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## 12th Annual Bookkeeper/Administration Meetings SAVE THE DATE !

Save the dates for the 12<sup>th</sup> Annual Bookkeeper/Administration Meetings coming up July 25<sup>th</sup> – July 27<sup>th</sup>. Again, the meetings will be hosted by Meritain Health with participation from all of the Egyptian Trust vendors including ScripWorld, HealthLink, UniView, Lincoln Financial, and American Fidelity. The Wednesday meeting held in Effingham in the past will now be held in Pana. The Thursday and Friday meetings will again be held in Rend Lake and Fairview Heights, respectively.

Attendance by the employer groups is very important as we address upcoming benefit enhancements and changes. While the Egyptian Trust website is regularly updated with important information, the Egyptian Trust relies on the employer groups to communicate necessary information to the covered membership.

In addition to regular updates and Q and A sessions, we will be discussing the **NEW COORDINATED HEALTH/CARE PROGRAM** and the **NEW PRESCRIPTION DRUG PROGRAM** in detail. If you have not yet reserved your spot please do so by completing and returning the invitation as soon as possible. We look forward to visiting with you soon!

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## Message to Egyptian Trust Members

There are several upcoming changes to the Egyptian Trust Health Plans, Voluntary Dental Plans, and Voluntary Vision Plan beginning September 1, 2012. It is important that you carefully review the information contained in this newsletter as you prepare to make changes to the plans or type of coverage you enroll in during the upcoming open enrollment period. Please pay special attention to the change in the Prescription Drug Program. While the changes will affect some of the covered membership, there are procedures in place to assist you with a smooth transition.

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## Changes September 1, 2012

### COORDINATED HEALTH/CARE PROGRAM

*Coordinated Health/Care* is a program that directs all of your questions and concerns to a single staff of Care Coordinators. This team of warm and caring medical and benefits professionals will help you, your family, and your physicians work together to ensure you get the most out of your benefits. The Care Coordinators will help you with questions about your benefits and claims issues, and help you take better care of yourself. You won't have to call multiple phone numbers to get all of your questions answered. Instead, any healthcare question can be directed to a single toll-free number and website.

You can expect to receive more information about this program (including new ID cards) via U.S. mail delivery to your home address.

## Vendor/Consultant Websites/Phone

### Health

View your protected claims and eligibility and more at:

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

Member Services Phone  
800-844-7979

### 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

### Delta Dental

View your protected claims and eligibility and more at:

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

Member Services Phone  
800-323-1743

### 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

## PREMIUM RATES

A premium rate increase of 8.5% will become effective September 1, 2012. The following reflects the current rates and the rates that will become effective September 1, 2012. The rates include \$10,000 of Basic Life insurance.

	Platinum Plan		Gold Plan		Silver Plan		Bronze Plan	
	Current	2012-13	Current	2012-13	Current	2012-13	Current	2012-13
Employee	\$632	<b>\$686</b>	\$571	<b>\$620</b>	\$493	<b>\$535</b>	\$420	<b>\$456</b>
EE + Spouse	\$1,305	<b>\$1,416</b>	\$1,178	<b>\$1,278</b>	\$1,022	<b>\$1,109</b>	\$864	<b>\$938</b>
EE + Children	\$1,260	<b>\$1,368</b>	\$1,136	<b>\$1,232</b>	\$985	<b>\$1,069</b>	\$848	<b>\$920</b>
Family	\$1,405	<b>\$1,524</b>	\$1,266	<b>\$1,374</b>	\$1,100	<b>\$1,194</b>	\$933	<b>\$1,012</b>

## HEALTH PLAN CHANGES

### OFFICE VISIT COPAYS

In order to facilitate appropriate use of specialists, the specialist office visit copay will be reduced to \$30 (currently \$40) when you obtain a referral from your primary care physician. This will apply to Tier 1 and Tier 2 provider charges. Tier 3 and Tier 4 providers will remain subject to the calendar year deductible and coinsurance as outlined in your Summary of Benefits.

You are not required to have a primary care physician or required to obtain a referral, but will benefit from the lower copay if you do obtain a referral from your primary care physician.

### PREVENTIVE CARE BENEFITS

Additional preventive services for women will be covered at 100%, including female contraceptives, as required by Health Care Reform federal law.

## PRESCRIPTION DRUG PROGRAM CHANGES

On September 1, 2012 your pharmacy network will be **CVS Caremark**. Please review the following information about the network change. **You may need to take action.**

- **Retail Network**

The CVS Caremark network is a larger network than the current Express Scripts network and includes Walgreens. There are 28 retail pharmacies used by the Trust membership that are not currently in the CVS Caremark network. A list of those pharmacies is posted on the Egyptian Trust website at [www.egtrust.org](http://www.egtrust.org) under "NEW September 1, 2012" and is also included on the following pages of this newsletter. Those pharmacies are now being contacted and invited to join the CVS Caremark network.

- **Home Delivery and Specialty Pharmacy**

If you are currently using home delivery through Express Scripts or Curascript specialty pharmacy, your prescriptions with any remaining refills as of September 1, 2012, will be transferred to CVS Caremark. **NOTE: You will be required to call Caremark to confirm information in your member profile before Caremark will be able to dispense any refills.**

- **Step Therapy and Prior Authorizations**

There are differences in the Caremark Step Therapy and Prior Authorization programs. If you are currently taking a drug that has been approved through the Step Therapy or Prior Authorization program through Express Scripts those drugs will continue to be approved through the Caremark program.

