual services and products.

If you have not yet made your reservation, please do so by returning your completed invitation to the Fairview Heights, IL Meritain Health Service Office at fax 888-525-2799 or

13 Executive Drive, Suite 19

Fairview Heights, IL 62208

As in the past, the meetings are open to all Bookkeepers, Superintendents, Business Managers, and Human Resources Personnel who wish to learn more about the Trust and the products and services offered by the Egyptian Trust. Given the significant health plan changes, overall health care industry changes, and the change in voluntary dental insurance carrier, this is a meeting you won't want to miss. We look forward to another successful year of participation at these very important meetings.

### [Dependent Status Forms Due September 1, 2010](#)

The Egyptian Trust Health Plans allow continuation of health plan coverage for dependent children over age 19 when the dependent child meets the eligibility criteria. In order to continue dependent coverage you must complete the Dependent Status form which will be due again this year before September 1, 2010 in order to ensure continuation of the dependent's coverage without a lapse in coverage.

#### **Please watch your mail for this important information.**

Meritain Health will be sending a letter and form to all dependents who are identified in our system as being over age 19 and covered under one of the Egyptian Trust Health Plans. **The letter and form will be sent in late July and must be completed, signed, and returned to Meritain Health prior to September 1, 2010.**

## Vendor/Consultant Websites/Phone

### Health & Dental

View your protected claims and eligibility and more at:

[www.myMeritain.com](http://www.myMeritain.com)

Member Services Phone  
800-844-7979 or  
800-828-6922

### Prescription Drugs

View your protected prescription drug claims history and more at:  
[www.express-scripts.com](http://www.express-scripts.com)

Member Services Phone  
800-451-6245

### Egyptian Trust

View information about Egyptian Trust, programs offered by the Trust, historical newsletters, and more at:  
[www.egtrust.org](http://www.egtrust.org)

### HealthLink Providers

Find a Tier 1 or Tier 2 Participating Provider, create a Customized Directory, and more at:  
[www.healthlink.com](http://www.healthlink.com)

Member Services Phone  
800-624-2356

### UniView Vision Plan

To find a participating Uniview provider go to:  
[www.unicare.com](http://www.unicare.com)

Member Services Phone  
888-884-8428

### Lincoln Financial Group

Member Services Phone  
800-423-2765

## [Health Plan Changes – Effective September 1, 2010](#)

The Egyptian Trust Board of Managers approved the following changes in benefits and premiums at their May 5, 2010 meeting.

### ❖ Increase Copay and Coinsurance for Emergency Room Visits

- **Copay – All Plans:** The Emergency Room copay will be increased from \$100 to \$200 regardless of provider used. This copay applies to the charge for the Emergency Room Facility and the Emergency Room Physician who may charge to treat you in the Emergency Room. Keep in mind, the Emergency Room copay is waived if the patient is admitted, but the patient will pay the hospital admission copay instead.
- **Coinsurance – Platinum, Gold and Silver Plans:** The coinsurance for Emergency Room visits will be decreased from 95% to 90% regardless of provider used. **Please Note:** Emergency Room visits for those enrolled in the Bronze Plan are currently paid at 80% and will remain at that level.

### ❖ Increase Copay for Inpatient Hospital and Outpatient Surgery Services

**All Plans:** The “per admission” or “per procedure” copay for inpatient hospital admissions and outpatient surgical procedures will be increased from \$50 to \$150 for network providers (Tiers 1 and 2) and from \$150 to \$450 for out-of-network providers (Tiers 3 and 4). If a person has 3 or more hospital admissions and/or surgical procedures in the same calendar year, the copayment will be waived for any additional hospital admissions or surgical procedures in the same year. You must contact the Claim Services Administrator to request this waiver by calling the number on the back of your ID card.

### ❖ Eliminate Dental Benefit

The dental benefit which allowed one routine dental treatment per calendar year paid at 100% will be eliminated from the Medical Plans effective September 1, 2010. However, the voluntary insured dental benefit has been improved to add a second exam and cleaning per year.

**Beginning September 1, 2010, Delta Dental of Illinois will become the Trust’s new voluntary dental insurance carrier.** Please review the section of this newsletter entitled [Voluntary Dental - Delta Dental of Illinois – Effective September 1, 2010](#) that will detail additional benefits available through the voluntary dental program.

## [Plan Language Changes effective September 1, 2010](#)

- Language is being added to modify the definition of Genetic Information and to describe the circumstances in which genetic testing is a covered benefit. This is not a change in benefits, but simply a clarification of when genetic testing is covered by the Plan.
- Districts will now be allowed to change to the Bronze Plan effective any January 1, **provided the Bronze Plan will be the only Plan option offered by the district.** The Bronze Plan is designed to meet IRS requirements for a high deductible health plan that can be paired with Health Savings Accounts. These plans typically operate on a calendar year basis. This action was taken as an exception to the normal requirement that Plan changes must be made September 1.
- Language is being added to clarify that a child for whom an employee has legal custody prior to age 18 will continue to qualify as an eligible dependent child of the employee (if otherwise eligible) even though the child is no longer technically in the employee’s legal custody due to reaching age 18.
- Language is being added to clarify that patients with catastrophic or extended illnesses or injuries are required to cooperate with case management as a condition of receiving benefits.

## Prescription Drug Benefit Changes Effective September 1, 2010

### ❖ 100% Coverage for Certain OTC Drugs

Certain over-the-counter (OTC) drugs will now be covered for heartburn/reflux under the prescription drug card with \$0 copay and 100% of the charge being covered by the Plan. Those drugs include only the following OTC medications.

- Famotidine (Pepcid)
- Omeprazole OTC (Prilosec OTC)
- Lansoprazole OTC (Prevacid OTC)
- Ranitidine (Zantac)

In order for the patient to receive this benefit, the patient must obtain a prescription from their health care provider. For these medical conditions, the OTC drug will also be the first step in the step-therapy program. In other words, the patient will be required to try one of these OTC medications prior to using a more costly drug alternative.

### ❖ Reduce Generic Copay in Silver and Bronze Plans

The generic copay in the Silver and Bronze Plans will be reduced to match the generic copay in the Platinum and Gold Plans. This reduces the generic copay from \$20 to \$12 for a 30-day supply and from \$45 to \$30 for a 90-day supply. This change is intended to provide a better incentive for members to use much cheaper and equally effective generic drugs.

### ❖ Preferred Home Delivery

Preferred Home Delivery (PHD) is a program intended to advocate appropriate distribution of chronic or “maintenance medications”. The Express Scripts home delivery pharmacy is a state of the art facility designed with member safety; convenience; and savings in mind. Current fulfillment accuracy by the ESI Home Delivery pharmacy (mail order pharmacy), exceeds those reported by retail pharmacies; along with UREC accreditation, and flexible payment arrangements.

### Require Home Delivery (Mail Order) for Scripts over 30 Days

- You will no longer have the option of purchasing more than a 30-day supply of any prescription drug at retail pharmacies, and
- You will pay a higher copay for purchasing **maintenance** drugs at retail pharmacies. Members will still be able to buy a 30-day supply of maintenance drugs at retail pharmacies, **but after the first two fills**, the copay for maintenance drugs purchased at retail will be double the normal copay for a 30-day supply, as shown below.

**PLEASE WATCH YOUR MAIL.** Express Scripts will be sending targeted mailings to members who are purchasing maintenance drugs at retail in advance of the September 1 effective date. The correspondence will explain to you how you may take advantage of receiving your maintenance medications through Home Delivery, avoiding higher copays.

You may begin Home Delivery at any time and before September 1, by simply calling Express Scripts at **866-841-5482** to speak to a patient care advocate who can help you get started in Home Delivery. Or you may also visit us on the web at [www.starhomedelivery.com](http://www.starhomedelivery.com).

<b>Platinum and Gold Plans</b>	<b>Retail 30 day supply (no change)</b>	<b>Retail 30 day supply Maintenance drugs after first 2 fills</b>	<b>Home Delivery up to 90 day supply (no change)</b>
<b>Generic</b>	\$12	<b>\$24</b>	\$30
<b>Preferred Brand</b>	\$25	<b>\$50</b>	\$55
<b>Non-Preferred Brand</b>	\$40	<b>\$80</b>	\$100
<b>Injectables</b>	Copay plus 3%	Copay plus 3%	Copay plus 3%

<b>Silver and Bronze Plans</b>	<b>Retail 30 day supply</b>	<b>Retail 30 day supply Maintenance drugs after first 2 fills</b>	<b>Home Delivery up to 90 day supply</b>
<b>Generic</b>	<b>\$12</b>	<b>\$24</b>	<b>\$30</b>
<b>Preferred Brand</b>	\$30	<b>\$60</b>	\$70
<b>Non-Preferred Brand</b>	\$45	<b>\$90</b>	\$110
<b>Injectables</b>	Copay plus 3%	Copay plus 3%	Copay plus 3%

The following pages list the most commonly used maintenance medications and is subject to change. This list does not guarantee coverage is provided for all of the drugs included on the following list. Please be sure to review your benefits materials or call Express Scripts at **800-451-6245** to see if a particular drug is covered.

To start saving money with the Home Delivery program, review the following page entitled:

**“Save Money With Your Maintenance Medication Program”**



This is not an all-inclusive list of maintenance medications, and it is subject to change at least quarterly or more frequently in Express Scripts' discretion. Not all of the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials and formulary for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

**For the member:** Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

**For the physician:** Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.

## Express Scripts Maintenance Medications

### A

- ACCOLATE
- ACCUPRIL
- ACCURETIC
- acebutolol
- ACEON
- ACIPHEX
- ACTIGALL
- ACTIVELLA
- ACTONEL (5, 35, 75 & 150 MG)
- ACTONEL WITH CALCIUM
- ACTOPLUS MET
- ACTOS
- ACTRON
- ADALAT CC
- ADVAIR DISKUS
- ADVAIR HFA
- ADVICOR
- ADVIL
- AEROBID
- AEROBID-M
- afeditab cr
- AGGRENOX
- AGRYLIN
- albuterol syrup
- albuterol tablets
- ALDACTAZIDE
- ALDACTONE
- ALESSE
- ALEVE
- allopurinol
- ALORA
- ALPHAGAN P
- ALTACE
- ALTOPREV
- ALVESCO
- amantadine
- AMARYL
- amiloride
- amiloride hctz
- aminobenzoate potassium
- aminophylline
- amiodarone
- amlodipine
- anagrelide
- ANAPROX
- ANGELIQ
- ANSAID
- ANTARA
- APIDRA
- APLENZIN
- APPEAREX
- APRESOLINE
- apri
- APRISO
- aranelle
- ARAVA

- ARICEPT
- ARMOUR THYROID
- ARTHROTEC
- ASACOL & HD
- ASMANEX
- ATACAND
- ATACAND HCT
- atenolol
- atenolol/chlorthalidone
- atropine ophthalmic
- ATROVENT HFA
- AVALIDE
- AVANDAMET
- AVANDARYL
- AVANDIA
- AVAPRO
- aviane
- AVODART
- AXID
- AYGESTIN
- AZILECT
- AZMACORT
- AZOPT
- AZOR
- AZULFIDINE
- AZULFIDINE ENTAB

### B

- baclofen
- balziva
- BANZEL
- BD AUTOSHIELD PEN NEEDLE
- benazepril
- benazepril-hctz
- BENICAR
- BENICAR HCT
- BETAGAN
- BETAPACE
- BETAPACE AF
- betaxolol eye drops
- betaxolol tablets
- BETIMOL
- BETOPTIC S
- BIDIL
- biotin
- bisoprolol
- bisoprolol/hctz
- BONIVA
- BRETHINE TABLETS
- BREVICON
- brimonidine
- BROVANA
- bumetanide
- BUMEX TABLETS
- bupropion
- bupropion er
- bupropion sr
- bupropion xl

