Published by: MERITAIN HEALTH

Egyptian Area Schools Benefit Plan Gazette

Winter 2010 13 Executive Drive Suite 19 Fairview Heights IL 62208

In This Issue

- Welcome to the Trust
- HSA-HDHP Changes Effective 1/1/11
- Pharmacy Benefit Program Changes Effective 1/1/11
  - 2011 Maintenance Medication List
  - 2011 Formulary with Step Therapy
  - Your OTC Pharmacy Benefit
- Health Plan Changes Effective 1/1/11
- New Health & Vision ID Cards
- Message to Covered Members
- myMERITAIN.com
- Meritain Member Statements
- 'Tis The Season To Live Heathy

"May your walls know joy, may every room hold laughter, and every window open to great possibility."

Mary Anne Radmacher

Welcome to the Egyptian Trust:

Anna District #37

Dependent Status Forms Due January 1, 2011

Action required if you have a covered dependent age 19 or older

If you have a dependent child age 19 or older enrolled in any of the Egyptian Trust Health plans you must submit an updated Dependent Status Form before any claims incurred January 1, 2011 or after will be considered for reimbursement. **Keep in mind**, this includes coverage for prescription drugs. Until the form is received and updated and entered in the Meritain Health claims system your dependent children age 19 or older will be denied prescription drug coverage at the point of service at the pharmacy.

You may obtain a copy of the form by visiting **www.egtrust.org** or following the link:

http://www.egtrust.org/Dependent%20Status%20Form_7-09.pdf

If you have any questions please contact Meritain Health at (800) 844-7979. Send your updated Dependent Status Form to:

Meritain Health
300 Corporate Parkway
Amherst, NY 14226

Or fax to:
(888) 525-2799

Health Savings Account (HSA)Qualified-High Deductible Health Plan (Bronze Plan) Changes Effective January 1, 2011

In accordance with the IRS Requirements for 2011, the following limits to the HSA Qualified High Deductible Health Plan (Bronze Plan) which were effective January 1, 2010 will remain in place as of January 1, 2011.

	Individual	Family
Minimum Deductible	$1,200	$2,400
Maximum Out-of-Pocket	$5,950	$11,900
HSA Contribution Limit	$3,050	$6,150
Catch-Up Contribution (55 or older)	* $1,000	

* If a spouse is also 55 or older, a second HSA must be established and a second contribution of $1,000 could be made to that account. For additional information about Health Savings Accounts please refer to your Bronze Plan Document or visit **www.irs.gov**.

Vendor/Consultant Websites/Phone

Health
View your protected claims and eligibility and more at:

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

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

HealthLink Providers
Find a Tier 1 or Tier 2 Participating Provider, create a Customized Directory, and more at:

www.healthlink.com

Member Services Phone 800-624-2356

Delta Dental
View your protected claims and eligibility and more at:

www.deltadentalil.com

Member Services Phone 800-323-1743

UniView Vision Plan
To find a participating Uniview provider go to:

www.unicare.com

Member Services Phone 888-884-8428

Lincoln Financial Group
Member Services Phone 800-423-2765

Express Scripts Pharmacy Benefit Program Changes Effective January 1, 2011

The Egyptian Trust Board of Managers met on November 8, 2010 and approved a change in the prescription card program **EFFECTIVE JANUARY 1, 2011**. In particular, the program was changed to allow 90 day **maintenance** prescriptions to be filled at retail pharmacies participating in the Express Scripts Maintenance Drug Network (MDN), in addition to continuing to allow these fills through Home Delivery. The co-pays for those maintenance medications filled at a participating Express Scripts MDN pharmacy will be slightly higher than those filled through Home Delivery (see the chart on the next page). The reason for the change was twofold.

- First, employees in Egyptian Trust member school districts and cooperatives expressed concern at being required to fill their maintenance medications through Home Delivery or pay a double co-pay for a 30 day fill.

- Secondly, local pharmacists expressed concerns about the amount of business they were losing while pointing out that they support their local schools both financially and with time commitments, and also pointing out that they are a resource for the local employee who needs help with their medications and those who have questions. Although projected savings for the Trust's pharmacy benefit program will be somewhat less than what was originally designed, the membership felt it was important to continue to work with and allow retail pharmacies the opportunity to participate within the Express Scripts Maintenance Drug Network (MDN).

The benefit design change that will become effective **JANUARY 1, 2011** includes:

1. All maintenance medications may be filled on a 90 day basis through Home Delivery or the Express Scripts MDN network of pharmacies. Most of the pharmacies in our communities are already a part of the MDN network. Local pharmacies that are not part of the MDN network will have the opportunity to sign a contract with Express Scripts to join the MDN network. Pharmacies who are not currently contracted under the Express Scripts MDN network can contact the Contracting Department at 866-296-9943 to request a MDN network contract. The MDN pharmacies agree to accept lower reimbursements from Express Scripts in order to participate in the Maintenance Drug Network.

2. Egyptian Trust members will continue to have the option to fill the first two months of a maintenance medication at any local retail pharmacy for the normal 30 day co-pay. After the first two fills of a maintenance medication each fill afterward will be required to be a 90 day fill at either an MDN pharmacy or through Home Delivery. **Please Note: Members will not have the option of buying a 30 day supply of maintenance drugs at any retail pharmacy by paying double the normal 30 day co-pay.** Members can continue to buy up to a 30 day supply of any covered medication that is not a maintenance medication and is not a specialty medication at any retail pharmacy.