- **Formulary**

There are differences in the Express Scripts and Caremark formularies of preferred drugs. It has been determined that about 4% of members will be negatively affected because drugs that are preferred under the Express Scripts formulary will be non-preferred or excluded with the Caremark program. If you are a member who will be adversely affected by this change, you will be contacted prior to the September 1, 2012 effective date to explain your alternatives. The 2012 CVS Caremark Performance Drug List is included on the following pages of this newsletter. It may also be accessed on Home Page of the Egyptian Trust website [www.egtrust.org](http://www.egtrust.org) under "NEW September 1, 2012".

- **Excluded Drugs**

There are a few drugs completely excluded from the Caremark program. This means they will not be covered by the Plan unless a clinical exception is approved. For each of the excluded drugs there is a generic equivalent or other drug that is equally appropriate from a clinical perspective. The exclusions are expected to affect about 180 members, a majority of whom use Humalog and/or Humulin insulin. Novolog and Novolin are the formulary alternatives to these drugs. Freestyle test strips and kits are also excluded. Accu-check and Onetouch strips and kits are the formulary alternatives. Caremark will provide free glucometers to assist members in changing to the formulary strips. Members who are affected by the exclusions will be contacted before September 1, 2012 to explain their alternatives. The complete list of excluded drugs is included on the following pages of this newsletter. It may also be accessed on Home Page of the Egyptian Trust website [www.egtrust.org](http://www.egtrust.org) under "NEW September 1, 2012".

- **Decrease Silver and Bronze Plan Copays for Brand Drugs**

- The 30 day retail copays will decrease from \$30 to \$25 for preferred brand drugs and from \$45 to \$40 for non-preferred brand drugs on September 1, 2012.
- Home Delivery 90 day copays will decrease from \$70 to \$55 for preferred brand drugs and from \$110 to \$100 for non-preferred brand drugs.
- Maintenance Drug Network (MDN) 90 day maintenance drug copays for generic, preferred and non-preferred drugs for the Silver and Bronze Plans will remain the same since they are currently the same as those for the Platinum and Gold Plans.

Following is a chart indicating the prescription drug copays for all Health Plans as of September 1, 2012.

All Plans	Retail 30 day supply	MDN Retail 90 day supply Maintenance drugs after first 2 fills	Home Delivery up to 90 day supply
Generic	\$12	\$36	\$30
Preferred Brand	\$25	\$85	\$55
Non-Preferred Brand	\$40	\$130	\$100
Injectables	Copay plus 3%	Copay plus 3%	Copay plus 3%

# Performance Drug List

The **CVS Caremark Performance Drug List** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS and generic products in lowercase *italics*.

## PLAN MEMBER

Your benefit plan provides you with a prescription benefit program administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

### Please note:

- Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.
- You may be responsible for the full cost of non-formulary products that are excluded from coverage.
- For specific information regarding your prescription benefit coverage and copay<sup>1</sup> information, please visit [www.caremark.com](http://www.caremark.com) or contact a CVS Caremark Customer Care representative.
- CVS Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- Any brand drug for which a generic product becomes available may be designated as a non-preferred product.

## HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

### Please note:

- Generics should be considered the first line of prescribing.
- This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage.
- The member's prescription benefit plan may have a different copay for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay information for a specific medicine.

### ANALGESICS

#### § NSAIDs

*diclofenac*  
*meloxicam*  
*naproxen*

#### § NON-NARCOTIC ANALGESICS

*tramadol*  
*tramadol ext-rel*

#### VISCOSUPPLEMENTS

SYNVISC  
SYNVISC-ONE

### ANTI-INFECTIVES

#### ANTIBACTERIALS

#### § CEPHALOSPORINS

*cefaclor*  
*cefdinir*  
*cephalexin*  
SUPRAX

#### § ERYTHROMYCINS / MACROLIDES

*azithromycin*  
*clarithromycin*  
*clarithromycin ext-rel*  
*erythromycins*

#### § FLUOROQUINOLONES

*ciprofloxacin ext-rel*  
*ciprofloxacin tablet*  
*levofloxacin*

AVELOX  
CIPRO SUSPENSION

#### § PENICILLINS

*amoxicillin*  
*amoxicillin-clavulanate*  
*dicloxacillin*  
*penicillin VK*

#### § TETRACYCLINES

*doxycycline hyclate*  
*minocycline*  
*tetracycline*

#### § ANTIFUNGALS

*fluconazole*  
*itraconazole*  
*terbinafine tablet*

#### ANTIVIRALS

#### § HERPES AGENTS

*acyclovir*  
*valacyclovir*

#### § INFLUENZA AGENTS

*amantadine*  
*rimantadine*  
RELENZA  
TAMIFLU

#### § MISCELLANEOUS

*clindamycin*  
*metronidazole*  
*nitrofurantoin*  
*sulfamethoxazole-trimethoprim*

### CARDIOVASCULAR

#### § ACE INHIBITORS

*fosinopril*  
*lisinopril*  
*quinapril*  
*ramipril*

#### § ACE INHIBITOR / DIURETIC COMBINATIONS

*fosinopril-hydrochlorothiazide*  
*lisinopril-hydrochlorothiazide*  
*quinapril-hydrochlorothiazide*

#### § ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

*losartan / losartan-hydrochlorothiazide*  
BENICAR / BENICAR HCT  
DIOVAN / DIOVAN HCT  
MICARDIS / MICARDIS HCT

ANGIOTENSIN II RECEPTOR ANTAGONIST / DIRECT RENIN INHIBITOR COMBINATIONS  
VALTURNA

#### ANTILIPEMICS

#### § BILE ACID RESINS

*cholestyramine*  
WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS  
ZETIA