- BUSPAR
- bupirone
- BYETTA
- BYSTOLIC

### C

- cabergoline
- CADUET
- CALAN
- CALAN SR
- calcitriol
- CALOMIST
- camila
- CANASA
- CAPOTEN
- CAPOZIDE
- captopril
- captopril/hctz
- CARAFATE
- carbidopa levodopa
- CARDENE SR
- CARDIZEM CD
- CARDIZEM LA
- CARDIZEM SR
- CARDIZEM TABLETS
- CARDURA
- CARDURA XL
- CARNITOR SOLUTION
- CARNITOR TABLETS
- carteolol
- cartia xt
- CATAPRES
- CATAPRES-TTS
- CELEBREX
- CELEXA
- CELONTIN
- CENESTIN
- cesia
- chlorthiazide
- chlorpropamide
- chlorthalidone
- cholestyramine
- cholestyramine light
- cilostazol
- cimetidine
- citalopram
- CLIMARA
- CLIMARA PRO
- CLINORIL
- clonidine
- CLORPRES
- COGNEX
- COLESTID
- colestipol
- COMBIGAN
- COMBIPATCH
- COMTAN
- CORDARONE
- COREG
- COREG CR

- CORGARD
- CORTEF
- CORZIDE
- COSOPT
- COVERA-HS
- COZAAR
- CRESTOR
- cromolyn nebulizer
- cryselle
- CUPRIMINE
- CYCLESSA
- CYCLOGYL
- CYCLOMYDRIL
- cyclopentolate
- CYMBALTA
- CYTOMEL
- CYTOTEC

### D

- DANTRIUM
- dantrolene
- DAPSONE
- DAYPRO
- DDAVP (solution, spray & tablets)
- DEMADEX
- DEMULEN
- DEPEN
- DEPLIN
- DEPLIN TABLETS
- desmopressin (solution, spray & tablets)
- DESOGEN
- DESYREL
- DETROL
- DETROL LA
- DIABETA
- DIABINESE
- DIAMOX
- diclofenac tablets
- DIDRONEL
- DIFIL-G
- diflunisal
- digitek
- digoxin
- DILACOR XR
- DILANTIN
- DILATRATE-SR
- DILEX-G
- diltia xt
- diltiazem capsules
- diltiazem er
- diltiazem tablets
- dilt-xr
- DIOVAN
- DIOVAN HCT
- DIPENTUM
- dipivefrin
- dipyridamole

- disopyramide
- DITROPAN
- DITROPAN XL
- DIURIL SUSPENSION
- DIVIGEL
- DOLOBID
- doxazosin
- DYAZIDE
- dy-g
- dylis
- DYNACIRC
- DYNACIRC CR
- dyphylline gg
- DYRENIUM

### E

- EDECRIN TABLETS
- eemt
- EFFEXOR
- EFFEXOR XR
- EFFIENT
- ELDEPRYL
- ELIXOPHYLLIN
- ENABLEX
- enalapril
- enalapril/hctz
- ENDURON
- ENJUVA
- enpresse
- ergoloid mesylates
- errin
- essian
- ESTRACE CREAM
- ESTRACE TABLETS
- ESTRADERM
- estradiol patch
- estradiol tablets
- ESTRASORB
- ESTRATEST
- ESTRATEST H.S.
- ESTRING
- estrogen-methyltestos d.s.
- estrogen-methyltestos h.s.
- estropipate
- ESTROSTEP FE
- ETHMOZINE
- ethosuximide
- etidronate
- etodolac
- EVISTA
- EVOXAC
- EXELON
- EXFORGE
- EXFORGE HCT

### F

- famotidine tablets
- FELBATOL
- FELDENE
- felodipine
- FEMCON FE
- FEMHRT
- FEMRING
- FEMTRACE
- fenofibrate
- FENOGLIDE
- fenopropfen
- FIBRICOR TABLETS
- finasteride
- flavoxate
- flecainide
- FLOMAX
- FLOVENT DISKUS
- FLOVENT HFA
- fludrocortisone tablets
- FLUORIDEX SENSITIVITY
- fluoxetine
- flurbiprofen
- fluvoxamine
- folic acid
- FORTAMET ER
- fortical
- FOSAMAX
- FOSAMAX PLUS D
- fosinopril
- fosinopril-hctz
- furosemide
- furosemide solution

### G

- gabapentin
- GABITRIL
- GEL-KAM (rinse and gel)
- GELNIQUE
- gemfibrozil
- glimiperide
- glipizide
- glipizide er
- glipizide xl
- glipizide-metformin
- GLUCOPHAGE
- GLUCOPHAGE XR
- GLUCOTROL
- GLUCOTROL XL
- GLUCOVANCE
- GLUMETZA
- glyburide
- glyburide micro
- glyburide-metformin
- GLYNASE
- GLYSET

- guanabenz
- guanfacine

### H

- HECTOROL
- homatropine eye drops
- HUMALOG
- HUMULIN
- hydalazine
- hydro-zide
- hydrochlorothiazide
- hydrocortisone tablets
- hydroxychloroquine
- HYTRIN
- HYZAAR

### I

- ibuprofen
- IMDUR
- indapamide
- INDERAL LA
- INDERIDE
- INNOPRAN
- INSPIRA
- INSULIN PEN NEEDLE
- INSULIN SYRINGES/NEEDLE
- INTAL INHALER
- INTAL NEBULIZER
- IOPIDINE
- ipratropium
- ISMO
- ISOCHRON
- ISOPTIN SR
- ISOPTO ATROPINE
- ISOPTO CARBACHOL
- ISOPTO CARPINE
- ISOPTO HOMATROPINE
- ISOPTO HYOSCINE
- ISORDIL TABLETS (not sublingual)
- isosorbide tablets (not sublingual)
- isoxsuprine
- isradipine
- ISTALOL

### J

- JANUMET
- JANUVIA
- jay-phyl
- jolessa
- jolivet
- junel
- junel fe

(continued)

This is not an all-inclusive list of maintenance medications, and it is subject to change at least quarterly or more frequently in Express Scripts' discretion.

Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters. Most generics are available at the lowest copayment.

Let Express Scripts help you get started with Home Delivery by logging on to our web site at [www.StartHomeDelivery.com](http://www.StartHomeDelivery.com).

**K**

KAOCHLOR  
KAON-CL  
KAPIDEX 30 MG  
CAPSULES DR  
kariva  
KAY CIEL  
K-DUR  
kelnor  
KEMADRIN  
KEPPRA & XR  
KERLONE  
ketoprofen  
klor-con  
K-LYTE  
K-LYTE/CL  
KRISTALOSE  
K-TAB

**L**

labetalol tablets  
LANOXICAPS  
LANOXIN  
LANTUS  
LASIX TABLETS  
leena  
leflunomide  
LESCOL  
LESCOL XL  
lessina  
LEVATOL  
LEVEMIR  
LEVLEN  
levobunolol  
levocarnitine  
(solution &  
tablets)  
levora  
levothroid  
levothyroxine  
levoxyl  
LEXAPRO  
LIXEL  
LIALDA  
LIPITOR  
lisinopril  
lisinopril-hctz  
LO/OVRAL  
LODINE  
LODINE XL  
LOESTRIN  
LOESTRIN FE  
LOFIBRA  
LOPID  
LOPRESSOR  
LOPRESSOR HCT  
LOSEASONIQUE  
TABLETS  
LOTENSIN  
LOTENSIN HCT  
LOTREL  
LOTRONEX  
lovastatin  
LOVAZA  
low-ogestrel  
LUFYLLIN  
LUFYLLIN-GG  
LUMIGAN  
lutura  
LUVOX CR  
LYBREL

**M**

MARPLAN  
MAVIK  
MAXZIDE  
meclofenamate  
medroxy-  
progesterone  
meloxicam  
MENEST  
MENOSTAR  
MERIBIN  
MESTINON  
METAGLIP  
metaproterenol  
(syrup & tablets)  
metformin  
metformin er  
methazolamide  
methimazole  
methotrexate tablets  
methyclothiazide  
methyldopa  
methyldopa/hctz  
metipranolol  
metolazone  
metoprolol tablets  
metoprolol-hctz  
MEVACOR  
mexiletine  
MEXITIL  
MIACALCIN  
NASAL SPRAY  
MICARDIS  
MICARDIS HCT  
microgestin  
microgestin fe  
MICRO-K  
MICRONASE  
MICRONOR  
MICROZIDE  
MINIPRESS  
MINITRAN  
minoxidil tablets  
MIRAPEX  
MIRCETTE  
MIRENA  
misoprostol  
MOBIC  
MODICON  
moexipril  
MONOKET  
mononessa  
MONOPRIL  
MONOPRIL HCT  
MOTRIN  
MULTAQ  
MUROCOLL-2  
mydral  
MYDRIACYL  
MYSOLINE

**N**

nabumetone  
nadolol  
nail-ex  
NALFON  
NALFON CAPSULES  
NAMENDA  
NAPRELAN  
NAPRELAN CR  
NAPROSYN  
naproxen  
NARDIL

NASCOBAL  
nature-throid  
NATURETIN  
necon  
nefazodone  
NEPTAZANE  
NEURONTIN  
NEUTRA-PHOS-K  
NEXIUM  
niacin  
NIASPAN  
nicardipine  
nifedipine  
nifedipine er  
nitro-bid  
NITRO-DUR  
nitroglycerin  
(capsules,  
ointment &  
patches)  
nitro-time  
nizatidine  
nora-be  
NORDETTE  
norethindrone  
NORINYL  
NORMODYNE  
NORPACE  
NORPACE CR  
NOR-Q-D  
nortrel  
NORVASC  
NOVOLIN  
NOVOLOG  
NUVARING

**O**

OGEN TABLETS  
ogestrel  
OMACOR  
omeprazole  
ONGLYZA  
OPTIPRANOLOL  
ORTHO EVRA  
ORTHO MICRONOR  
ORTHO TRI-CYCLEN  
ORTHO  
TRI-CYCLEN LO  
ORTHO-CEPT  
ORTHO-CYCLEN  
ORTHO-EST  
ORTHO-NOVUM  
ORTHO-PREFEST  
ORUDIS  
ORUDIS KT  
OVCON  
OVRAL  
oxaprozin  
oxybutynin

**P**

PACERONE  
panfil g  
pantoprazole tablets  
papaverine capsules  
PARCOPA  
PARNATE  
paroxetine  
PAXIL  
PAXIL CR  
PENTASA  
pentolair  
pentoxifylline

PEPCID AC  
PEPCID SUSPENSION  
PEPCID TABLETS  
PERSANTINE  
PEXEVA  
PHENYTEK  
phenytoin  
PHOS-FLUR  
(rinse and gel)  
PHOSPHOLINE  
IODIDE  
pilocarpine  
eye drops  
PILOPINE HS  
pindolol  
piroxicam  
PLAQUENIL  
PLAVIX 75 MG  
PLENDIL  
PLETAL  
portia  
POTABA  
potassium chloride  
potassium citrate  
potassium gluconate  
PRANDIMET  
PRANDIN  
PRAVACHOL  
pravastatin  
prazosin  
PRECOSE  
PREFEST  
PREMARIN CREAM  
PREMARIN TABLETS  
PREMPHASE  
PREMPRO  
PREVACID  
PREVACID NAPRAPAC  
prevalite  
PREVIDENT (booster,  
gel, plus, rinse &  
sensitive paste)  
previfem  
PRILOSEC  
PRIMAQUINE  
primidone  
PRINIVIL  
PRINZIDE  
PRISTIQ  
probenecid  
procainamide  
PROCANBID  
PROCARDIA  
PROCARDIA XL  
PROGLYCEM  
PROMETRIUM  
PRONESTYL  
propafenone  
PROPINE  
propranolol  
propranolol/hctz  
propylthiouracil  
PROSCAR  
PROTONIX  
PROVENTIL TABLETS  
PROVERA  
PROZAC  
PROZAC WEEKLY  
PULMICORT  
PULMICORT  
FLEXHALER  
pyridostigmine  
tablets