3. The prescription card co-pays will be adjusted as shown below. The co-pay for a 90 day fill at the MDN pharmacy will be higher than the Home Delivery co-pay. Past practice by covered employees has seen the vast majority of generic maintenance prescriptions filled on a 30 day basis, indicating members have been paying three normal 30 day prescription co-pays. The proposed 90 day MDN co-pay for generic drugs is the equivalent of three 30 day retail co-pays and is needed to help offset the higher discounts the Trust receives for mail order versus retail fills.

   The 90 day co-pay for brand formulary and non-formulary medications will also be higher at MDN pharmacies than through Home Delivery for the same reason.

   The co-pays effective January 1, 2011 are as follows:

Platinum and Gold 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%

Silver and Bronze Plans	Retail 30 day supply (no change)	MDN Retail 90 day supply Maintenance drugs after first 2 fills	Home Delivery up to 90 day supply (no change)
Generic	$12	**$36**	$30
Preferred Brand	$30	**$85**	$70
Non-Preferred Brand	$45	**$130**	$110
Injectables	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.

If you wish to use the Home Delivery program to fill your maintenance medications, review the following page entitled "Home Delivery Is Easy!" This will provide you with a checklist to make the Home Delivery process as convenient as possible. You may also do so by contacting 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 the website at **www.starthomedelivery.com**.

EXPRESS SCRIPTS®

Express Scripts Maintenance Medications

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.

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
buspirone
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
chlorothiazide
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
dylix
DYNACIRC
DYNACIRC CR
dyphylline gg
DYRENIUM

E

EDECRIN TABLETS
eemt
EFFEXOR
EFFEXOR XR
EFFIENT
ELDEPRYL
ELIXOPHYLLIN
ENABLEX
enalapril
enalapril/hctz
ENDURON
ENJUVIA
enpresse
ergoloid mesylates
errin
essian
ESTRACE CREAM
ESTRACE TABLETS
ESTRADERM
estradiol patch
estradiol tablets
ESTRASORB
ESTRATEST
ESTRATEST H.S.
ESTRING
ESTROGEL
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
fenoprofen
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
glimepiride
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
hydralazine
hydra-zide
hydrochlorothiazide
hydrocortisone tablets
hydroxychloroquine
HYTRIN
HYZAAR

I

ibuprofen
IMDUR
indapamide
INDERAL LA
INDERIDE
INNOPRAN
INSPRA
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
jolivette
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.

EHD MMD215
PRMTEHDMM (03/17/10)

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
LEXXEL
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
lutera
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
ROCALTROL
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
TRENTAL
TREXALL
triamterene / hctz
TRICOR
TRIGLIDE
TRILEPTAL
TRI-LEVLEN
TRILIPIX
trinessa
TRI-NORINYL
TRIPHASIL
tri-previfem
tri-sprintec
trivora
tropicacyl
tropicamide
TRUSOPT
TWYNSTA TABLETS

U

ULORIC
UNIPHYL
UNIRETIC
unithroid
UNIVASC
URISPAS
UROCIT-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
ZERVALX
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.

Home Delivery Is Easy!

To help you get the most from the Express Scripts Pharmacy, we've put together a checklist to make the process even easier.

First Time Ordering?

- ❑ You should have at least a 30-day supply of your prescription on hand when you send in your new order, so you don't run out. Your initial order can take approximately 10-14 days to arrive once Express Scripts receives the prescription.
- ❑ Register your Home Delivery account with Express Scripts one of three ways:
  1. Complete a Home Delivery order form (available from your Benefits Administrator or by calling the number on the back of your member ID card.
  2. Set up your account at **www.express-scripts.com**.
  3. Let Express Scripts help by calling the number on the back of your member ID card.

  Be sure to select your payment option (check, credit card or money order) when you sign up.
- ❑ Get a new Home Delivery prescription from your doctor. Make sure your doctor:
  - ❑ Writes the prescription for a 90-day supply plus refills for one year, if appropriate.
  - ❑ Includes his or her name, phone number, DEA number and signature on the prescription.
  - ❑ Clearly writes the patient's name, date of birth, mailing address and member ID number on the prescription.
- ❑ Send it in! Have your doctor contact Express Scripts for the correct fax number or mailing address.

Need a Refill?

Refill your prescription when you have a 30-day supply left of your medication so you don't run out.

- ❑ Log on to **www.express-scripts.com**

-or-

- ❑ Call the number on the back of your member ID card

Place your order 24 hours a day, seven days a week.

If you have any questions about Home Delivery or your prescription-drug benefit, please call the number on the back of your member ID card.

EXPRESS SCRIPTS®

As you are aware, there were significant changes to the Pharmacy Benefit Program that became effective September 1, 2010. This information was included in the Summer Newsletter and is again being provided as a reminder. For detailed information you may visit **www.egtrust.org** and review the Summer 2010 newsletter or click on the following link:

Summer 2010 Newsletter

- **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.

- **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 contact CuraScript for questions about your specialty medications 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.

- **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.

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.

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

Express Scripts 2011 Formulary List with Step Therapy

Following is the Formulary List that becomes effective January 1, 2011. If you have questions about the Step Therapy Program, your copayments or any other aspect of the prescription plan, contact Express Scripts at 1-866-470-1745.

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.