#### § FIBRATES

*fenofibrate*  
TRICOR  
TRILIPIX

#### § HMG-CoA REDUCTASE INHIBITORS

*atorvastatin*  
*lovastatin*  
*pravastatin*  
*simvastatin*

CRESTOR  
LIPITOR

**NIACINS / COMBINATIONS**

NIASPAN  
SIMCOR

**§ BETA-BLOCKERS**

*atenolol*  
*carvedilol*  
*metoprolol*  
*metoprolol succinate ext-rel*  
*nadolol*  
*propranolol*  
*propranolol ext-rel*  
BYSTOLIC  
COREG CR

**§ CALCIUM CHANNEL BLOCKERS**

*amlodipine*  
*diltiazem ext-rel*  
*nifedipine ext-rel*  
*verapamil ext-rel*

**§ CALCIUM CHANNEL BLOCKER / ANTILIPEMIC COMBINATIONS**

*amlodipine-atorvastatin*

**§ DIGITALIS GLYCOSIDES**

*digoxin*

**DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS**

TEKTURNA /  
TEKTURNA HCT

**DIRECT RENIN INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS**

TEKAMLO

**DIRECT RENIN INHIBITOR / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS**

AMTURNIDE

**§ DIURETICS**

*furosemide*  
*hydrochlorothiazide*  
*metolazone*  
*spironolactone-*  
*hydrochlorothiazide*  
*toremide*  
*triamterene-*  
*hydrochlorothiazide*

**CENTRAL NERVOUS SYSTEM**

**ANTIDEPRESSANTS**

**§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)**

*citalopram*  
*fluoxetine*  
*paroxetine*

*paroxetine ext-rel*  
*sertraline*  
LEXAPRO  
VIIBRYD

**§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)<sup>2</sup>**

*venlafaxine*  
*venlafaxine ext-rel*  
CYMBALTA  
PRISIQ

**§ MISCELLANEOUS AGENTS**

*bupropion*  
*bupropion ext-rel*  
*mirtazapine*  
*trazodone*

**§ HYPNOTICS, NONBENZODIAZEPINES**

*zolpidem*  
*zolpidem ext-rel*

**MIGRAINE**

**§ SELECTIVE SEROTONIN AGONISTS**

*naratriptan*  
*sumatriptan*  
MAXALT  
SUMAVEL DOSEPRO  
ZOMIG

**SELECTIVE SEROTONIN AGONIST / NONSTEROIDAL ANTI-INFLAMMATORY DRUG (NSAID) COMBINATIONS**

TREXIMET

**MULTIPLE SCLEROSIS AGENTS**

AVONEX  
BETASERON  
COPAXONE

**ENDOCRINE AND METABOLIC**

**ANDROGENS**

ANDRODERM  
ANDROGEL

**ANTIDIABETICS**

**§ BIGUANIDES**  
*metformin*  
*metformin ext-rel*

**§ BIGUANIDE / SULFONYLUREA COMBINATIONS**  
*glipizide-metformin*

**DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

JANUVIA  
ONGLYZA

**DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS**

JANUMET  
KOMBIGLYZE XR

**INCRETIN MIMETIC AGENTS**

BYETTA  
VICTOZA

**INSULINS**

APIDRA  
HUMULIN R U-500  
LANTUS  
LEVEMIR  
NOVOLIN  
NOVOLOG  
NOVOLOG MIX

**INSULIN SENSITIZERS**

ACTOS

**INSULIN SENSITIZER / BIGUANIDE COMBINATIONS**

ACTOPLUS MET

**INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS**

DUETACT

**§ MEGLITINIDES**

*nateglinide*  
PRANDIN

**§ SULFONYLUREAS**

*glimepiride*  
*glipizide*  
*glipizide ext-rel*

**SUPPLIES**

ACCU-CHEK STRIPS AND KITS<sup>3</sup>  
BD INSULIN SYRINGES AND NEEDLES  
ONETOUCH STRIPS AND KITS<sup>3</sup>

**CALCIUM REGULATORS**

**§ BISPSPHONATES**

*alendronate*  
ACTONEL  
BONIVA

**§ CALCITONINS**

*calcitonin-salmon*

**PARATHYROID HORMONES**

FORTEO

**CONTRACEPTIVES**

**§ MONOPHASIC**

*ethinyl estradiol-*  
*drosiprenone*  
BEYAZ  
LO LOESTRIN FE  
LOESTRIN 24 FE

**§ TRIPHASIC**

*ethinyl estradiol-*  
*norgestimate*  
ORTHO TRI-CYCLEN LO

**FOUR PHASE**

NATAZIA

**§ EXTENDED CYCLE**

*ethinyl estradiol-*  
*levonorgestrel*  
LOSEASONIQUE

**TRANSDERMAL**

ORTHO EVRA

**VAGINAL**

NUVARING

**ESTROGENS**

**§ ORAL**

*estradiol*  
*estropipate*  
ENJUVIA  
PREMARIN

**§ TRANSDERMAL**

*estradiol*  
EVAMIST  
VIVELLE-DOT

**§ ESTROGEN / PROGESTINS, ORAL**

*estradiol-norethindrone*  
PREMPHASE  
PREMPRO

**FERTILITY REGULATORS**

**OVULATION STIMULANTS, GONADOTROPINS**

BRAVELLE  
FOLLISTIM AQ

**HUMAN GROWTH HORMONES**

NORDITROPIN

**§ PROGESTINS, ORAL**

*medroxyprogesterone*  
PROMETRIUM

**SELECTIVE ESTROGEN RECEPTOR MODULATORS**

EVISTA

**§ THYROID SUPPLEMENTS**

*levothyroxine*  
SYNTHROID

**GASTROINTESTINAL**

**§ H<sub>2</sub> RECEPTOR ANTAGONISTS**

*ranitidine*

**§ PROTON PUMP INHIBITORS**

*lansoprazole*  
*omeprazole*

*omeprazole-sodium*  
*bicarbonate capsule*  
*pantoprazole*  
DEXILANT  
NEXIUM

**GENITOURINARY**

**§ BENIGN PROSTATIC HYPERPLASIA**

*alfuzosin ext-rel*  
*doxazosin*  
*finasteride*  
*tamsulosin*  
*terazosin*  
AVODART  
RAPAFLO