**Q**

quasense  
QUESTRAN  
QUESTRAN LIGHT  
quinapril  
quinaretic  
QUINIDEX  
quinidine gluconate  
quinidine sulfate  
QVAR

**R**

ranitidine capsules  
ranitidine tablets  
RAPAFLO CAPSULES  
RAZADYNE  
RAZADYNE ER  
reclipsen  
RELAFEN  
REQUIP  
REQUIP XL  
reserpine  
RESTASIS  
RHEUMATREX  
RIDAURA  
RIOMET  
ROCALTRON  
RYTHMOL  
RYTHMOL SR

**S**

SANCTURA  
SANCTURA XR  
SARAFEM  
SAVELLA  
SEASONALE  
SEASONIQUE  
SECTRAL  
selegiline  
SEREVENT DISKUS  
sertraline  
SERZONE  
SIMCOR  
simvastatin  
SINEMET  
SINEMET CR  
SINGULAIR  
SKELID  
sodium fluoride  
(tabs, chew tabs,  
drops & lozenges)  
solia  
sorine  
sotalol  
sotalol af  
SPIRIVA  
spironolactone  
spironolactone/hctz  
sprintec  
sronyx  
SSKI  
STALEVO  
STARLIX  
STIMATE  
sucralfate  
SULAR  
sulfasalazine  
sulindac  
SYMBICORT  
SYMLIN  
syntest d.s.  
SYNTHROID

**T**

TAGAMET TABLETS  
TAMBOCOR  
TAPAZOLE  
TARKA  
TASMAR  
taztia xt  
TEKTURNA  
TEKTURNA HCT  
TENEX  
TENORETIC  
TENORMIN  
terazosin  
terbutaline tablets  
TEVETEN  
TEVETEN HCT  
THALITONE  
THEO-24  
theochron  
THEO-DUR  
theophylline  
(capsules &  
tablets)  
thyroid  
THYROLAR  
THYROSAFE  
TIAZAC  
TICLID  
ticlopidine  
TILADE  
timolol ophthalmic  
timolol tablets  
TIMOPTIC  
TIMOPTIC-XE  
tizanidine  
tolazamide  
tolbutamide  
tolmetin  
TOPAMAX  
TOPROL XL  
torsemide  
TOVIAZ  
TRANDATE  
trandolapril  
tranylcypromine  
TRAVATAN  
trazodone  
TRENAL  
Trexall  
triamterene / hctz  
TRICOR  
TRIGLIDE  
TRILEPTAL  
TRI-LEVELLEN  
TRILIPIX  
trinessa  
TRI-MORINYL  
TRIPHASIL  
tri-previfem  
tri-sprintec  
trivora  
tropicacyl  
tropicamide  
TRUSOPT  
TWINSTA TABLETS

**U**

ULORIC  
UNIPHYL  
UNIRETIC  
unithroid  
UNIVASC  
URISPAS

UROCIK-K  
UROXATRAL  
URSO  
URSO FORTE  
ursodiol

**V**

VAGIFEM  
VALTURNA  
VASERETIC  
VASOTEC  
velivet  
venlafaxine  
VENLAFAXINE ER  
verapamil capsules  
verapamil tablets  
VERELAN  
VERELAN PM  
VESICARE  
VIVELLE  
VIVELLE-DOT  
VOLTAREN 1% GEL  
VOLTAREN TABLETS  
VOLTAREN-XR  
VOSPIRE  
VYTORIN

**W**

WELCHOL  
WELLBUTRIN  
WELLBUTRIN SR  
WELLBUTRIN XL  
westhroid

**X**

XALATAN

**Y**

YASMIN  
YAZ  
YOCON  
YODEFAN  
EXPECTORANT  
yohimbine

**Z**

ZANAFLEX  
ZANTAC (capsules,  
syrup & tablets)  
ZARONTIN  
ZAROXOLYN  
ZEBETA  
ZEGERID  
ZELAPAR  
zemplar  
zenchent  
ZERVAX  
ZESTORETIC  
ZESTRIL  
ZETIA  
ZIAC  
ZOCOR  
ZOLOFT  
ZONEGRAN  
zonisamide  
zovia  
ZYFLO  
ZYLOPRIM

This is not an all-inclusive list of maintenance medications, and it is subject to change at least quarterly or more frequently in Express Scripts' discretion.

Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters. Most generics are available at the lowest copayment.

Let Express Scripts help you get started with Home Delivery by logging on to our web site at [www.StartHomeDelivery.com](http://www.StartHomeDelivery.com).



## Save Money With Your Maintenance Medication Program

### WHAT IS MY MAINTENANCE MEDICATION PROGRAM?

Your maintenance medication program allows you to get an initial supply of certain maintenance medications (those prescription drugs used to treat long-term conditions) at your participating pharmacy. If you continue taking maintenance medications on a regular basis, you will order these prescriptions through Home Delivery from the Express Scripts Pharmacy. Otherwise, you will pay an increased amount at your participating pharmacy. Short-term prescriptions, such as antibiotics, can still be filled at your participating pharmacy.

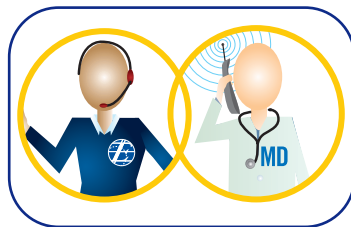
### WHAT ARE THE BENEFITS OF HOME DELIVERY?

- ✓ **Savings:** Save money by ordering up to a three-month supply of your medication.\*
- ✓ **Safety:** Pharmacists check every prescription for accuracy and potential drug interactions.
- ✓ **Service:** Talk confidentially to a pharmacist 24 hours a day, every day.
- ✓ **Convenience:** Order refills easily by mail, phone or online.

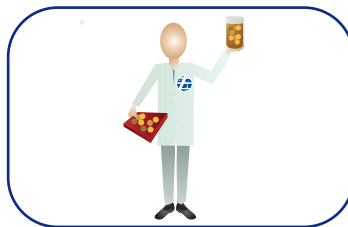
### HOW DO I GET STARTED?



Mail in your prescription or visit [www.express-scripts.com/mail/startmail](http://www.express-scripts.com/mail/startmail) to begin Home Delivery.



An Express Scripts patient care advocate obtains a new prescription from your doctor.



Once your doctor approves your prescription, it is filled by a licensed pharmacist and double-checked for accuracy.



Your medication is delivered to your home within 10-14 days, with no charge for standard delivery.

### IT'S EASY. CHOOSE ONE OF TWO WAYS TO START RECEIVING YOUR MEDICATIONS AT HOME:

1. **Mail in your prescriptions** — Simply complete a Home Delivery order form, include your prescription, select your payment option and mail it to Express Scripts. Be sure to ask your doctor for a 90-day prescription (with up to one year of refills, if appropriate).

OR

2. **Let us do the work for you** — Express Scripts will call your doctor to get a new prescription for Home Delivery.

Just visit: [www.express-scripts.com/mail/startmail](http://www.express-scripts.com/mail/startmail)

*If you don't have Internet access, call 866.841.5482 to talk an Express Scripts patient care advocate who can help you get started in Home Delivery.*

*(Continued)*

### STEP 1 — SELECT PRESCRIPTION DRUG(S) TO CHANGE TO HOME DELIVERY

The website displays any maintenance medications that you are currently getting from participating pharmacies.

- Select the prescriptions you wish to change to Home Delivery.
- Click “Continue.”

Select	Prescription Information
<input type="checkbox"/>	Patient: JANE DOE Drug: Zoloft 100MG TABLET Rx #: 000000001
<input type="checkbox"/>	Patient: JANE DOE Drug: Synthroid 112MCG TABLET Rx #: 000000002

**Continue**

### STEP 2 — COMPLETE PAYMENT AND SHIPPING INFORMATION

Verify or update your payment information.

For your convenience, we accept all cards with a Visa or MasterCard logo, including check cards and credit cards.

Verify your shipping address.

Name	Ship To	Update
JANE DOE	333 Quality Lane, St. Louis, MO 55122	<a href="#">Change Address</a>

Verify your payment and shipping information; then click “Continue.”

**Continue**

### STEP 3 — VERIFY YOUR REQUEST

Verify your prescription information. We will then contact your doctor and request a new, one-year prescription for this medication.

#### PRESCRIPTION INFORMATION

Doctor:	Dr. Charles Packman
Patient:	JANE DOE
Drug:	Zoloft 100MG TABLET
Rx #:	000000001

Verify your prescription information; then click “Submit.”

**Submit**

## ❖ Require Specialty Drugs to be purchased through Curascript Specialty Pharmacy

Beginning September 1, 2010 all plans (Platinum, Gold, Silver, and Bronze) will require that all specialty drugs are purchased through Curascript. Specialty drugs are very high cost biologic and injectable drugs that are not typically stocked by retail pharmacies. **If a member tries to fill a specialty script at retail, the pharmacy will notify the member that the drug must be ordered from Curascript.** You may begin using CuraScript for those specialty medications at any time and before September 1, 2010 by calling **866-848-9870** during the hours of Monday through Friday, 8 a.m. to 9 p.m. EST and Saturday, 9 a.m. to 1 p.m. EST.

**PLEASE WATCH YOUR MAIL.** Express Scripts will be sending targeted mailings to members who are purchasing specialty drugs at retail pharmacies in advance of the September 1 effective date.

## About CuraScript Specialty Pharmacy

Beginning September 1, 2010 your specialty medications will continue to be delivered to your home, your doctor's office or any approved location. Additionally, you'll have other benefits **available only through CuraScript**, including:

- Access to specialty experts dedicated to serving you with a higher level of personal care
- Care management programs to help ensure you're taking medications correctly and to provide the support you need to manage your condition
- Patient care coordinators who will provide comprehensive clinical management services
- Supplies for administering your medications — such as syringes, needles and alcohol swabs

CuraScript, Inc. is a wholly owned subsidiary of Express Scripts, Inc., one of the nation's largest Pharmacy Benefit Managers (PBM's). As an experienced leader in the specialty pharmacy industry, CuraScript specializes in providing specialty medications and support to individuals with chronic illnesses requiring these complex, high-cost therapies.

At CuraScript, we maximize healthcare outcomes while managing the growing costs of biotech medications through industry-leading patient care management programs, patient assistance programs and reimbursement services. Office and clinic-based physicians are the primary customers of our distribution services which provide integrated delivery solutions to safely and consistently distribute pharmaceuticals and medical supplies.

To get started using CuraScript for those specialty medications, please call toll-free, **866-848-9870** during the hours Monday through Friday, 8 a.m. to 9 p.m. EST and Saturday, 9 a.m. to 1 p.m. EST.

Express Scripts and CuraScript is dedicated to serving the needs of patients using specialty medications, and we look forward to continuing to serve you. The following list is provided as a guide and is updated annually based on information from Express Scripts. For precise details related to your specialty-drug benefit, please contact the number noted above.