EXPRESS SCRIPTS®

2011 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 Discmelt & solution)
acarbose
ACCU-CHEK MULTICLIX lancets
acebutolol
acetaminophen w/codeine
acetazolamide
ACTONEL, with calcium [ST]
ACTOPLUS MET, XR
ACTOS
acyclovir
ADCIRCA
ADVAIR DISKUS, HFA
ADVICOR
AGGRENOX
albuterol
alendronate sodium
ALPHAGAN P*
ALTABAX
amantadine
AMBIEN CR* [ST]
AMITIZA
amitriptyline
amlodipine besylate
amox tr/potassium clavulanate
amoxicillin
amphetamine salt combo
anagrelide
ANALPRAM E, -HC
anastrozole
ANDRODERM*
ANDROGEL
antipyrine w/benzocaine
apri
aranelle
ARANESP [INJ]
ARICEPT, ODT*
ARIXTRA [INJ]
ASACOL, HD
ASTELIN*
ASTEPRO
atenolol, -chlorthalidone
AVANDAMET
AVANDARYL
AVANDIA
AVELOX
aviane
AVODART [ST]
AZASITE
azathioprine
azelastine
AZILECT
azithromycin
AZOR [ST]

B

balsalazide disodium
balziva
BAYER ASCENSIA AUTODISC
BAYER BREEZE 2
BAYER CONTOUR (excluding USB meter)
benazepril, /hctz
BENICAR, HCT [ST]
BENZACLIN PUMP (excluding carekit)
benzonatate
benzoyl peroxide
betamethasone dp, valerate
BETASERON [INJ]
BONIVA TAB [ST]
brimonidine tartrate
bupropion, sr
butalbital/apap/caffeine
BYETTA [INJ]
BYSTOLIC

C

calcipotriene
calcitriol
camila
CANASA
captopril, /hctz
carbamazepine, xr
carbidopa-levodopa, er
carvedilol
cefadroxil
cefdinir
cefprozil
cefuroxime
CELEBREX [ST]
cephalexin
cesia
CETROTIDE [INJ]
chlorzoxazone
cholestyramine
chorionic gonadotropin [INJ]
CIALIS
ciclopirox
cilostazol
cimetidine
CIPRODEX
ciprofloxacin, er
citalopram
clarithromycin, er
CLIMARA PRO
clindamycin phosphate
clobetasol propionate
clomiphene citrate
clotrimazole troche
clozapine
colestipol
COMBIGAN
COMBIPATCH
CONCERTA*
COPAXONE [INJ]
COREG CR*
CREON DR
CRESTOR [ST]
CRINONE
cryselle
cyclosporine, modified
CYMBALTA [ST]

D

desmopressin acetate
desonide
desoximetasone
dexmethylphenidate
dextroamphetamine-amphetamine
dextroamphetamine sulfate
diclofenac sodium
dicyclomine hcl
DIFFERIN*
diltiazem, extended release
DIOVAN, HCT [ST]
divalproex sodium
dorzolamide, -timolol
doxazosin
DUAC CS*
DUETACT
DYNACIRC CR*

E

EFFEXOR XR* [ST]
EFFIENT
ELIDEL [ST]
eliphos
EMBEDA
ENABLEX [ST]
enalapril, hctz
ENBREL [INJ]
ENDOMETRIN
enpresse
EPIDUO
EPIPEN, JR [INJ]
errin
erythromycin
erythromycin/benzoyl perox.
ESTRADERM
estradiol, tds
estradiol/norethindrone
EUFLEXXA [INJ]
EURAX
EVAMIST
EXELON PATCH
EXFORGE, HCT [ST]

F

famciclovir
famotidine
felodipine er
fenofibrate
fentanyl citrate
fexofenadine
fexofenadine-pse
FINACEA, PLUS
finasteride
FLECTOR [ST]
FLOVENT DISKUS, HFA
fluconazole
flunisolide nasal spray
fluocinonide
fluorouracil
fluoxetine, dr
fluticasone nasal spray
fluvoxamine maleate
folic acid
FORADIL
FORTAMET
FORTEO [INJ]
fortical
fosinopril, /hctz
FOSRENOL

G

gabapentin
galantamine
GELNIQUE [ST]
gemfibrozil
GENOTROPIN [INJ]
gentamicin sulfate
gianvi
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

I

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

J

JALYN [ST]
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
levoxyl
LEXAPRO [ST]
LIALDA
LIDODERM
LIPITOR* [ST]
lisinopril, /hctz
losartan, /hctz
LOTEMAX
LOTREL* [ST]
lovastatin
LOVAZA
LOVENOX* [INJ]
low-ogestrel
LUMIGAN
lutera
LYRICA [ST]

M

MAXALT, MLT
meclizine hcl
medroxyprogesterone acetate
megestrol
meloxicam
MENEST
mercaptopurine
MERIDIA
metaxalone
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
MULTAQ
MUSE
mycophenolate mofetil

N

nabumetone
NAMENDA
naproxen
naratriptan
NASONEX [ST]
nateglinide
necon
NEEVO
neomycin/polymyxin/dexamethasone
neomycin/polymyxin/hc
NEVANAC
NEXIUM [ST]
NIASPAN
nifedipine er
nitrofurantoin macrocrystal
nitroglycerin patch
nora-be
nortrel
NOVOFINE
NOVOLIN [INJ]
NOVOLOG [INJ]
NUCYNTA
NUTROPIN, AQ [INJ]
NUVARING
nystatin

O

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

P

paroxetine
PATADAY*
PATANOL*
peg 3350/electrolyte
PEGASYS [INJ]
PEG-INTRON, REDIPEN [INJ]
penicillin v potassium
PERFOROMIST
phentermine hcl
phenytoin sodium, extended
pilocarpine hcl
PLAVIX
portia
PRANDIMET
PRANDIN*
pravastatin
PRECISION SURE DOSE
PRECISION XTRA

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2011 THROUGH DECEMBER 31, 2011. THIS LIST IS SUBJECT TO CHANGE.
You can get more information and updates to this document at our website at www.express-scripts.com.