**§ URINARY ANTISPASMODICS**

*oxybutynin*  
*oxybutynin ext-rel*  
*tropium*  
DETROL  
DETROL LA  
ENABLEX  
GELNIQUE  
VESICARE

**HEMATOLOGIC**

**§ ANTICOAGULANTS**

*warfarin*  
COUMADIN  
PRADAXA  
XARELTO

**IMMUNOLOGIC AGENTS**

**BIOLOGIC DISEASE-MODIFYING AGENTS**

ENBREL  
HUMIRA

**RESPIRATORY**

**ANAPHYLAXIS TREATMENT AGENTS**

EPIPEN  
EPIPEN JR

**§ ANTICHOLINERGICS**

SPIRIVA

**§ ANTICHOLINERGIC / BETA AGONIST COMBINATIONS**

*ipratropium-albuterol*  
*inhalation solution*  
COMBIVENT

**BETA AGONISTS, INHALANTS**

**§ SHORT ACTING**

*albuterol*  
PROAIR HFA  
PROVENTIL HFA  
VENTOLIN HFA

**LONG ACTING**

ARCAPTA NEOHALER  
FORADIL  
SEREVENT

**§ LEUKOTRIENE RECEPTOR ANTAGONISTS**

*zafirlukast*  
SINGULAIR

**§ NASAL ANTIHISTAMINES**

*azelastine*  
ASTEPRO

**§ NASAL STEROIDS**

*flunisolide*  
*fluticasone*  
*triamcinolone*  
NASONEX

**VERAMYST****STEROID / BETA AGONIST COMBINATIONS**

ADVAIR  
DULERA  
SYMBICORT

**§ STEROID INHALANTS**

*budesonide inhalation suspension*  
ALVESCO  
ASMANEX  
FLOVENT  
PULMICORT FLEXHALER  
QVAR

**TOPICAL****DERMATOLOGY****§ ACNE**

*adapalene*  
*benzoyl peroxide*  
*clindamycin solution*  
*clindamycin-benzoyl peroxide*  
*erythromycin solution*  
*erythromycin-benzoyl peroxide*  
*tretinoin*  
ACANYA  
DIFFERIN  
DUAC  
EPIDUO  
RETIN-A MICRO

**VELTIN****CORTICOSTEROIDS****§ Low Potency**

*desonide*  
*hydrocortisone*

**§ Medium Potency**

*mometasone*  
*triamcinolone*

**§ High Potency**

*desoximetasone*  
*fluocinonide*

**§ Very High Potency**

*clobetasol*

**OPHTHALMIC****§ BETA-BLOCKERS, NONSELECTIVE**

*timolol maleate solution*  
BETIMOL

**BETA-BLOCKERS, SELECTIVE**

BETOPTIC S

**§ PROSTAGLANDINS**

*latanoprost*  
LUMIGAN  
TRAVATAN Z

**§ SYMPATHOMIMETICS**

*brimonidine 0.2%*  
ALPHAGAN P

**QUICK REFERENCE DRUG LIST****A**

ACANYA  
ACCU-CHEK STRIPS AND KITS<sup>3</sup>  
ACTONEL  
ACTOPLUS MET  
ACTOS  
*acyclovir*  
*adapalene*  
ADVAIR  
*albuterol*  
*alendronate*  
*alfuzosin ext-rel*  
ALPHAGAN P  
ALVESCO  
*amantadine*  
*amlodipine*  
*amlodipine-atorvastatin*  
*amoxicillin*  
*amoxicillin-clavulanate*  
AMTURNIDE  
ANDRODERM  
ANDROGEL  
APIDRA  
ARCAPTA NEOHALER  
ASMANEX  
ASTEPRO  
*atenolol*  
*atorvastatin*  
AVELOX  
AVODART  
AVONEX  
*azelastine*  
*azithromycin*

**B**

BD INSULIN SYRINGES AND NEEDLES  
BENICAR  
BENICAR HCT  
*benzoyl peroxide*  
BETASERON  
BETIMOL  
BETOPTIC S

**BEYAZ**

BONIVA  
BRAVELLE  
*brimonidine 0.2%*  
*budesonide inhalation suspension*  
*bupropion*  
*bupropion ext-rel*  
BYETTA  
BYSTOLIC

**C**

*calcitonin-salmon*  
*carvedilol*  
*cefaclor*  
*cefдинir*  
*cephalexin*  
*cholestyramine*  
CIPRO SUSPENSION  
*ciprofloxacin ext-rel*  
*ciprofloxacin tablet*  
*citalopram*  
*clarithromycin*  
*clarithromycin ext-rel*  
*clindamycin*  
*clindamycin solution*  
*clindamycin-benzoyl peroxide*  
*clobetasol*  
COMBIVENT  
COPAXONE  
COREG CR  
COUMADIN  
CRESTOR  
CYMBALTA

**D**

*desonide*  
*desoximetasone*  
DETROL  
DETROL LA  
DEXILANT  
*diclofenac*  
*dicloxacillin*  
DIFFERIN