## 2010 Specialty Drug List - National Preferred Formulary

### Anticoagulants

ARIXTRA  
FRAGMIN  
INNOHEP  
LOVENOX  
REFLUDAN

### Blood Cell Deficiency

ARANESP [PA]  
EPOGEN ^ [PA]  
LEUKINE  
MOZOBIL  
NEULASTA [O-PA]  
NEUMEGA [QLL]  
NEUPOGEN [O-PA]  
NPLATE [P-PA]  
PROCRIT [PA]  
PROMACTA [P-PA]

### Cancer

ABRAXANE  
adriamycin  
adrucil  
AFINITOR  
ALFERON N  
ALIMTA  
ALKERAN  
AMIFOSTINE  
AREDIA ^  
ARRANON  
AVASTIN  
BEXXAR  
BICNU  
BLENOXANE ^  
bleomycin sulfate  
BUSULFEX  
CAMPATH  
CAMPTOSAR ^  
carboplatin  
CERUBIDINE ^  
cisplatin  
cladribine  
COSMEGEN  
cyclophosphamide  
cytarabine  
CYTOXAN ^  
dacarbazine  
DACOGEN

daunorubicin hcl  
DAUNOXOME  
degarelix^  
DEPOCYT  
dexrazoxane  
DOXIL  
doxorubicin hcl  
DTIC-DOME IV ^  
ELIGARD [O-PA]  
ELITEK  
ELLENC  
ELOXATIN ^  
ELSPAR  
EPIRUBICIN HCL  
ERBITUX  
ETHYOL ^  
ETOPOPHOS  
etoposide  
FASLODEX  
floxuridine  
FLUDARA  
FLUDARABINE  
PHOSPHATE  
fluorouracil  
fudr  
GEMZAR  
GLEEVEC  
HERCEPTIN  
HYCAMTIN  
IDAMYCIN PFS ^  
idarubicin hcl  
IFEX ^  
IFEX/MESNEX ^  
ifosfamide  
ifosfamide/mesna  
INTRON A  
IRESSA  
Irinotecan hcl  
IXEMPRA  
KEPIVANCE  
leucovorin calcium  
leuprolide acetate  
LEUSTATIN ^  
LUPRON ^  
LUPRON DEPOT 3.75 MG,  
11.25 MG KIT [O-PA]  
LUPRON DEPOT 7.5, 22.5  
MG KIT ^ [O-PA]

LUPRON DEPOT-4  
MONTH KIT ^ [O-PA]  
LUPRON DEPOT-PED [O-  
PA]  
MESNA  
MESNEX ^  
Methotrexate injection  
mitomycin  
mitoxantrone hcl  
MUSTARGEN  
MUTAMYCIN ^  
MYLOTARG  
NAVELBINE ^  
NEXAVAR  
NIPENT  
NOVANTRONE ^  
ONCASPAR  
ONTAK  
onxol  
paclitaxel  
pamidronate disodium  
PARAPLATIN ^  
PHOTOFRIN  
PLENAXIS  
PROLEUKIN  
REVLIMID  
RITUXAN [S-PA]  
ROFERON-A  
SPRYCEL  
SUTENT  
TARABINE PFS ^  
TARCEVA  
TASIGNA  
TAXOL ^  
TAXOTERE  
TEMODAR  
THALOMID  
THERACYS  
thiotepa  
THYROGEN  
toposar  
TORISEL  
TOTECT^  
TREANDA  
TRELSTAR DEPOT  
TRELSTAR LA  
TRISENOX  
TYKERB

VANTAS  
VECTIBIX  
VELCADE  
VIADUR  
VIDAZA  
vinblastine sulfate  
vincristine sulfate  
vinorelbine tartrate  
VUMON  
XELODA  
ZANOSAR  
ZEVALIN  
ZINECARD ^  
ZOLADEX  
ZOLINZA  
ZOMETA

### Endocrine Disorders

DDAVP ^  
desmopressin acetate  
KUVAN [P-PA]  
octreotide acetate  
SANDOSTATIN ^  
SANDOSTATIN LAR ^  
[QLL]  
SOMATULINE DEPOT ^  
SOMAVERT [O-PA]

### Enzyme Deficiencies

ADAGEN  
ALDURAZYME  
CEREDASE  
CEREZYME [O-PA]  
ELAPRASE  
FABRAZYME [O-PA]  
MYOZYME  
NAGLAZYME  
ORFADIN  
SUCRAID  
ZAVESCA

### Growth Deficiency

GENOTROPIN [PA]  
GEREF DIAGNOSTIC  
HUMATROPE [PA]  
INCRELEX [PA]  
NORDITROPIN ^ [PA]

### Key:

^ The symbol ^ next to a drug name indicates that the drug is not on the Formulary  
The symbol [PA] next to a drug name indicates that the drug is a part of the Base Prior Authorization list.  
The symbol [S-PA] next to a drug name indicates that the drug is a part of the Supplemental Prior Authorization list.  
The symbol [O-PA] next to a drug name indicates that the drug is a part of the Optional Prior Authorization List.  
The symbol [P-PA] next to a drug name indicates that the drug is part of the Proactive PA list.  
The symbol [QLL] next to a drug names indicates that the Drug has a Quantity Level Limit.  
The BRAND medications are listed in UPPER CASE and generics in lower case.

*Note: This drug list is provided as a guide and is updated annually based on information from Express Scripts. For precise details related to your specialty-drug benefit, please contact Express Scripts.*

NORDITROPIN  
NORDIFLEX ^ [PA]  
NUTROPIN [PA]  
NUTROPIN AQ [PA]  
OMNITROPE ^ [PA]  
SAIZEN ^ [PA]  
SEROSTIM [PA]  
TEV-TROPIN ^ [PA]  
ZORBTIVE ^ [PA]

### Hemophilia

ADVATE  
ALPHANATE  
ALPHANINE SD ^  
BEBULIN VH IMMUNO  
BENEFIX  
FEIBA VH IMMUNO  
HELIXATE FS  
HEMOFIL M ^  
HUMATE-P  
KOATE-DVI  
KOGENATE FS ^  
MONARC-M ^  
MONOCLATE-P ^  
MONONINE ^  
NOVOSEVEN  
NOVOSEVEN RT  
PROFILNINE SD  
RECOMBINATE  
REFACTO ^  
XYNTHA

### Hepatitis B

BAYHEP  
HEPAGAM B  
HYPERHEP B S/D  
NABI-HB ^

### Hepatitis C

COPEGUS ^  
INFERGEN  
PEGASYS [O-PA] [QLL]  
PEG-INTRON [O-PA]  
[QLL]  
PEG-INTRON REDIPEN  
[O-PA] [QLL]  
REBETOL 200 MG CAPS ^  
REBETOL 40 MG/ML SOL.  
ribapak  
ribasphere  
RIBATAB ^  
ribavirin

### Immune Deficiency

ACTIMMUNE  
CARIMUNE NF  
NANOFILTERED ^ [O-PA]  
CYTOGAM  
FLEBOGAMMA ^ [O-PA]  
FLEBOGAMMA DIF ^ [O-PA]  
FUZEON  
GAMASTAN S/D  
GAMMAGARD LIQUID [O-PA]  
GAMMAGARD S/D [O-PA]  
GAMUNEX [O-PA]  
HYPERRAB S/D  
HYPERRHO S/D  
immune globulin  
IMOGAM RABIES-HT  
MICRHOGAM ^  
MICRHOGAM PLUS ^  
OCTAGAM ^ [O-PA]  
PRIVIGEN [O-PA]  
RETROVIR IV  
RHOGAM ^  
RHOGAM PLUS ^  
RHOPHYLAC ^  
VARICELLA-ZOSTER  
IMM GLOBULIN  
VIVAGLOBIN ^ [O-PA]  
WINRHO SDF ^

### Infertility

BRAVELLE ^  
CETROTIDE  
chorionic gonadotropin  
[QLL]  
FOLLISTIM AQ ^  
GANIRELIX ACETATE  
GONAL-F  
GONAL-F RFF  
LUVERIS ^  
MENOPUR  
novarel [QLL]  
OVIDREL ^  
PREGNYL [QLL]  
progesterone  
progesterone in oil  
REPRONEX ^

### Inflammatory Conditions

AMEVIVE [S-PA]  
CIMZIA ^ [S-PA]

ENBREL [S-PA] [QLL]  
HUMIRA [S-PA] [QLL]  
KINERET [S-PA]  
ORENCIA [S-PA]  
REMICADE [S-PA]  
SIMPONI ^ [S-PA]  
  
Iron Toxicity  
deferoxamine mesylate  
DESFERAL ^  
EXJADE

### Miscellaneous Specialty Conditions

8-MOP  
APOKYN  
ARCALYST [P-PA]  
BOTOX [PA]  
BOTOX COSMETIC ^  
CEPROTIN  
CINRYZE [P-PA]  
ILARIS [P-PA]  
IMPLANON ^  
MIRENA ^  
MYOBLOC [PA]  
NATRECOR  
NPLATE ^  
PANRETIN ^  
PRIALT  
RILUTEK  
SOLIRIS  
SUPPRELIN LA ^  
VIVITROL ^  
XENAZINE [P-PA]  
XYREM

### Multiple Sclerosis

ACTHAR H.P.  
AVONEX [O-PA] [QLL]  
AVONEX ADMIN PACK  
[O-PA] [QLL]  
BETASERON [O-PA] [QLL]  
COPAXONE [O-PA] [QLL]  
EXTAVIA ^ [O-PA]  
REBIF [O-PA] [QLL]  
TYSABRI [O-PA]

### Ophthalmic Conditions

HEALON  
HEALON GV  
LUCENTIS ^  
MACUGEN  
PROVISC

VISUDYNE

### Osteoarthritis

EUFLEXXA [O-PA]  
HYALGAN ^ [O-PA]  
ORTHOVISC ^ [O-PA]  
supartz ^ [O-PA]  
SYNVISC ^ [O-PA]  
SYNVISC-ONE ^ [O-PA]

### Osteoporosis

BONIVA syringe [O-PA]  
FORTEO [S-PA] [QLL]  
RECLAST [O-PA]

### Pulmonary Hypertension

ADCIRCA [PA]  
Epoprostenol sodium  
FLOLAN ^  
LETAIRIS [PA]  
REMODULIN  
REVATIO [PA] [QLL]  
TRACLEER [PA]  
TYVASO ^  
VENTAVIS

### Respiratory Conditions

ARALAST [PA]  
ARALAST NP [PA]  
PROLASTIN [PA]  
PULMOZYME  
SENSIPAR  
TOBI [QLL]  
XOLAIR [S-PA] [QLL]  
ZEMAIRA [PA]

### RSV Prevention

SYNAGIS [O-PA]

### Transplant

ATGAM  
CELLCEPT  
cyclosporine  
ORTHOCLONE OKT-3  
PROGRAF ^  
SANDIMMUNE ^  
SIMULECT  
THYMOGLOBULIN  
ZENAPAX

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*Note: This drug list is provided as a guide and is updated annually based on information from Express Scripts. For precise details related to your specialty-drug benefit, please contact Express Scripts.*

## ❖ **Add Additional Step Therapy Modules**

Over the past 5 years, the Egyptian Trust has achieved significant savings for both the Trust and the member through the utilization of certain Step Therapy modules. Beginning September 1, 2010 **all** step-therapy modules will be added as Express Scripts makes them available. Remember, Egyptian Trust grandfathered most users of targeted branded medications, so no disruption is anticipated upon installation of these new modules on September 1<sup>st</sup>.

By definition, Step Therapy is the practice of beginning drug therapy for a medical condition with the most cost-effective and safest drug therapy, typically by way of a generic therapeutic alternative, then progressing to other more costly or risky therapy, only if necessary.

**PLEASE WATCH YOUR MAIL.** Express Scripts will be sending targeted mailings to members who are purchasing Step Therapy drugs in advance of the September 1 effective date. The following pages list the most current list of the most commonly used drugs. Those drugs listed with [ST] behind the drug name are the Step Therapy drugs where you will be required to use a Step One drug prior to receiving approval to use the Step Two drug named on this list.

## **Step Therapy**

### **Who is affected by Step Therapy?**

Members who are already using any of the Step-Two medications will be grandfathered. Only members attempting to get Step-Two medications, for the first time will be required to try a Step-One drug. Express Scripts system will look back 130 days into claims history to determine if Step-One drugs have been tried. All members currently taking a second line agent will be grandfathered into the program and will not be affected.