W ST
PRMT719-11 (09/15/10)

prednisolone
prednisolone acetate
prednisone
PREMARIN
PREMPHASE
PREMPRO
PRENATE DHA, ELITE
previfem
PRISTIQ [ST]
PROAIR HFA
PROCHIEVE
prochlorperazine
PROCRIT [INJ]
promethazine
promethazine w/codeine
promethazine w/dm
PROMETRIUM
propranolol hcl, w/hctz
PROTOPIC [ST]
PULMICORT FLEXHALER
PYLERA

Q

quasense
quinapril
QVAR

R

ramipril
RANEXA
ranitidine
REBIF [INJ]
reclipsen
RELENZA
RENAGEL
RENVELA
reprexain
REQUIP XL
RESTASIS
REVATIO
ribavirin
RIOMET
risperidone, odt
rivastigmine caps
ropinirole
RYTHMOL SR*

S

SANCUSO
SAVELLA [ST]
SEREVENT DISKUS
SEROQUEL, XR
sertraline
SIMCOR
simvastatin
SINGULAIR [ST]
sodium sulfacetamide/ sulfur
SOFT TOUCH lancets
SOFTCLIX lancets
solia
SOMATULINE DEPOT [INJ]
SPIRIVA
sprintec
sronyx
STRATTERA*
STRIANT
SUBOXONE*
SULAR*
sulfacetamide sodium
sulfasalazine
sumatriptan tab, inj
SYMBICORT
SYMBYAX
SYMLIN, SYMLINPEN [INJ]

T

TAMIFLU
tamoxifen
tamsulosin
TAZORAC*
TEKTURNA, HCT [ST]
temazepam
terbinafine hcl
theophylline, anhydrous, er
thyroid
tilia fe
timolol maleate
tobramycin sulfate
topiramate
TRACLEER
trandolapril
trandolapril/verapamil
trazodone hcl
tretinoin
TREXIMET
triamcinolone acetonide
triazolam
tri-legest fe
TRILIPIX [ST]
trinessa
tri-previfem
tri-sprintec
trivora
TUSSICAPS
TUSSIONEX
TWINJECT [INJ]

U

ULORIC
UROXATRAL*
ursodiol

V

VAGIFEM
valacyclovir
VALTURNA [ST]
velivet
VENTOLIN HFA
VERAMYST [ST]
verapamil hcl
veripred
VESICARE [ST]
VIAGRA
VIGAMOX
VIMOVO [ST]
VIMPAT
VIVELLE-DOT
VOLTAREN GEL* [ST]
VYVANSE

W

warfarin
WELCHOL

X

XALATAN*
XOPENEX neb solution
XYZAL [ST]

Z

zaleplon
zamicet
zenchent
ZETIA
zolpidem tartrate
ZOMIG, ZMT
zonisamide
zovia
ZYCLARA
ZYLET
ZYMAR*
ZYMAXID
ZYPREXA (excluding Zydis)*