**digoxin**

*diltiazem ext-rel*  
DIOVAN  
DIOVAN HCT  
*doxazosin*  
*doxycycline hyclate*  
DUAC  
DUETACT  
DULERA

**E**

ENABLEX  
ENBREL  
ENJUVA  
EPIDUO  
EPIPEN  
EPIPEN JR  
*erythromycin solution*  
*erythromycin-benzoyl peroxide*  
*erythromycins*  
*estradiol*  
*estradiol-norethindrone*  
*estropiate*  
*ethinyl estradiol-drospirenone*  
*ethinyl estradiol-levonorgestrel*  
*ethinyl estradiol-norgestimate*  
EVAMIST  
EVISTA

**F**

*fenofibrate*  
*finasteride*  
FLOVENT  
*fluconazole*  
*flunisolide*  
*fluocinonide*  
*fluoxetine*  
*fluticasone*  
FOLLISTIM AQ  
FORADIL  
FORTEO

**fosinopril**

*fosinopril-hydrochlorothiazide*  
FUROSEMIDE

**G**

GELNIQUE  
*glimepiride*  
*glipizide*  
*glipizide ext-rel*  
*glipizide-metformin*

**H**

HUMIRA  
HUMULIN R U-500  
*hydrochlorothiazide*  
*hydrocortisone*

**I**

*ipratropium-albuterol inhalation solution*  
ITRACONAZOLE

**J**

JANUMET  
JANUVIA

**K**

KOMBIGLYZE XR

**L**

*lansoprazole*  
LANTUS  
*latanoprost*  
LEVEMIR  
*levofloxacin*  
*levothyroxine*  
LEXAPRO  
LIPITOR  
*lisinopril*  
*lisinopril-hydrochlorothiazide*  
LO LOESTRIN FE  
LOESTRIN 24 FE

**losartan**

*losartan-hydrochlorothiazide*  
LOSEASONIQUE  
*lovastatin*  
LUMIGAN

**M**

MAXALT  
*medroxyprogesterone*  
*meloxicam*  
*metformin*  
*metformin ext-rel*  
*metolazone*  
*metoprolol*  
*metoprolol succinate ext-rel*  
*metronidazole*  
MICARDIS  
MICARDIS HCT  
*minocycline*  
*mirtazapine*  
*mometasone*

**N**

*nadolol*  
*naproxen*  
*naratriptan*  
NASONEX  
NATAZIA  
*nateglinide*  
NEXIUM  
NIASPAN  
*nifedipine ext-rel*  
*nitrofurantoin*  
NORDITROPIN  
NOVOLIN  
NOVOLOG  
NOVOLOG MIX  
NUVARING

**O**

*omeprazole*  
*omeprazole-sodium bicarbonate capsule*

ONETOUCH STRIPS AND KITS<sup>3</sup>  
 ONGLYZA  
 ORTHO EVRA  
 ORTHO TRI-CYCLEN LO  
 oxybutynin  
 oxybutynin ext-rel

**P**

pantoprazole  
 paroxetine  
 paroxetine ext-rel  
 penicillin VK  
 PRADAXA  
 PRANDIN  
 pravastatin  
 PREMARIN  
 PREMPHASE  
 PREMPRO  
 PRISTIQ  
 PROAIR HFA  
 PROMETRIUM  
 propranolol

propranolol ext-rel  
 PROVENTIL HFA  
 PULMICORT FLEXHALER

**Q**

quinapril  
 quinapril-  
 hydrochlorothiazide  
 QVAR

**R**

ramipril  
 ranitidine  
 RAPAFLU  
 RELENZA  
 RETIN-A MICRO  
 rimantadine

**S**

SEREVENT  
 sertraline  
 SIMCOR  
 simvastatin

SINGLAIR  
 SPIRIVA  
 spironolactone-  
 hydrochlorothiazide  
 sulfamethoxazole-  
 trimethoprim  
 sumatriptan  
 SUMAVEL DOSEPRO  
 SUPRAX  
 SYMBICORT  
 SYNTHROID  
 SYNVISC  
 SYNVISC-ONE

**T**

TAMIFLU  
 tamsulosin  
 TEKAMLO  
 TEKTURNA  
 TEKTURNA HCT  
 terazosin  
 terbinafine tablet  
 tetracycline

timolol maleate solution  
 torsemide  
 tramadol  
 tramadol ext-rel  
 TRAVATAN Z  
 trazodone  
 tretinoin  
 TREXIMET  
 triamcinolone  
 triamterene-  
 hydrochlorothiazide  
 TRICOR  
 TRILIPIX  
 trospium

**V**

valacyclovir  
 VALTURNA  
 VELTIN  
 venlafaxine  
 venlafaxine ext-rel  
 VENTOLIN HFA  
 VERAMYST