If your doctor feels you cannot try the Step-One agent, there are clinical criteria available to override this step therapy process. If you do not meet the criteria, you will be required to try the Step-One agent.

### **How does Step Therapy work?**

For certain medical conditions your doctor needs to prescribe a “step-one” medication. Usually, this means a generic drug – a safe, effective version of a brand-name drug that provides the same medical benefits but costs less. The step-one drug may instead be a less expensive brand-name drug.

If your doctor would rather you use a “step-two” drug, your doctor needs to contact Express Scripts for a prior authorization. Express Scripts will check to see if the drug will be covered under your plan’s coverage guidelines. If it’s covered, you could pay a higher copayment than for a step-one drug.

Your pharmacist may also play a role. When you hand in a new prescription, your pharmacist looks at your prescription plan. If it says you are to try a step-one medication, your pharmacist may need to contact your doctor to ask to substitute a covered, step-one drug. Alternatively, you can get your prescription filled as written, but you will pay the full cost for it.

### **Take the right step**

Only you and your doctor can make decisions about your health care, so **share the following list with your doctor.** It makes sense to begin with the most affordable medication that meets your needs. You save money, and the Egyptian Trust can continue to afford high-quality prescription coverage for the membership.

If you have questions about the Step Therapy Program, your copayments or any other aspect of the prescription plan, contact Express Scripts at **866-470-1745**.



# 2010 Express Scripts National Preferred Formulary With Step Therapy

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

**PLEASE NOTE:** The symbol \* next to a drug signifies that it is subject to nonformulary status when a generic is available throughout the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

**A**

ABILIFY (excluding Discemelt & solution)  
acarbose  
ACCU-CHEK  
MULTICLIX lancets  
acebutolol  
acetaminophen w/codeine  
acetazolamide  
ACTONEL  
with calcium [ST]  
ACTOPLUS MET  
ACTOS  
acyclovir  
ADVAIR DISKUS, HFA  
ADVICOR  
AGGRENOX  
albuterol  
alendronate sodium  
ALPHAGAN P\*  
ALTABAX  
amantadine  
AMBIEN CR\* [ST]  
aminophylline  
AMITIZA  
amitriptyline  
amlodipine besylate  
amox tr/potassium clavulanate  
amoxicillin  
amphetamine salt combo  
anagrelide  
ANAPRAM-HC  
ANDRODERM  
ANDROGEL  
antipyrine w/benzocaine  
apraclonidine  
apri  
aranelle  
ARANESP [INJ]  
ARICEPT, ODT  
ARIMIDEX\*  
ARIXTRA [INJ]  
ASACOL, HD  
ASTELIN\*  
ASTEPRO  
atenolol, -chlorthalidone  
atropine sulfate  
AUGMENTIN XR  
AVANDAMET  
AVANDARYL  
AVANDIA  
AVELOX  
aviane  
AVODART [ST]  
AXID solution only  
AZASITE  
azathioprine  
azelastine  
AZILECT  
azithromycin  
AZOR [ST]

**B**

balsalazide disodium  
balziva  
BAYER BREEZE 2  
BAYER CONTOUR (excluding USB meter)  
benazepril, /hctz

BENZACLIN (excluding carekit)\*  
benzonate  
benzoyl peroxide  
betamethasone dp, valerate  
BETASERON [INJ]  
bisoprolol fumarate/hctz  
BONIVA TAB [ST]  
brimonidine tartrate  
bupropion, sr  
butalbital/apap/caffeine  
BYETTA [INJ]

**C**

calcipotriene  
calcitriol  
camila  
CANASA  
captopril, /hctz  
carbamazepine, xr  
carbidopa-levodopa, er  
CARDIZEM LA\*  
carisoprodol  
carvedilol  
cefactor, er  
cefadroxil  
cefdinir  
cefepodoxime  
cefprozil  
cefuroxime  
CELEBREX [ST]  
CELLCEPT oral susp\*  
cephalexin  
cesia  
CETROTIDE [INJ]  
chlorzoxazone  
cholestyramine  
choline mag trisalicylate  
chorionic gonadotropin [INJ]  
ciclopirox  
cilostazol  
cimetidine  
CIPRODEX  
ciprofloxacin, er  
citalopram  
clarithromycin, er  
CLIMARA PRO  
clidinium-  
chlordiazepoxide  
clindamycin phosphate  
clobetasol propionate  
clomiphene citrate  
clotrimazole troche  
clozapine  
colestipol  
COMBIPATCH  
CONCERTA\*  
COPAXONE [INJ]  
COREG CR\*  
COZAAR\* [ST]  
CREON  
CRESTOR [ST]  
CRINONE  
cryselle  
cyclobenzaprine hcl  
cyclosporine, modified  
CYMBALTA [ST]

**D**

desmopressin acetate

desonide  
desoximetasone  
dexmethylphenidate  
dextroamphetamine-amphetamine  
dextroamphetamine sulfate  
diclofenac sodium  
dicyclomine hcl  
DIFFERIN\*  
diflunisal  
diiltiazem, extended release  
DIOVAN, HCT [ST]  
diphenhydramine  
dipyridamole  
divalproex sodium  
dorzolamide, -timolol  
doxazosin  
doxepin hcl  
DUETACT  
DYNACIRC CR\*

**E**

econazole  
EFFEXOR XR\* [ST]  
EFFIENT  
ELIDEL [ST]  
eliphas  
ENABLEX [ST]  
enalapril, hctz  
ENBREL [INJ]  
enpresse  
enulose  
EPIPEN, JR [INJ]  
errin  
erythromycin  
erythromycin/benzoyl perox.  
ESTRADERM  
estradiol, tds  
estropiate  
etidronate disodium  
etodolac  
EUFLEXXA [INJ]  
EURAX  
EVAMIST  
EXELON  
EXFORGE, HCT [ST]

**F**

famciclovir  
famotidine  
felodipine er  
fenofibrate  
fentanyl citrate  
fexofenadine  
fexofenadine-pse  
FINACEA, PLUS  
finasteride  
FLECTOR [ST]  
FLOMAX\*  
FLOVENT DISKUS, HFA  
flucanazole  
flunisolide nasal spray  
flucionide  
fluorouracil  
fluoxetine, dr  
fluphenazine  
flurazepam  
fluticasone nasal spray  
fluvoxamine maleate

folic acid  
FORADIL  
FORTAMET  
FORTEO [INJ]  
fortical  
fosinopril, /hctz  
FOSRENOL

**G**

gabapentin  
gemfibrozil  
GENOTROPIN [INJ]  
gentamicin sulfate  
glimepiride  
glipizide, er, xl  
glipizide/metformin  
GLUCAGEN [INJ]  
glyburide, micronized  
glyburide/metformin  
GONAL-F, RFF [INJ]  
granisetron

**H**

HALFLYTELY-BISACODYL  
haloperidol  
HECTOROL  
HUMALOG [INJ]  
HUMATROPE [INJ]  
HUMIRA [INJ]  
HUMULIN [INJ]  
hydrochlorothiazide  
hydrocodone/acetaminophen  
hydrocortisone  
hydromorphone  
hydroxyurea  
hyoscynamine sulfate  
HYZAAR\* [ST]

**I**

ibuprofen  
imipramine  
imiquimod  
indomethacin  
ipratropium bromide  
ipratropium-albuterol  
isosorbide mononitrate  
isotretinoin  
itraconazole

**J**

JANUMET  
JANUVIA  
jolessa  
jolivette  
junel, fe

**K**

kariva  
kelnor  
KEPPRA XR  
ketoconazole  
ketorolac

**L**

labetalol hcl  
lactulose  
LAMICTAL ODT

LAMICTAL XR  
lamotrigine  
lansoprazole  
LANTUS, SOLOSTAR [INJ]  
leena  
leflunomide  
lessina  
LETAIRIS  
leucovorin  
leuprolide acetate [INJ]  
LEVAQUIN  
LEVEMIR, FLEXPEN [INJ]  
levetiracetam  
levora  
levothyroxine sodium  
levovyl  
LEXAPRO [ST]  
LIALDA  
LIDODERM  
LIPITOR [ST]  
lisinopril, /hctz  
LOTEMAX  
LOTREL\* [ST]  
lovastatin  
LOVAZA  
LOVENOX\* [INJ]  
low-ogestrel  
LUMIGAN  
luteira  
LYRICA [ST]

**M**

MAXALT, MLT  
meclizine hcl  
medroxyprogesterone acetate  
megestrol  
meloxicam  
MENEST  
mercaptapurine  
MERIDIA  
METANX  
metaproterenol  
metformin, er  
methocarbamol  
methotrexate  
methylphenidate hcl  
methylprednisolone  
metoclopramide hcl  
metolazone  
metoprolol, hctz  
METROGEL  
metronidazole  
microgestin, fe  
MIGRANAL nasal spray  
mirtazapine, soltab  
moexipril/hctz  
mometasone  
mononessa  
morphine sulfate  
MOVIPREP  
MUSE  
mycophenolate mofetil

**N**

nabumetone  
nadolol  
NAMENDA  
naproxen  
NASACORT AQ [ST]  
NASONEX [ST]  
nateglinide

necon  
NEEVO  
neomycin/polymyxin/dexamethasone  
neomycin/polymyxin/hc  
NEVANAC  
NEXIUM [ST]  
NIASPAN  
nifedipine er  
nisoldipine  
nitrofurantoin  
macrocrystal  
nitroglycerin  
NITROLINGUAL SPRAY  
nizatidine  
nora-be  
nortrel  
NOVOFINE  
NOVOLIN [INJ]  
NOVOLOG [INJ]  
NUTROPIN, AQ [INJ]  
nystatin

**O**

ocella  
ofloxacin  
ogestrel  
omeprazole  
ondansetron  
ONETOUCH BASIC  
ONETOUCH FASTTAKE  
ONETOUCH SURESTEP  
ONETOUCH ULTRA, -2, -SMART  
ONETOUCH ULTRAMINI  
ONGLYZA  
OPANA ER  
orphenadrine citrate  
ORTHO TRI-CYCLEN LO  
OSMOPREP  
oxcarbazepine  
oxybutynin, er  
oxycodone  
w/acetaminophen  
OXYCONTIN  
OXYTROL [ST]

**P**

paroxetine  
PATADAY  
PATANOL  
peg 3350/electrolyte  
PEGASYS [INJ]  
PEG-INTRON,  
REDIPEN [INJ]  
penicillin v potassium  
PERFORMIST  
perphenazine  
phenetermine hcl  
phenytoin sodium, extended  
pilocarpine hcl  
pindolol  
PLAVIX  
polymyxin b sul/  
trimethoprim  
portia  
PRAMOSONE  
PRANDIMET  
PRANDIN\*  
pravastatin  
PRECISION SURE DOSE

**Examples of Nonformulary Medications With Selected Formulary Alternatives**

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary.