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	Singulair [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]	GEODON	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)*
ACUVAIL	diclofenac sodium, ketorolac, Nevanac	HYALGAN	Euflexxa, Orthovisc
AEROBID, M	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	IMITREX Nasal	Zomig Nasal
ALAMAST	azelastine, Pataday*, Patanol*	INNOHEP	Arixtra
ALOCRIL	azelastine, Pataday*, Patanol*	INVEGA	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)*
ALOMIDE	azelastine, Pataday*, Patanol*	IQUIX	ciprofloxacin, Vigamox, Zymar*, Zymaxid
ALORA	Generic patches, Estraderm, Vivelle-Dot	KADIAN	morphine sulfate er
ALTOPREV	lovastatin, simvastatin, Crestor [ST], Lipitor* [ST]	LESCOL, XL	lovastatin, simvastatin, Crestor [ST], Lipitor* [ST]
ALVESCO	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	LEVITRA	Cialis, Viagra
ANGELIQ	estradiol/noreth, Prempro/Premphase	LIPOFEN	fenofibrate, Trilipix [ST]
ANTARA	fenofibrate, Trilipix [ST]	LUNESTA	zolpidem tartrate, Ambien CR* [ST]
APIDRA	Humalog, Novolog	MAXAIR AUTOHALER	ProAir HFA, Ventolin HFA
APRISO	balsalazide, Asacol/HD, Lialda	MENOSTAR	Generic patches, Estraderm, Vivelle-Dot
ASMANEX	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	METADATE CD	dextroamphetamine-amphetamine, methylphenidate, Concerta*, Vyvanse
ATACAND	losartan, Benicar [ST], Diovan [ST]	MICARDIS	losartan, Benicar [ST], Diovan [ST]
ATACAND HCT	losartan/hctz, Benicar HCT [ST], Diovan HCT [ST]	MICARDIS HCT	losartan/hctz, Benicar HCT [ST], Diovan HCT [ST]
ATRALIN	tretinoin, Differin*, Epiduo	NASACORT AQ	flunisolide, fluticasone, Nasonex [ST], Veramyst [ST]
AUGMENTIN XR	amox/clavulanate er	NORDITROPIN	Genotropin, Humatrope, Nutropin/AQ
AVALIDE	losartan/hctz, Benicar HCT [ST], Diovan HCT [ST]	NOROXIN	ciprofloxacin/er, ofloxacin, Avelox, Levaquin*
AVAPRO	losartan, Benicar [ST], Diovan [ST]	OMNARIS	flunisolide, fluticasone, Nasonex [ST], Veramyst [ST]
AVINZA	morphine sulfate er	OMNITROPE	Genotropin, Humatrope, Nutropin/AQ
AVITA	tretinoin, Differin*, Epiduo	ORTHO EVRA	gianvi, Ortho Tri-Cyclen Lo
AXERT	sumatriptan tab, Maxalt/MLT, Zomig/ZMT	OXYTROL	oxybutynin er, Gelnique [ST]
AZOPT	brimonidine tartrate, dorzolamide, Alphagan P*, Combigan	PATANASE	Astelin*, Astepro
BECONASE AQ	flunisolide, fluticasone, Nasonex [ST], Veramyst [ST]	PRECISION PCX, QID	Bayer Breeze 2/Contour (excluding USB meter), OneTouch
BEPREVE	azelastine, Pataday*, Patanol*	PREFEST	estradiol/noreth, Prempro/Premphase
BESIVANCE	ciprofloxacin, Vigamox, Zymar*, Zymaxid	PREVACID	lansoprazole
BRAVELLE	Gonal-F/RFF	PREVPAC	Pylera
BROVANA	Perforomist	PROVENTIL HFA	ProAir HFA, Ventolin HFA
CARDENE SR	amlodipine, felodipine er, nifedipine er, Dynacirc CR*, Sular*	QUIXIN	ciprofloxacin, Vigamox, Zymar*, Zymaxid
CARDIZEM LA	diltiazem 24 hr er	RAPAFLO	doxazosin, tamsulosin, Uroxatral*
CENESTIN	estradiol, Menest, Premarin	RELPAX	sumatriptan tab, Maxalt/MLT, Zomig/ZMT
CETRAXAL	Ciprodex	RETIN-A MICRO	tretinoin, Differin*, Epiduo
CIMZIA	Enbrel, Humira	RHINOCORT AQUA	flunisolide, fluticasone, Nasonex [ST], Veramyst [ST]
CIPRO HC	Ciprodex	RITALIN LA	dextroamphetamine-amphetamine, methylphenidate, Concerta*, Vyvanse
CLARINEX	fexofenadine, Xyzal [ST]	SAIZEN	Genotropin, Humatrope, Nutropin/AQ
DETROL, LA	oxybutynin er, Enablex [ST], Vesicare [ST]	SANCTURA XR	oxybutynin er, Enablex [ST], Vesicare [ST]
DEXILANT	lansoprazole, omeprazole, Nexium [ST]	SIMPONI	Enbrel, Humira
DIVIGEL	Generic patches, Evamist	SUMATRIPTAN Nasal	Zomig Nasal
DUREZOL	Generic steroids, Lotemax	SUPARTZ	Euflexxa, Orthovisc
EDEX	Caverject, Muse	SYNTHROID	levothyroxine sodium, levoxyl
EDLUAR	zolpidem tartrate, Ambien CR* [ST]	SYNVISC, ONE	Euflexxa, Orthovisc
ELESTAT	azelastine, Pataday*, Patanol*	TESTIM	Androderm*, Androgel
ELESTRIN	Generic patches, Evamist	TEVETEN	losartan, Benicar [ST], Diovan [ST]
EMADINE	azelastine, Pataday*, Patanol*	TEVETEN HCT	losartan/hctz, Benicar HCT [ST], Diovan HCT [ST]
ENJUVIA	estradiol, Menest, Premarin	TEV-TROPIN	Genotropin, Humatrope, Nutropin/AQ
EPOGEN	Aranesp, Procrit	TOVIAZ	oxybutynin er, Enablex [ST], Vesicare [ST]
ESTRASORB	Generic patches, Evamist	TRAVATAN Z	Lumigan, Xalatan*
ESTROGEL	Generic patches, Evamist	TRICOR	fenofibrate, Trilipix [ST]
EXELON CAPS	rivastigmine	TRIGLIDE	fenofibrate, Trilipix [ST]
FACTIVE	ciprofloxacin/er, ofloxacin, Avelox, Levaquin*	VYTORIN	simvastatin, Crestor [ST], Lipitor* [ST]
FemHRT	estradiol/noreth, Prempro/Premphase	XIBROM	diclofenac sodium, ketorolac, Nevanac
FEMTRACE	estradiol, Menest, Premarin	XOPENEX HFA	ProAir HFA, Ventolin HFA
FENOGLIDE	fenofibrate, Trilipix [ST]	YAZ	gianvi, Ortho Tri-Cyclen Lo
FERTINEX	Gonal-F/RFF	ZEGERID	lansoprazole, omeprazole, Nexium [ST]
FML FORTE	Generic steroids, Lotemax		
FOCALIN, XR	dexmethylphenidate, 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, 2011 THROUGH DECEMBER 31, 2011. THIS LIST IS SUBJECT TO CHANGE.
You can get more information and updates to this document at our website at www.express-scripts.com.