verapamil ext-rel  
 VESICARE  
 VICTOZA  
 VIIBRYD  
 VIVELLE-DOT

**W**

warfarin  
 WELCHOL

**X**

XARELTO

**Z**

zafirlukast  
 ZETIA  
 zolpidem  
 zolpidem ext-rel  
 ZOMIG

**PREFERRED ALTERNATIVES LIST**

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*	DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
ACIPHEX	lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM	BENZIQ	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN
ADVICOR	SIMCOR	BREVOXYL	benzoyl peroxide
ALORA	estradiol, EVAMIST, VIVELLE-DOT	CARDURA XL	alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLU
ALTOPREV	atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, LIPITOR	CENESTIN	estradiol, estropipate, ENJUVIA, PREMARIN
ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO	CLINDAGEL	erythromycin solution
ARMOUR THYROID	levothyroxine, SYNTHROID	DESQUAM E, DESQUAM X	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>	DORAL	zolpidem, zolpidem ext-rel
ATACAND, ATACAND HCT	losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT	DYNACIRC CR	amlodipine, nifedipine ext-rel
ATELVIA	alendronate, ACTONEL, BONIVA	EDARBI	losartan, BENICAR, DIOVAN, MICARDIS
ATROVENT HFA	SPIRIVA	EDLUAR	zolpidem, zolpidem ext-rel
AVAPRO, AVALIDE	losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT	ESTRASORB	estradiol, EVAMIST, VIVELLE-DOT
AXERT	naratriptan, sumatriptan, MAXALT, ZOMIG	ESTROGEL	estradiol, EVAMIST, VIVELLE-DOT
AXIRON	ANDRODERM, ANDROGEL	FEMTRACE	estradiol, estropipate, ENJUVIA, PREMARIN
AZELEX	erythromycin solution	FENOGLIDE	fenofibrate, TRICOR, TRILIPIX
BECONASE AQ	flunisolide, fluticasone, triamcinolone, NASONEX, VERAMYST	FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
BENZAC AC, BENZAC W	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN	FLECTOR	diclofenac, meloxicam, naproxen
BENZAGEL	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN	FORTAMET	metformin ext-rel
		FORTESTA	ANDRODERM, ANDROGEL
		FOSAMAX PLUS D	alendronate, ACTONEL, BONIVA
		FREESTYLE STRIPS AND KITS <sup>4</sup>	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>
		FROVA	naratriptan, sumatriptan, MAXALT, ZOMIG

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*	DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
GLUMETZA	<i>metformin ext-rel</i>	RIOMET	<i>metformin ext-rel</i>
HUMALOG	APIDRA, NOVOLOG	ROZEREM	<i>zolpidem, zolpidem ext-rel</i>
HUMALOG MIX 50/50	NOVOLOG MIX 70/30	RYZOLT	<i>tramadol ext-rel</i>
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	SANCTURA XR <sup>4</sup>	<i>oxybutynin ext-rel, trospium, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE</i>
HUMULIN	NOVOLIN	SKELID	<i>alendronate, ACTONEL</i>
INNOPRAN XL	<i>atenolol, carvedilol, metoprolol, metoprolol succinate ext-rel, nadolol, propranolol, propranolol ext-rel, BYSTOLIC, COREG CR</i>	STRIANT	ANDRODERM, ANDROGEL
ISTALOL	<i>timolol maleate solution, BETIMOL</i>	SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>
LIVALO	<i>atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, LIPITOR</i>	TESTIM	ANDRODERM, ANDROGEL
LUNESTA	<i>zolpidem, zolpidem ext-rel</i>	TEVETEN, TEVETEN HCT	<i>losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT</i>
MAXAIR	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA	TOVIAZ	<i>oxybutynin ext-rel, trospium, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE</i>
MENEST	<i>estradiol, estropiate, ENJUVA, PREMARIN</i>	TRADJENTA	JANUVIA, ONGLYZA
MENOSTAR	<i>estradiol, EVAMIST, VIVELLE-DOT</i>	TRIAZ	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN</i>
NEOBENZ MICRO	<i>benzoyl peroxide</i>	TRIGLIDE	<i>fenofibrate, TRICOR, TRILIPIX</i>
OLEPTRO	<i>trazodone</i>	TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>
OLUX-E	<i>clobetasol propionate foam</i>	TWINJECT	EPIPEN, EPIPEN JR
OMNARIS	<i>flunisolide, fluticasone, triamcinolone, NASONEX, VERAMYST</i>	VANOS	<i>clobetasol</i>
OXYTROL <sup>4</sup>	<i>oxybutynin ext-rel, trospium, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE</i>	VYTORIN	<i>atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, LIPITOR</i>
PATANASE	<i>azelastine, ASTEPRO</i>	XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
PEXEVA	<i>citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO, VIIBRYD</i>	ZYFLO, ZYFLO CR	<i>zafirlukast, SINGULAIR</i>
PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>		
PREFEST	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>		
RELION INSULIN	NOVOLIN INSULIN		
RELPAX	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>		
RHINOCORT AQUA	<i>flunisolide, fluticasone, triamcinolone, NASONEX, VERAMYST</i>		



You may be responsible for the full cost of certain non-formulary products that are excluded from coverage. Please check with your plan sponsor for more information.

**FOR YOUR INFORMATION: Generics should be considered the first line of prescribing.** This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. Any brand drug for which a generic product becomes available may be designated as a non-preferred product. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay information for a specific medicine.

\* The preferred alternative products in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

§ Generics are available in this class and should be considered the first line of prescribing.

<sup>1</sup> Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

<sup>2</sup> Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

<sup>3</sup> An Accu-Chek or OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or OneTouch. For more information on how to obtain a blood glucose meter, call toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy benefits to qualify.

<sup>4</sup> A medical exception process is in place for specific clinical circumstances that may require continued coverage for one of these specific drugs: Freestyle diabetic test strips, Oxytrol and Sanctura XR. If your doctor believes you have a specific clinical need for one of these drugs, he or she should fax a medical exception request to 1-866-443-1172.

**Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.**

CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

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

# Formulary Exclusions

Below is a list of medicines by drug class that will no longer be covered by your plan's drug list. If you continue using one of these drugs after this date, you may be required to pay the full cost.

If you are currently using one of these drugs, ask your doctor to choose one of the generic or brand options listed below.