Column 1 lists examples of nonformulary medications.  
Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative
ACCOLATE	Singular [ST]	FREESTYLE	Bayer Breeze 2/Contour (excluding USB meter), OneTouch
ACCU-CHEK meters/strips	Bayer Breeze 2/Contour (excluding USB meter), OneTouch	FROVA	sumatriptan tab, Maxalt/MLT, Zomig/ZMT
ACIPHEX	lansoprazole, omeprazole, Nexium [ST]	GELNIQUE	oxybutynin er, Oxytrol [ST]
ACUVAIL	diclofenac sodium, ketorolac, Nevanac	GEDDON	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)
ADDERALL XR	dextroamphetamine-amphetamine	HYALGAN	Euflexxa
AERODIL, M	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	IMITREX Nasal	Zomig Nasal
ALAMAST	azelastine, Pataday, Patanol	INVEGA	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)
ALOCRIL	azelastine, Pataday, Patanol	IQUIX	ciprofloxacin, Vigamox, Zymar*
ALOMIDE	Generic patches, Estraderm, Vivelle-Dot	KADIAN	morphine sulfate er
ALORA	lovastatin, pravastatin, simvastatin, Crestor [ST], Lipitor [ST]	LESCOL, XL	lovastatin, pravastatin, simvastatin, Crestor [ST], Lipitor [ST]
ALTOPREV	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	LEVITRA	Viagra
ALVESCO	sumatriptan tab, Maxalt/MLT, Zomig/ZMT	LIPOFEN	fenofibrate, Trilipix [ST]
AMERGE	Prempro/Premphase	LUNESTA	zolpidem tartrate, Ambien CR* [ST]
ANGELIQ	fenofibrate, Trilipix [ST]	MAXAIR AUTOHALER	ProAir HFA, Ventolin HFA
ANTARA	Humalog, Novolog	MENOSTAR	Generic patches, Estraderm, Vivelle-Dot
APIDRA	balsalazide, Asacol/HD, Lialda	METADATE CD	dextroamphetamine-amphetamine, methylphenidate, Concerta*, Vyvanse
APRISO	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	MICARDIS	Cozaar* [ST], Diovan [ST]
ASMANEX	Cozaar* [ST], Diovan [ST]	MICARDIS HCT	Diovan HCT [ST], Hyzaar* [ST]
ATACAND	Diovan HCT [ST], Hyzaar* [ST]	NORDITROPIN	Genotropin, Humatrope, Nutropin/AQ
ATACAND HCT	tretinoin, Differin*	NOROXIN	ciprofloxacin/er, ofloxacin, Avelox, Levaquin
ATRALIN	Diovan HCT [ST], Hyzaar* [ST]	NUVARING	Ortho Tri-Cyclen Lo, Yaz
AVALIDE	Cozaar* [ST], Diovan [ST]	OMNARIS	flunisolide, fluticasone, Nasacort AQ [ST], Nasonex [ST], Veramyst [ST]
AVAPRO	Cozaar* [ST], Diovan [ST]	OMNITROPE	Genotropin, Humatrope, Nutropin/AQ
AVINZA	morphine sulfate er	OPTIVAR	Ortho Tri-Cyclen Lo, Yaz
AVITA	tretinoin, Differin*	ORTHOVISC	Euflexxa
AXERT	sumatriptan tab, Maxalt/MLT, Zomig/ZMT	PATANASE	Astelin*, Astepro
AZMACORT	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	PRECISION PCX, QID	Bayer Breeze 2/Contour (excluding USB meter), OneTouch
AZOPT	brimonidine tartrate, dorzolamide, Alphagan P*	PREFEST	Prempro/Premphase
BECONASE AQ	flunisolide, fluticasone, Nasacort AQ [ST], Nasonex [ST], Veramyst [ST]	PREVACID	lansoprazole
BENICAR	Cozaar* [ST], Diovan [ST]	PREVPAC	Pylera
BENICAR HCT	Diovan HCT [ST], Hyzaar* [ST]	PROVENTIL HFA	ProAir HFA, Ventolin HFA
BEPREVE	azelastine, Pataday, Patanol	PROZAC WEEKLY	fluoxetine dr
BESIVANCE	ciprofloxacin, Vigamox, Zymar*	QUIXIN	ciprofloxacin, Vigamox, Zymar*
BRAVELLE	Gonal-F/RFF	RAFAFLO	doxazosin, Flomax*, Uroxatral
BROVANA	Perforomist	RELPAK	sumatriptan tab, Maxalt/MLT, Zomig/ZMT
CARDENE SR	amlodipine, felodipine er, nifedipine er, Dynacirc CR*, Sular [ST]	RETIN-A MICRO	tretinoin, Differin*
CEDAX	amox tr/potassium clavulanate, cefdinir, Augmentin XR	RHINOCORT AQUA	flunisolide, fluticasone, Nasacort AQ [ST], Nasonex [ST], Veramyst [ST]
CENESTIN	estradiol, Menest, Premarin	RITALIN LA	dextroamphetamine-amphetamine, methylphenidate, Concerta*, Vyvanse
CETRALAXAL	Ciprodex	SAIZEN	Genotropin, Humatrope, Nutropin/AQ
CIALIS	Viagra	SANCTURA, XR	oxybutynin/er, Enablex [ST], Vesicare [ST]
CIMZIA	Enbrel, Humira	SIMPONI	Enbrel, Humira
CIPRO HC	Ciprodex	SOF-TACT	Bayer Breeze 2/Contour (excluding USB meter), OneTouch
CLARINEX	Generic patches, Evamist	SPECTRACEF	amox tr/potassium clavulanate, cefdinir, Augmentin XR
DETROL, LA	Generic steroids, Lotemax	STARLIX	nateglinide
DEXILANT	Caverject, Muse	SUMATRIPTAN Nasal	Zomig Nasal
DIVIGEL	zolpidem tartrate, Ambien CR* [ST]	SUPARTZ	Euflexxa
DUREZOL	azelastine, Pataday, Patanol	SYNTHROID	levothyroxine sodium, levoxyl
EDEX	Generic patches, Evamist	SYNVISC, ONE	Euflexxa
EDLUAR	Generic steroids, Lotemax	TESTIM	Androderm, Androgel
ELESTAY	zolpidem tartrate, Ambien CR* [ST]	TEVETEN	Cozaar* [ST], Diovan [ST]
ELESTRIN	azelastine, Pataday, Patanol	TEVETEN HCT	Diovan HCT [ST], Hyzaar* [ST]
EMADINE	Generic patches, Evamist	TEV-TROPIN	Genotropin, Humatrope, Nutropin/AQ
ENJUVA	Generic patches, Evamist	TOVIAZ	oxybutynin/er, Enablex [ST], Vesicare [ST]
EPOGEN	Generic patches, Evamist	TRAVATAN, Z	Lumigan, Xalatan
ESTRASORB	Generic patches, Evamist	TRICOR	fenofibrate, Trilipix [ST]
ESTROGEL	Generic patches, Evamist	TRIGLIDE	fenofibrate, Trilipix [ST]
FACTIVE	Generic patches, Evamist	VENLAFAXINE ER	Cymbalta [ST], Effxor XR* [ST], Pristiq [ST]
FemHRT	Generic patches, Evamist	VYTORIN	simvastatin, Crestor [ST], Lipitor [ST]
FEMTRACE	Generic patches, Evamist	XIBROM	diclofenac sodium, ketorolac, Nevanac
FENOGLIDE	Generic patches, Evamist	XOPENEX HFA	ProAir HFA, Ventolin HFA
FERTINEX	Generic patches, Evamist	ZEGERID	lansoprazole, omeprazole, Nexium [ST]
FML FORTE	Generic steroids, Lotemax		
FOCALIN, XR	dextroamphetamine-amphetamine, Concerta*, Vyvanse		
FOLLISTIM AQ	Gonal-F/RFF		

**KEY**  
The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.  
The symbol [ST] next to a drug name indicates that Step Therapy may apply to some or all strengths of the drug.  
**For the member:** Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.  
**For the physician:** Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.  
Brand-name drugs are listed in CAPITAL letters.  
Generic drugs are listed in lower case letters.

**THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2010 THROUGH DECEMBER 31, 2010. THIS LIST IS SUBJECT TO CHANGE.**  
You can get more information and updates to this document at our web site at [www.express-scripts.com](http://www.express-scripts.com).

## ❖ Require Prior Authorization for Additional Drugs

Prior Authorization is a process that monitors the use of medications that are most likely to have certain risk or multiple indication factors. In order to obtain a medication that requires a PA, certain criteria must be met before the plan will pay for the medication or treatment. The review of criteria must be performed by a member's physician prior to allowing coverage for some medications.

The Plan currently has a base list of drugs that require prior authorization (PA). All of the PA programs available from Express Scripts will be added. Following is a list of all drugs that will require prior authorization beginning September 1, 2010.

### PLEASE WATCH YOUR MAIL.

Express Scripts will be sending targeted mailings to any members who will be impacted in advance of the September 1 effective date.

## Prior Authorization Drugs

This list does not guarantee coverage is available for all of the drugs included on this list. Please be sure to review your benefits materials or call Express Scripts at **800-451-6245** to see if a particular drug is covered.

Brand Name	Generic Name	Brand Name	Generic Name
Actemra®	tocilizumab	Orencia®	abatacept
Adcirca®	tadalafil	Penlac®	ciclopirox topical solution
Amevive®	alefacept	Procrit®	epoetin alfa
Aranesp®	darbepoetin alfa	Prolastin®, Aralast, Zemaira	alpha1-proteinase inhibitor
Avita®	topical tretinoin	Provigil®	modafinil
Botox®	botulinum toxin type A	Regranex®	becaplermin
Cimzia®	certolizumab pegol for injection	Remicade®	infliximab
Diflucan®50 mg, 100 mg, 200 mg tablets and oral suspension	fluconazole 50 mg, 100 mg, 200 mg tablets and oral suspension	Retin-A®	topical tretinoin
Dysport®	abobbotulinumtoxina	Revatio®	sildenafil
Enbrel®	etanercept	Rituxan®	rituxamab
Epogen®	epoetin alfa	Saizen®	somatropin
Forteo®	teriparatide	Serostim®	somatropin
Genotropin®	somatropin	Simponi®	golimumab injection
Humatrope®	somatropin	Sporanoxâ	itraconazole capsules
Humira®	adalimumab	Stelara®	ustekinumab
Increlex®	mecasermin	Tazorac®	tazarotene
Kineret®	anakinra	Tev-Tropin®	somatropin
Lamisil® tablets	terbinafine tablets	Topamax®	topiramate
Letairis®	ambrisentan	Tracleer®	bosentan
Myobloc®	botulinum toxin type B	Tyvaso®	treprostinil inhalation
Norditropin®	somatropin	Ventavis®	iloprost
Nutropin®	somatropin	Xolair®	omalizumab
Nutropin® AQ®	somatropin	Ziana	topical tretinoin
Nuvigil®	armodafinil	Zonegran®	zonisamide
Omnitrope™	somatropin	Zorbtive®	somatropin

## 2008 Mental Health Parity Act

- ❖ At this time, the Board did not act on making any changes to comply with the federal Mental Health Parity Act. As a nonfederal governmental plan, the Trust has the right to opt out of compliance with this law. Until final regulations are issued, the Board has chosen to wait to make a decision on whether and how to change the mental health and substance abuse benefits provided under the Plans. To opt out, the Trust is required to provide the following notice to participants before September 1, 2010 explaining the decision to opt out of the parity requirements.

### Important Notice to Participants

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from one or more of these requirements for a plan that is self-funded rather than provided through a health insurance policy.

The Egyptian Area Schools Employee Medical Benefit Plan complies with the following Federal law requirements. These are described in your Plan booklet.

1. Limitation on pre-existing condition exclusion periods.
2. Special enrollment periods.
3. Prohibitions against discriminating against individual participants and beneficiaries based on health status.
4. Standards relating to benefits for mothers and newborns.
5. Required coverage for reconstructive surgery following mastectomies.
6. Coverage of dependent students on medically necessary leave of absence.

The Egyptian Area Schools Employee Benefit Trust has elected to exempt the Employee Medical Benefit Plan from compliance with some requirements of the following Federal law:

1. Parity in the application of certain limits to mental health benefits.

The first Federal mental health parity law was enacted in 1996. The Plan complies with the requirements of the 1996 law. The mental health parity law was amended in 2008, effective for plan years beginning in 2010. The Plan has elected to be exempt from some requirements of the new parity law and related regulations. The Plan will continue to provide the same benefits for mental health and substance abuse conditions that have been provided in recent years.