❖ Require Prior Authorization for Additional Drugs

Prior Authorization (PA) 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.

All of the Prior Authorization programs available from Express Scripts have been added to the Egyptian Trust Health Plans as of September 1, 2010. Following is a list of all drugs that require prior authorization as of September 1, 2010.

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

❖ 100% Coverage for Certain OTC Drugs

The following 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.

The following pages provide you with a letter you may print and bring to your physician. This letter clearly explains what your physician must do in order for you to receive 100% coverage of your specific OTC drug.

Included is a list of Frequently Asked Questions concerning your OTC benefit.

Your OTC Pharmacy Benefit

Your prescription plan covers select over-the-counter (OTC) medications.

The list below includes what OTCs are covered by your healthcare plan. Most of these medications have both brand and generic options available. Generic OTC medications are preferred by the plan and should be used whenever possible.

Important note:

Beginning January 1, 2011, OTC medications and drugs will no longer be eligible for reimbursement through your FSA, without a doctor's prescription. This requirement will take place based on the date the items are purchased and not based on the plan year. In other words, starting January 1, 2011, you must first obtain a prescription for any OTC medication or drug **(even if listed as "Allowable" below)** in order to obtain reimbursement from your FSA, regardless of when the plan year ends.

What is covered under my OTC pharmacy benefit?

Medications are listed by active ingredient. Brand name equivalents are referenced in parentheses.

- **Heartburn/Reflux:**
  Famotidine (Pepcid®)
  Omeprazole OTC (Prilosec OTC®)
  Ranitidine (Zantac®)
  Lansoprazole OTC (Prevacid®)

How much do I pay for covered OTC medications?

Your plan covers the full cost of the covered OTC medications, leaving you with no out-of-pocket expenses.

How do I use my OTC pharmacy benefit?

In order to use this benefit:

1. Obtain a prescription from your physician. Your physician may be able to call in a prescription to your pharmacy without an office visit.
2. Double check the prescription. The prescription should specify:
   - **OTC.** For example, it should read Prilosec OTC.
   - **Quantity.** The prescription should be written for "one package up to 100#." This allows your pharmacy to dispense the package they have in store.
3. Tell your pharmacy. Most plans do not cover OTC medications. When you give your prescription for the OTC medications to your pharmacy, let them know your plan covers some OTC medications, if you have a prescription. This will help your pharmacy know to process the prescription under your pharmacy benefit.

Are there limitations?

- You can obtain up to 100 tablets if the medication is a tablet or pill. Other formulations, like liquids, will be dispensed one package at a time.
- Member reimbursement requests for covered OTC medications will be processed only if accompanied by a receipt from the pharmacy, indicating a prescription for the medication was provided.

MERITAIN℠ HEALTH

www.myMERITAIN.com

MERITAIN HEALTH

Member: Please provide this letter to your doctor's office to provide information about prescribing OTC medications.

Dear Doctor,

Your patient's prescription drug plan covers select OTC medications at **NO CHARGE** to the member. All you need to do is write a prescription for the OTC medication, if appropriate, using the guidelines below.

Covered OTC Medications (generic preferred):

- **Heartburn/Reflux:**

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

Writing a Prescription for OTC Medications:

Follow your standard protocols for writing prescriptions, but add:

1. Specify "OTC". You must write OTC after the name of the medication so the pharmacy knows to use the OTC product and not the legend prescription product.
2. Quantity. Write the prescription for "one package up to #100". This allows the pharmacy to dispense the package size they have in stock.

Thank you for taking the time to review your patient's pharmacy plan benefit and considering writing a prescription for an OTC medication in place of a legend prescription medication.

Sincerely,
Meritain Health

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 became effective on September 1, 2010 and those upcoming changes which become effective on January 1, 2011. You may print a complete Summary of Benefits for the Plan you are enrolled in by visiting **www.egtrust.org** and clicking on the following links:

Platinum Plan – Effective January 1, 2011

Gold Plan – Effective January 1, 2011

Silver Plan – Effective January 1, 2011

Bronze Plan – Effective 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.

Benefits prior to September 1, 2010, 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 **(1/1/11 change)**	$300 $900	**$400** **$1,200**	$500 $1,500	**$600** **$1,800**	$500 $1,500	**$600** **$1,800**	$500 $1,500	**$600** **$1,800**
Out of Pocket Individual Family **(1/1/11 change)**	$900 $1,800	**$1,200** **$2,400**	$1,500 $3,000	**$1,800** **$3,600**	$3,000 $6,000	**$3,300** **$6,600**	$4,700 $9,400	**None** **None**
Coinsurance **(1/1/11 change)**	95%	**90%**	90%	**85%**	75%	**70%**	65%	**60%**
Emergency Room Visit (Calendar year deductible waived) **(9/1/10 change)**	$100 Copay then 95%	**$200** **Copay** **then 90%**	$100 Copay then 95%	**$200** **Copay** **then 90%**	$100 Copay then 95%	**$200** **Copay** **then 90%**	$100 Copay then 95%	**$200** **Copay** **then 90%**
Urgent Care Facility (Calendar year deductible waived) **(9/1/10 change)**	$40 Copay Then 95%	**$40** **Copay** **Then 90%**	$40 Copay Then 95%	**$40** **Copay** **Then 90%**	$40 Copay Then 95%	**$40** **Copay** **Then 90%**	$40 Copay Then 95%	**$40** **Copay** **Then 90%**

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

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

BRONZE	Tier 1		Tier 2		Tier 3		Tier 4	
	Current	**2011**	Current	**2011**	Current	**2011**	Current	**2011**
Deductible Individual Family **(1/1/11 change)**	$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 **(1/1/11 change)**	$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	**None** **None**
Coinsurance **(1/1/11 change)**	80%	80%	75%	75%	60%	60%	50%	50%
Emergency Room Visit **(9/1/10 change)**	$100 then 80%	**$200** **then 80%**	$100 then 80%	**$200** **then 80%**	$100 then 80%	**$200** **then 80%**	$100 then 80%	**$200** **then 80%**
Urgent Care Facility **(9/1/10 no change)**	$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.