Category * Drug Class	Formulary Exclusion Drug	Formulary Considerations
Allergies * Nasal Steroids	BECONASE AQ OMNARIS RHINOCORT AQUA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX, VERAMYST</i>
Asthma * Beta Agonists, Short-Acting	MAXAIR XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
Depression * Antidepressants	OLEPTRO	<i>trazodone</i>
Dermatology * Acne	BREVOXYL NEOBENZ MICRO	<i>benzoyl peroxide</i>
Dermatology * Skin Inflammation and Hives Corticosteroids	OLUX-E	<i>clobetasol propionate foam 0.05%</i>
Diabetes * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin ext-rel</i>
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	TRADJENTA	JANUVIA, ONGLYZA
Diabetes * Insulins	HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R  NOTE: <i>Humulin U-500 concentrate will not be subject to the exclusion and will continue to be covered.</i>	APIDRA, NOVOLOG NOVOLOG MIX 70/30 NOVOLOG MIX 70/30 NOVOLIN 70/30 NOVOLIN N NOVOLIN R
Diabetes * Supplies	FREESTYLE STRIPS AND KITS <sup>2</sup>	ACCU-CHEK STRIPS AND KITS <sup>1</sup> , ONETOUGH STRIPS AND KITS <sup>1</sup>
Erectile Dysfunction * Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND EDARBI TEVETEN	<i>losartan, BENICAR, DIOVAN, MICARDIS</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT TEVETEN HCT	<i>losartan-hydrochlorothiazide, BENICAR HCT, DIOVAN HCT, MICARDIS HCT</i>
High Cholesterol * HMG Co-A Reductase Inhibitors (HMGs or Statins)	ALTOPREV LIVALO	<i>atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, LIPITOR</i>

Category * Drug Class	Formulary Exclusion Drug	Formulary Considerations
High Cholesterol * HMG Co-A Reductase Inhibitor / Niacin Combinations	ADVICOR	SIMCOR
Overactive Bladder / Incontinence * Urinary Antispasmodics	OXYTROL <sup>2</sup> SANCTURA XR <sup>2</sup> TOVIAZ	<i>oxybutynin ext-rel</i> , DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE
Pain and Inflammation * Nonsteroidal Anti-inflammatory (NSAIDs) / Combinations	ARTHROTEC FLECTOR	<i>diclofenac, meloxicam, naproxen</i> WITH <i>misoprostol</i> , CELEBREX, VIMOVO <i>diclofenac, meloxicam, naproxen</i>
Pain * Non-Narcotic Analgesics	RYZOLT	<i>tramadol ext-rel</i>
Testosterone Replacement * Androgens	AXIRON FORTESTA TESTIM	ANDRODERM, ANDROGEL

### List of Formulary Exclusion Drugs

ADVICOR ALTOPREV ARTHROTEC ATACAND ATACAND HCT AXIRON BECONASE AQ BREVOXYL EDARBI FLECTOR FORTAMET FORTESTA FREESTYLE STRIPS AND KITS <sup>2</sup>	GLUMETZA HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R LEVITRA LIVALO MAXAIR NEOBENZ MICRO OLEPTRO OLUX-E	OMNARIS OXYTROL <sup>2</sup> RHINOCORT AQUA RIOMET RYZOLT SANCTURA XR <sup>2</sup> TESTIM TEVETEN TEVETEN HCT TOVIAZ TRADJENTA XOPENEX HFA
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This list represents brand products in CAPS and generic products in lowercase *italics*. This is not an all-inclusive list. Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copy information for a specific drug. Discuss this information with your doctor or health care provider. CVS Caremark assumes no liability for the information provided or for any diagnosis or treatment made in reliance thereon, nor is it responsible for the reliability of the content. This list is subject to change.

Subject to state law restrictions.

\* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

<sup>1</sup> An Accu-Chek or OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or OneTouch. For more information on how to obtain a blood glucose meter, call toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy benefits to qualify.

<sup>2</sup> A medical exception process is in place for specific clinical circumstances that may require continued coverage for one of these specific drugs: Freestyle diabetic test strips, Oxytrol and Sanctura XR. If your physician believes you have a specific clinical need for one of these drugs, he or she should fax a medical exception request to 1-866-443-1172.

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# CVS Caremark Out of Network Pharmacy List