The exemption from this Federal requirement will be in effect for the Plan year beginning September 1, 2010 and ending August 31, 2011. The election may be renewed for subsequent Plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.

### Rate Increases Effective September 1, 2010

- ❖ The Board approved an overall rate increase of 9.9%. The following displays the current rates and the rates that will become effective September 1, 2010. These rates include \$10,000 basic life insurance.

	Platinum Plan		Gold Plan		Silver Plan		Bronze Plan	
	Current	2010-11	Current	2010-11	Current	2010-11	Current	2010-11
Employee	\$488	<b>\$536</b>	\$440	<b>\$484</b>	\$380	<b>\$418</b>	\$324	<b>\$356</b>
EE + Spouse	\$1,006	<b>\$1,106</b>	\$908	<b>\$998</b>	\$788	<b>\$866</b>	\$666	<b>\$732</b>
EE + Children	\$972	<b>\$1,068</b>	\$876	<b>\$963</b>	\$760	<b>\$835</b>	\$654	<b>\$719</b>
Family	\$1,084	<b>\$1,191</b>	\$976	<b>\$1,073</b>	\$848	<b>\$932</b>	\$720	<b>\$791</b>

## Health Plan Changes Effective January 1, 2011

Following is a description of the Deductible, Out of Pocket, and Coinsurance changes that will become effective January 1, 2011. The table clearly shows the current plan benefits and the changes that will become effective on either September 1, 2010 or January 1, 2011.

### ❖ Increase Annual Deductible

**Platinum, Gold and Silver Plans:** The individual deductible will be increased by \$100 in all Tiers and the family deductible will be increased by \$300 in all Tiers.

**Bronze Plan:** No changes consistent with the rules previously adopted by the Board of Managers.

### ❖ Increase Out-of-Pocket Maximum (OOP)

**Platinum, Gold and Silver Plans:** The individual Out Of Pocket will be increased by \$300 in all Tiers. The family Out Of Pocket will be a multiple of the individual Out Of Pocket.

**Bronze Plan:** Tier 4 Out of Pocket is unlimited. No changes to Tiers 1-3.

**All Plans - Tier 4:** The Out Of Pocket maximum for Tier 4 (metro St. Louis area) was eliminated in all Plans. By eliminating the Tier 4 Out Of Pocket, members will continue to share in the cost if they choose to use out-of-network providers in the metro St. Louis area. Members have many good network providers to choose from in the metro St. Louis area. Beginning September 1, 2010, members who choose to continue to use out-of-network providers in the metro area will have an **unlimited** Out Of Pocket.

### ❖ Coinsurance

**Platinum and Gold Plans:** Coinsurance will be reduced by 5 points in all Tiers.

**Silver and Bronze Plans:** No change in coinsurance will be made.

## Current Benefits and Benefit Changes Effective September 1, 2010 and January 1, 2011

PLATINUM	Tier 1		Tier 2		Tier 3		Tier 4	
	Current	2011	Current	2011	Current	2011	Current	2011
Deductible Individual Family <b>(1/1/11 change)</b>	\$300 \$900	<b>\$400</b> <b>\$1,200</b>	\$500 \$1,500	<b>\$600</b> <b>\$1,800</b>	\$500 \$1,500	<b>\$600</b> <b>\$1,800</b>	\$500 \$1,500	<b>\$600</b> <b>\$1,800</b>
Out of Pocket Individual Family <b>(1/1/11 change)</b>	\$900 \$1,800	<b>\$1,200</b> <b>\$2,400</b>	\$1,500 \$3,000	<b>\$1,800</b> <b>\$3,600</b>	\$3,000 \$6,000	<b>\$3,300</b> <b>\$6,600</b>	\$4,700 \$9,400	<b>None</b> <b>None</b>
Coinsurance <b>(1/1/11 change)</b>	95%	<b>90%</b>	90%	<b>85%</b>	75%	<b>70%</b>	65%	<b>60%</b>
Emergency Room Visit (Calendar year deductible waived) <b>(9/1/10 change)</b>	\$100 Copay then 95%	<b>\$200</b> <b>Copay</b> <b>then 90%</b>	\$100 Copay then 95%	<b>\$200</b> <b>Copay</b> <b>then 90%</b>	\$100 Copay then 95%	<b>\$200</b> <b>Copay</b> <b>then 90%</b>	\$100 Copay then 95%	<b>\$200</b> <b>Copay</b> <b>then 90%</b>
Urgent Care Facility (Calendar year deductible waived) <b>(9/1/10 change)</b>	\$40 Copay Then 95%	<b>\$40</b> <b>Copay</b> <b>Then 90%</b>	\$40 Copay Then 95%	<b>\$40</b> <b>Copay</b> <b>Then 90%</b>	\$40 Copay Then 95%	<b>\$40</b> <b>Copay</b> <b>Then 90%</b>	\$40 Copay Then 95%	<b>\$40</b> <b>Copay</b> <b>Then 90%</b>
GOLD	Tier 1		Tier 2		Tier 3		Tier 4	
	Current	2011	Current	2011	Current	2011	Current	2011
Deductible Individual Family <b>(1/1/11 change)</b>	\$500 \$1,500	<b>\$600</b> <b>\$1,800</b>	\$800 \$2,400	<b>\$900</b> <b>\$2,700</b>	\$800 \$2,400	<b>\$900</b> <b>\$2,700</b>	\$800 \$2,400	<b>\$900</b> <b>\$2,700</b>
Out of Pocket Individual Family <b>(1/1/11 change)</b>	\$1,000 \$3,000	<b>\$1,300</b> <b>\$3,900</b>	\$1,600 \$4,800	<b>\$1,900</b> <b>\$5,700</b>	\$3,200 \$9,600	<b>\$3,500</b> <b>\$10,500</b>	\$5,000 \$15,000	<b>None</b> <b>None</b>
Coinsurance <b>(1/1/11 change)</b>	90%	<b>85%</b>	85%	<b>80%</b>	70%	<b>65%</b>	60%	<b>55%</b>
Emergency Room Visit (Calendar year deductible waived) <b>(9/1/10 change)</b>	\$100 Copay then 95%	<b>\$200</b> <b>Copay</b> <b>then 90%</b>	\$100 Copay then 95%	<b>\$200</b> <b>Copay</b> <b>then 90%</b>	\$100 Copay then 95%	<b>\$200</b> <b>Copay</b> <b>then 90%</b>	\$100 Copay then 95%	<b>\$200</b> <b>Copay</b> <b>then 90%</b>
Urgent Care Facility (Calendar year deductible waived) <b>(9/1/10 change)</b>	\$40 Copay Then 95%	<b>\$40</b> <b>Copay</b> <b>Then 90%</b>	\$40 Copay Then 95%	<b>\$40</b> <b>Copay</b> <b>Then 90%</b>	\$40 Copay Then 95%	<b>\$40</b> <b>Copay</b> <b>Then 90%</b>	\$40 Copay Then 95%	<b>\$40</b> <b>Copay</b> <b>Then 90%</b>

SILVER	Tier 1		Tier 2		Tier 3		Tier 4	
	Current	2011	Current	2011	Current	2011	Current	2011
Deductible Individual Family <b>(1/1/11 change)</b>	\$1,000 \$3,000	<b>\$1,100</b> <b>\$3,300</b>	\$1,500 \$4,500	<b>\$1,600</b> <b>\$4,800</b>	\$1,500 \$4,500	<b>\$1,600</b> <b>\$4,800</b>	\$1,500 \$4,500	<b>\$1,600</b> <b>\$4,800</b>
Out of Pocket Individual Family <b>(1/1/11 change)</b>	\$2,000 \$6,000	<b>\$2,300</b> <b>\$6,900</b>	\$3,000 \$9,000	<b>\$3,300</b> <b>\$9,900</b>	\$5,500 \$16,500	<b>\$5,800</b> <b>\$17,400</b>	\$7,500 \$22,500	<b>None</b> <b>None</b>
Coinsurance <b>(1/1/11 change)</b>	80%	80%	75%	75%	60%	60%	50%	50%
Emergency Room Visit (Calendar year deductible waived) <b>(9/1/10 change)</b>	\$100 Copay then 95%	<b>\$200</b> <b>Copay</b> <b>then 90%</b>	\$100 Copay then 95%	<b>\$200</b> <b>Copay</b> <b>then 90%</b>	\$100 Copay then 95%	<b>\$200</b> <b>Copay</b> <b>then 90%</b>	\$100 Copay then 95%	<b>\$200</b> <b>Copay</b> <b>then 90%</b>
Urgent Care Facility (Calendar year deductible waived) <b>(9/1/10 change)</b>	\$40 Copay Then 95%	<b>\$40</b> <b>Copay</b> <b>Then 90%</b>	\$40 Copay Then 95%	<b>\$40</b> <b>Copay</b> <b>Then 90%</b>	\$40 Copay Then 95%	<b>\$40</b> <b>Copay</b> <b>Then 90%</b>	\$40 Copay Then 95%	<b>\$40</b> <b>Copay</b> <b>Then 90%</b>

BRONZE	Tier 1		Tier 2		Tier 3		Tier 4	
	Current	2011	Current	2011	Current	2011	Current	2011
Deductible Individual Family <b>(1/1/11 change)</b>	\$1,200 \$2,400	\$1,200 \$2,400	\$1,600 \$3,200	\$1,600 \$3,200	\$1,600 \$3,200	\$1,600 \$3,200	\$1,600 \$3,200	\$1,600 \$3,200
Out of Pocket Individual Family <b>(1/1/11 change)</b>	\$3,600 \$7,200	\$3,600 \$7,200	\$4,800 \$9,600	\$4,800 \$9,600	\$5,950 \$11,900	\$5,950 \$11,900	\$5,950 \$11,900	<b>None</b> <b>None</b>
Coinsurance <b>(1/1/11 change)</b>	80%	80%	75%	75%	60%	60%	50%	50%
Emergency Room Visit <b>(9/1/10 change)</b>	\$100 then 80%	<b>\$200</b> <b>then 80%</b>	\$100 then 80%	<b>\$200</b> <b>then 80%</b>	\$100 then 80%	<b>\$200</b> <b>then 80%</b>	\$100 then 80%	<b>\$200</b> <b>then 80%</b>
Urgent Care Facility <b>(9/1/10 no change)</b>	\$40 Copay Then 80%	\$40 Copay Then 80%	\$40 Copay Then 80%	\$40 Copay Then 80%	\$40 Copay Then 80%	\$40 Copay Then 80%	\$40 Copay Then 80%	\$40 Copay Then 80%

**Please note:** The Bronze Plan is an HSA (Health Savings Account) Qualified High Deductible Health Plan (HDHP). The IRS governs and sets the minimum high deductible health plan (HDHP) individual and family deductibles, the maximum HDHP individual and family out of pocket maximums. The IRS has announced the limits will remain the same for 2011 as were previously established for 2010. Therefore, the above chart reflects no changes in these amounts for 2011.

As was previously adopted by the Board, following is how the deductible and out of pocket maximums will be calculated.

- Tier 1 individual deductible plus \$400; family deductible is 2 times the individual deductible.
- Out Of Pocket maximum is 3 times the individual or family deductible, as applicable.

## [Voluntary Dental – Delta Dental of Illinois – Effective September 1, 2010](#)

The dental benefit which allowed one routine dental treatment per calendar year paid at 100% when a member is enrolled in one of the Medical Plans will be eliminated effective September 1, 2010. However, the voluntary insured dental benefit has been improved to add a second exam and cleaning per year. **Delta Dental of Illinois will become the Egyptian Trust's new voluntary dental insurance carrier.** Please review carefully the following additional benefits that will be available when enrolling in the voluntary dental program with Delta Dental of Illinois.