New Health and Vision ID Cards

As mentioned in the Summer newsletter, all Health and Vision ID cards were sent late November to each individual participating employer group for distribution. All employees and their families covered by one of the Egyptian Trust Health Plans or the Vision Plan should now have received two ID cards.

Should you require an additional ID card for your Health or Vision Plan you may request additional cards by contacting Meritain Health Customer Service Dept. at (800) 844-7979.

Should you require additional voluntary dental ID cards please contact Delta Dental at (800) 323-1743.

Please Note: Any time your personal information changes such as your address, name, phone number, etc. please notify your Bookkeeper or Human Resources Dept. at your employer so they may make the appropriate changes with Meritain Health who will provide updated information to all vendors associated with the Egyptian Trust program.

Message to Covered Members:

The Egyptian Trust makes every effort to keep you informed of the benefits of each of the programs endorsed by the Trust including the Health Plans, Voluntary Dental Plans, Vision Plan, and Life Insurance and Voluntary Life Insurance Plans. All benefits, plan, premium changes, program explanations and other important information are reported in the newsletters that are published quarterly. In addition to communicating this information via the newsletter, the Egyptian Trust website is your best source for documents such as:

- ✓ Plan Documents and Schedule of Benefits for Health, Dental, and Vision Plans
- ✓ Frequently Asked Questions about all Egyptian Programs
- ✓ Enrollment Change Forms
- ✓ Dependent Status Forms
- ✓ Historical Newsletters
- ✓ Medical, Dental, and Prescription Drug Claim Forms
- ✓ Prescription Drug Formulary Lists
- ✓ Life Insurance Claim Forms
- ✓ Life Insurance Brochure and Conversion Charts

The website also contains the links to all of the organizations contracted with the Egyptian Trust who provide your benefit programs.

Please visit us at:

www.egtrust.org

Introducing Meritain Health Member Statements

Simplicity. Convenience. Value.

If you've ever felt mystified trying to decipher the confusing codes and terminology of Explanations of Benefits (EOBs), you'll welcome the new Meritain Health Member Statements.

Simplicity.

Member Statements replace EOBs with user-friendly, easy-to-understand wording. The layout is similar to a bank statement—something that is recognizable and simple to quickly review.

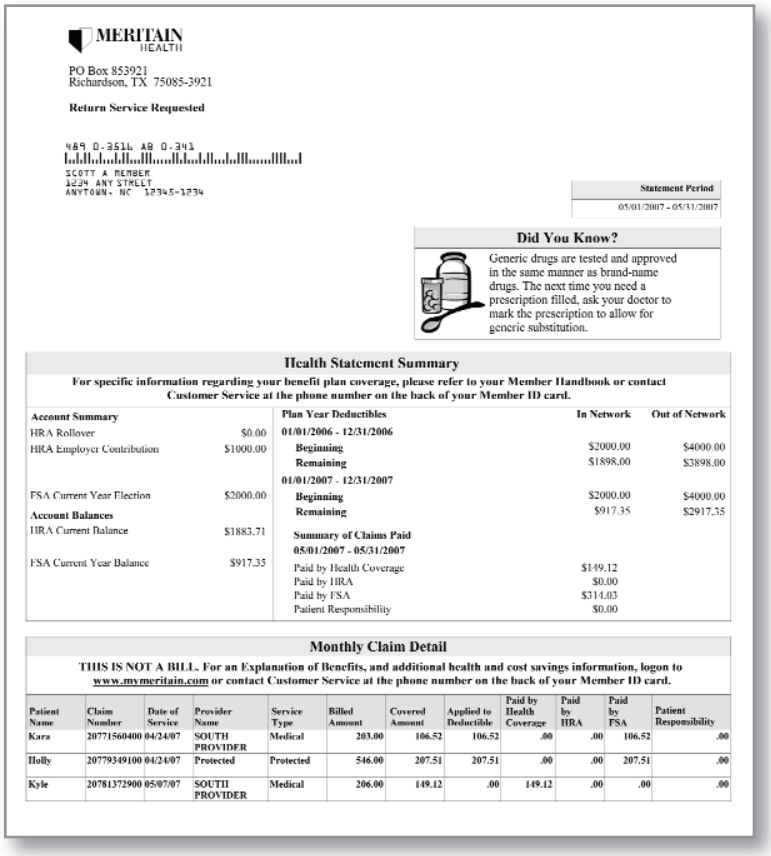
Convenience.

Your Member Statements will be mailed the second week of each month. At a glance, you will see all claims processed in the preceding month. EOBs are always available online and will continue to be sent only in cases of coverage denials. These EOBs will contain instructions for filing appeals.

Value.

Member Statements contain valuable information to help you gain the maximum advantage from your health benefits. They also contain advice to help you get and stay healthy.