NCPDP	PharmacyName	Address	City	State	Zip	In Network?	Reason
1452286	ALTAMONT PHARMACY INC	12 N 3RD ST	ALTAMONT	IL	62411	N	Eligible For Solicitation
1413284	BRIGHTON PHARMACY	108 RANSOM ST	BRIGHTON	IL	62012	N	Eligible For Solicitation
1452414	CARLE RX EXPRESS					N	Closed
1449330	COPPER BEND PHARMACY	2900 FRANK SCOTT PKWY W STE 92	BELLEVILLE	IL	62223	N	Eligible For Solicitation
1468138	DAHNCHE PHARMACY	803 1/2 N 1ST ST	VIENNA	IL	62995	N	Eligible For Solicitation
1400617	DICKS PHARMACY	118 S VINE ST	ARTHUR	IL	61911	N	Eligible For Solicitation
1443693	EISELES CASEYVILLE PHARMACY INC	200 W LINCOLN AVE	CASEYVILLE	IL	62232	N	Eligible For Solicitation
3500659	ELLENDALE PHARMACY	117 MAIN ST	ELLENDALE	ND	58436	N	Eligible For Solicitation
1423211	FOX FAMILY PHARMACY	10 MAIN ST	HARDIN	IL	62047	N	Eligible For Solicitation
1455559	GABLE FAMILY PHARMACY CO	502 CHESTNUT ST	GREENFIELD	IL	62044	N	Eligible For Solicitation
1718393	GLOBAL MEDICAL DIRECT	14309 W 95TH ST	LENEXA	KS	66215	N	Eligible For Solicitation
1432638	MIDWESTERN REG MED CTR PHCY	2520 ELISHA AVE	ZION	IL	60099	N	Eligible For Solicitation
1447502	MT PULASKI PHARMACY	507 E CHESTNUT ST	MOUNT PULASKI	IL	62548	N	Eligible For Solicitation
2622620	PARK PHARMACY	37 DOCTORS PARK	CAPE GIRARDEAU	MO	63703	N	Eligible For Solicitation
1453834	PHARMACY PLUS INC	508 N MAIN ST	CARROLLTON	IL	62016	N	Eligible For Solicitation
4107327	RHODE ISLAND VILLAGE PHARMACY	1 COMMERCE STREET SUITE B	LINCOLN	RI	2865	N	Eligible For Solicitation
1455496	SCHNUCKS PHARMACY	2665 N ILLINOIS ST	SWANSEA	IL	62226	N	Eligible For Solicitation
2623507	SCHNUCKS PHARMACY	8800 MANCHESTER RD	BRENTWOOD	MO	63144	N	Eligible For Solicitation
2610118	TAYLOR HEALTH CENTER PHARMACY	715 S FLORENCE AVE	SPRINGFIELD	MO	65897	N	Eligible For Solicitation
1500049	TERRE HAUTE PRESCRIPTION SHOP	3020 S 7TH ST	TERRE HAUTE	IN	47802	N	Closed
1448186	THE PHARMACY	101 N MAIN ST	TUSCOLA	IL	61953	N	Eligible For Solicitation
1430444	THE PRESCRIPTION SHOP	221 S STATE ST	JERSEYVILLE	IL	62052	N	Eligible For Solicitation
1405213	THE SULLIVAN PHARMACY	102 E HARRISON ST	SULLIVAN	IL	61951	N	Eligible For Solicitation
1453416	UNIV OF IL ONCOLOGY PHARM	1801 W TAYLOR ST MC 884	CHICAGO	IL	60612	N	Eligible For Solicitation
1485552	VILLA GROVE PHARMACY	2 S MAIN ST SUITE A	VILLA GROVE	IL	61956	N	Eligible For Solicitation
1705764	WAMEGO DRUG STORE	501 LINCOLN ST	WAMEGO	KS	66547	N	Eligible For Solicitation
2607197	WHALEYS MEDICAL CTR PHARMACY	1431 SOUTHWEST BLVD	JEFFERSON CITY	MO	65109	N	Eligible For Solicitation

## [VOLUNTARY DENTAL PLAN CHANGES](#)

The new rates for the voluntary Delta Dental program for 2012-2013 are shown below. Please note that the new Low Plan rates are still less than the premiums were in 2007 except for the employee only rate, and that rate is only slightly higher than the rate in 2007. The new High Plan rates range from 7% to 12% higher than the rates in 2007. One benefit change is being included on the High Plan. Effective January 1, 2013, the \$50 annual deductible will now apply to Preventive and Diagnostic Services, the same as the Low Plan.

### LOW PLAN

	<u>2007</u>	<u>2010</u>	<u>2012</u>
Employee	\$13.26	\$11.80	\$13.68
Employee + One	\$26.58	\$21.44	\$25.12
Employee + Two or More	\$48.76	\$40.38	\$47.60

### HIGH PLAN

	<u>2007</u>	<u>2010</u>	<u>2012</u>
Employee	\$27.44	\$27.94	\$30.74
Employee + One	\$51.12	\$51.16	\$56.44
Employee + Two or More	\$76.12	\$74.26	\$82.00

\*Effective January 1, 2013, the \$50 deductible will apply to Preventive and Diagnostic Services.

## [VOLUNTARY VISION PLAN CHANGES](#)

The voluntary Uniview Vision Plan rates will increase effective September 1, 2012 and will remain in effect until August 31, 2014. The rates currently in place have been the same for the past four years.

	<u>2008</u>	<u>2012</u>
Employee	\$6.64	\$7.24
Employee + One	\$9.50	\$10.36
Employee + Two or More	\$17.20	\$18.76



Where the doctor is always in.  
Affordable Healthcare Access. Anytime, Anywhere, Anyone.

*The Egyptian Trust will continue to offer the Consult a Doctor program. This program is free of charge to you when you are enrolled in one of the Health Plans.*

**At any time of the day or night** you may also contact Consult a Doctor to assist you in determining the best course of action. If you are enrolled in one of the Egyptian Trust Health Plans you may consult with a medical doctor via phone or email 24/7.

### Common medical concerns that often times may be treated without a visit to your physician:

- Cold/Flu
- Allergies
- Sinus Infections
- Bronchitis
- Headaches/Migraines
- Stomach Ache/Diarrhea
- Respiratory Infections
- Urinary Tract Infections
- Prescription Refills\* ....and many more

Consult a Doctor is a **FREE** service to you and your family when covered by one of the Egyptian Trust Health Plans.

### Benefits of Consult A Doctor:

- 24/7 physician access from anywhere
- Prescription medication
- Powerful online health applications
- No limitations on usage

Consult A Doctor Phone: (800) 362-2667

Consult A Doctor Website: [www.MyDrConsult.com](http://www.MyDrConsult.com)

\*Consult A Doctor is not health insurance, and does not replace your primary care physician. If you have an emergency medical condition, please dial 911. All services are HIPAA-compliant.

\*\*It is not guaranteed that the doctor will issue a script for prescription medication.