- elimination of the Low Plan \$50 deductible for preventative services;
- elimination of the High Plan one year waiting period for Major Services
- elimination of the 2 year phase in of the calendar year maximum benefit of \$1,500. The full \$1,500 benefit is now available the first year of coverage.
- Low Plan premiums will be reduced by about 15% on average and High Plan premiums essentially stayed the same as current pricing.
- Premiums for both plans are guaranteed for 2 years, so there will not be any premium increase in 2011.
- All members currently covered under the voluntary dental will be automatically enrolled in the new plans unless they request a change in coverage during open enrollment.
- There will also be an open enrollment for September 1, 2010 for those not currently enrolled in the voluntary dental plan.

**Meritain Health will continue to bill, collect, and distribute premium to Delta Dental of Illinois for the voluntary dental plan. Delta Dental of Illinois will be responsible for issuing the voluntary dental ID cards and processing your claims for benefits.**

Premium effective September 1, 2010		
Coverage Type	Low Plan	High Plan
Employee Only	\$11.80	\$27.94
Employee + One Dependent	\$21.44	\$51.16
Employee + Two or more Dependents	\$40.38	\$74.26

You may find a Delta Dental Network Provider by visiting [www.deltadentalil.com](http://www.deltadentalil.com). Keep in mind, this program does not become effective until September 1, 2010. After July 1, 2010, you may contact Delta Dental of Illinois Customer Service Department at **800-323-1743**. Additional information about the new carrier and benefits are forthcoming.

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## [Voluntary Vision Program – Rates Remain in Place for September 1, 2010](#)

UniView is the Egyptian Trust voluntary vision provider and has guaranteed the following rates for a period of 4 years ending August 31, 2012.

Current Premium and Premium through August 31, 2012	
Coverage Type	Premium
Employee Only	\$6.64
Employee + One Dependent	\$9.50
Employee + Two or more Dependents	\$17.20

### [How do I find a UniView provider?](#)

You may search for providers by visiting [www.unicare.com](http://www.unicare.com). Click on "find a doctor". Then click "visitor search". Choose "large group". Then under "plan" choose "UniView Vision". This takes you to the Vision Network where you can then search by address, zip code within a specified number of miles.

### [How do I contact Customer Service?](#)

Call UniView® Vision at **(888) 884-8428** for questions about your vision benefits or to locate a network provider. Be sure to use your Social Security number rather than the Certificate number printed on your ID card when contacting UniView.

### [How does my Provider contact Customer Service?](#)

Providers may call UniView® Vision at **(800) 521-3605**

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## [Basic & Voluntary Life Insurance Program-Rates Remain in Place for September 1, 2010](#)

Lincoln Financial Group rates per \$1,000 of coverage for the Basic Life Insurance and Voluntary Life Insurance for Employees, Spouses, and Dependents will remain the same as the current year.

If you are currently enrolled in the Voluntary Employee or Spouse Life Insurance program please review the rate tables that indicate if you will be moving into the next age band as of September 1, 2010. If you are moving into the next age band, simply find your age as of September 1, 2010, the amount of coverage you enrolled for and the monthly premium amount is displayed.

The rate tables are published at [www.egtrust.org](http://www.egtrust.org)

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## [Prescription Drugs that are not covered under the Prescription Drug Card Benefit.](#)

The Egyptian Trust Health Plans contain a provision addressing Prescription Drugs that are not covered under the Prescription Drug Card Benefit.

Prescription Drugs must be FDA approved and determined to be medically necessary and appropriate treatment. Prescriptions for male impotency medications are a covered prescription under this benefit. However, the benefit is limited to a maximum of 6 tablets per month and must be submitted with a statement of medical necessity from the prescribing physician.

In order to receive appropriate reimbursement you must provide a completed claim form with the original prescription receipt indicating the patient name, name of the drug, NDC number, date prescription filled, total charge of the drug. It is always recommended that you keep a copy of your claims filing and receipt.

Your claim may be submitted as any other health claim to the address on the back of your ID card.

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## [LabCard](#)

The LabCard program which became effective September 1, 2008 was introduced in order to achieve deeper savings for both the covered member and the Egyptian Trust. While it has provided significant savings and 100% reimbursement of blood draws and specimens for those members who have used the program, it has not been convenient for 100% of covered members. Meritain continues to work with LabCard to attempt expansion of the LabCard collection sites in the areas that are currently limited.

For those members who may not have access to a LabCard contracted facility, LabCard is happy to reach out to your physician's to see if they have the ability to provide a specimen collection in their office and to work with them to send those specimens to Quest Diagnostics for their Lab Card patients. If you would like LabCard to contact these physicians, you must provide the following information and email that information to [MetroMeritain@meritain.com](mailto:MetroMeritain@meritain.com).

Name of Physician  
Name of Practice  
Address of Practice  
Phone number of Practice

You may check the website at [www.labcard.com](http://www.labcard.com) periodically to find LabCard providers available to you in your area.

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## [Health Plan Document](#)

The Health Plan Document is in the process of being updated and is expected to be finalized and delivered to each participating employer group in the Egyptian Trust by late September, 2010. Upon completion, we will send a sufficient supply to each individual employer group. You may also obtain or view a current copy of the Health Plan Document by visiting the Egyptian Trust website at [www.egtrust.org](http://www.egtrust.org).

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## [Know Your Benefits](#)

The Schedule of Benefits provides a general overview of the applicable deductibles, copays, reimbursement percentages, etc. for the Health Plan you are enrolled in. The Schedule of Benefits is intended to be just that – a general overview. It is important that you, as a covered employee, retired employee, or COBRA beneficiary are aware of YOUR RESPONSIBILITIES AND YOUR RIGHTS AS A COVERED INDIVIDUAL IN THE EGYPTIAN HEALTH PLANS. This information can be found in your Plan Document. Should you need an additional copy of the Plan Document, please request a copy from your Employer or visit the Egyptian Trust website at [www.egtrust.org](http://www.egtrust.org) where the most current version of the plan document is always available.

Following are some key items you always need to keep in mind in order to receive the maximum benefits available to you.

- You are required to **pre-certify** any inpatient hospital admission (other than for childbirth unless the admission exceeds 48 hours following a normal delivery or more than 96 hours following a cesarean section), skilled nursing facilities, certain durable medical equipment, outpatient surgery, ancillary services, and diagnostic procedures. In addition, all Treatment for Autism & Autism Spectrum Disorders must be pre-certified.

You must contact **HealthLink** at **(877)284-0102** to certify your stay. Failure to do so will result in a reduction of benefits.

- If you wish to find out if a particular service or treatment plan is a covered expense by your health plan you are responsible for requesting a **Pre-Determination of Medical Necessity**. Even if the Plan does not require pre-certification for a particular service or procedure, you may want to know whether a service or procedure that has been recommended for you is a covered expense and whether the service or procedure will be considered by the Plan to be Medically Necessary for your medical condition, or will be considered cosmetic or Experimental and Investigational for your condition, so you will know in advance whether the Plan will provide benefits in your individual case.

To request an advance determination for a particular service or procedure, you or your provider must contact the Claims Department at **Meritain Health**, the Claim Services Administrator. If appropriate, the Claim Services Administrator will authorize a clinical consultation by **HealthLink's** Utilization Review Department. A medical reviewer will evaluate the information you submit to determine whether the service or procedure is considered Medically Necessary, or cosmetic, or Experimental and Investigational, as applicable, for your condition. **HealthLink** will notify you of the result of the review in writing. If you disagree with the determination, you may request a peer-to-peer discussion or file an appeal in accordance with **HealthLink's** Appeal/Grievance Process outlined in Appendix A, printed at the end of the Plan Document booklet.

- You are responsible to notify your Employer when you, your spouse or dependent, experience an “**employment status**” change, a “**family status**” change, or any change identified as a “**qualifying event**.”

Changes noted above include but are not limited to loss of employment, loss of other coverage, birth or adoption of a child, marriage or divorce of the employee, spouse, or child, loss of coverage due to reaching the maximum age for dependent coverage, a leave of absence or return to work after a leave of absence, retirement from employment, disability or return from a disability leave, etc.

If you are unsure of how such a change or if a change affects you, it is best that you contact your Employer who will be able to guide you and direct you to the appropriate Plan provisions. Most changes require you take action within 31 days of the event in order to take advantage of a Special Enrollment Right or Continuation of Coverage (COBRA). This can affect the premiums you pay and also may affect your coverage. **Remember:** Your Employer can't assist you unless they are made aware of your situation.

- **You are responsible for enrolling your newborn child or children and paying the appropriate premium in order to cover your newborn child or children.**

**Newborn Children:** The Plan allows you more time to enroll a newborn child, including a newborn adopted child:

- **Full Family or Employee Plus Child(ren) Coverage:** If you are already enrolled for full family coverage (Employee plus spouse and at least one child) or Employee Plus Child(ren) coverage (Employee plus at least one child) your newborn child will be covered under your family coverage or Employee Plus Child(ren) coverage from birth. **There is no time limit on enrollment in this case, but you must enroll the child before claims for the child can be considered.**
- **Single or Employee Plus Spouse Coverage:** If you are enrolled for single coverage or Employee plus Spouse coverage, **you must enroll your newborn child within 90 days of birth and pay the additional premium to add the child.** If you do not enroll your newborn within 90 days after birth, you will not be permitted to enroll the child until the next annual open enrollment period, unless you have a qualifying change in status or special enrollment event.

If, in anticipation of adoption, an Employee is awarded physical or legal custody of a newborn child within 10 days of the date of birth, the child will be considered an eligible dependent of the Employee from the date of birth. Otherwise, an adopted child will be considered an eligible dependent when the Employee is awarded physical or legal custody. Newborn adopted children must be enrolled within the same periods as other newborns, as described above.

**REMEMBER: If you do not enroll yourself and/or your dependents when first eligible you cannot enroll in the Plan before the next annual open enrollment period unless you have a qualifying change in status or special enrollment event.**

**If you enroll in the Plan you cannot drop coverage for yourself or any dependent until the next annual open enrollment period unless you have a qualifying change in status. See “Annual Open Enrollment” and “Qualifying Change in Status” information in the Plan Document.**

- You are responsible to complete the **Dependent Verification Form** as required in order to ensure ongoing health care coverage for your eligible dependent children over age 19. Untimely completion of this form can result in delayed payment of claims and/or your child’s ability to fill a prescription drug.
- When you have questions about any of the plans endorsed by the Egyptian Trust, please refer to your ID card which contains all of the Customer Service phone numbers, addresses and websites available to assist you.

<p>Prescription drug program questions including step therapy, covered prescriptions, copay amounts, etc. should be directed to <b>Express Scripts</b></p> <p style="text-align: center;"><b>800-451-6245</b></p>
<p>Questions about Pre-Certification of medical services should be directed to <b>HealthLink</b></p> <p style="text-align: center;"><b>877-284-0102</b></p> <p style="text-align: center;">To find a participating network provider, please contact <b>HealthLink</b></p> <p style="text-align: center;"><a href="http://www.healthlink.com">www.healthlink.com</a> or <b>800-624-2356</b></p>
<p>Vision Benefits or eligibility/enrollment or vision provider questions should be directed to <b>UniView</b></p> <p style="text-align: center;"><b>888-884-8428</b></p>
<p>Health Plan benefits or eligibility/enrollment information should be directed to <b>Meritain Health</b></p> <p style="text-align: center;"><b>800-844-7979</b></p>
<p>Basic Life Insurance or Voluntary Employee, Spouse, and Dependent Life Insurance questions should be directed to <b>Lincoln Financial Group</b></p> <p style="text-align: center;"><b>800-423-2765</b></p>

**Contacting the proper provider or vendor of services will expedite your request and handling of your inquiries.**

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*Have a Safe and Happy Summer*