Along with healthcare claims, Member Statements track your deductible and HRA balances. This information will help you manage your benefits, including your healthcare dollars.



MERITAIN HEALTH

PO Box 853921
Richardson, TX 75085-3921

Return Service Requested

489 0-3516 AB 0-341
SCOTT A MEMBER
1234 ANY STREET
ANYTOWN, NC 12345-1234

Statement Period
05/01/2007 - 05/31/2007

Did You Know?

Generic drugs are tested and approved in the same manner as brand-name drugs. The next time you need a prescription filled, ask your doctor to mark the prescription to allow for generic substitution.

Health Statement Summary

For specific information regarding your benefit plan coverage, please refer to your Member Handbook or contact Customer Service at the phone number on the back of your Member ID card.

Account Summary		Plan Year Deductibles	In Network	Out of Network
HRA Rollover	$0.00	01/01/2006 - 12/31/2006		
HRA Employer Contribution	$1000.00	Beginning	$2000.00	$4000.00
		Remaining	$1898.00	$3898.00
		01/01/2007 - 12/31/2007		
FSA Current Year Election	$2000.00	Beginning	$2000.00	$4000.00
Account Balances		Remaining	$917.35	$2917.35
HRA Current Balance	$1883.71	Summary of Claims Paid		
		05/01/2007 - 05/31/2007		
FSA Current Year Balance	$917.35	Paid by Health Coverage	$149.12	
		Paid by HRA	$0.00	
		Paid by FSA	$314.03	
		Patient Responsibility	$0.00	

Monthly Claim Detail

THIS IS NOT A BILL. For an Explanation of Benefits, and additional health and cost savings information, logon to www.mymeritain.com or contact Customer Service at the phone number on the back of your Member ID card.

Patient Name	Claim Number	Date of Service	Provider Name	Service Type	Billed Amount	Covered Amount	Applied to Deductible	Paid by Health Coverage	Paid by HRA	Paid by FSA	Patient Responsibility
Kara	20771560400	04/24/07	SOUTH PROVIDER	Medical	203.00	106.52	106.52	.00	.00	106.52	.00
Holly	20779349100	04/24/07	Protected	Protected	546.00	207.51	207.51	.00	.00	207.51	.00
Kyle	20781372900	05/07/07	SOUTH PROVIDER	Medical	206.00	149.12	.00	149.12	.00	.00	.00

Member Statement information.

- Claim number
- Covered amount
- Provider
- Date of service
- Amount applied to deductible
- Amount of covered services
- Amount of member responsibility
- Billed amount

Questions? You can contact Meritain Health using the phone number printed on your member ID card. Remember, you also can view your member statement online, 24 hours a day, 7 days a week!

MERITAIN℠ HEALTH

www.myMERITAIN.com

myMERITAIN Registration Process

Did you know?
You're just a click away from the advantages of myMERITAIN.com!

What you'll find at myMERITAIN.com:
At myMERITAIN.com, you have 24-hour access to a number of tools and resources that can help you manage your health benefits. Below are a few of the tools available at myMERITAIN.com:

Verify eligibility and benefits
Find the status of claims
View your Explanation of Benefits (EOB)
Review your benefit plan

Access to myMERITAIN.com is as easy as 1-2-3-4!

Step 1: Open your web browser and go to **www.myMERITAIN.com**.

Step 2: Register your account. Click **'**Create a new user account'.

Step 3: Enter your group ID number.
You will need to fill in your:

Member ID	Date of birth
Name of employee, spouse or dependent	Zip code
Group number	Personal e-mail address
Member type (employee or dependent)	

Your group number and member ID can be found on your Meritain Health ID Card.

Step 4:
Set up your username and password and you're done!

Register today! **www.myMERITAIN.com**

Spouses and Dependents.
Spouses and dependents age 18 and over have partially protected information according to HIPAA Privacy Regulations. They will need to register their own account using these 3 steps.

Returning User Login.
When returning to the Web site after your account has been created, enter your established username and password in the login box.

Incorrect Login.
Click 'Home' to return to the homepage and try again if you receive an incorrect login message.

Web Site Assistance.
If you need assistance with the login process or forgot your username or password, e-mail webmaster@meritain.com or contact customer service at **1.877.506.4356.**

Web Site Options.
Click the name of the function in the left navigation frame to access the functions below. Click 'Home' to return to the welcome page.

Account Manager - Click to change your password or to store your e-mail address.
Benefits at a Glance - Click to view and print your demographic information, list of dependents and benefit elections for the current or prior plan year(s).
Claims History - Click to view your claims. Claim statuses of received, in review, processed, or void are displayed. Click the highlighted claim number to view and print the Explanation of Benefits (EOB).
Verification of Benefits - Click to display some of the key features regarding your benefit plan.

'Tis The Season To Live Healthy

Surrender To Guilt-Free Cookies

Chocolate-Chocolate Chip Cookies

Ingredients
1 cup all-purpose flour 1/2 cup sugar, granulated
1/4 tsp baking soda 1/3 cup unsweetened cocoa
1/8 tsp salt 2 large egg whites
1/4 cup butter, softened
1/2 cup brown sugar, packed
1/3 cup semi-sweet miniature chocolate chips

Instructions
Combine flour, baking soda and salt in a large bowl. Set aside. Beat Butter and brown sugar with mixer until light and fluffy. Add granulated sugar, cocoa and egg whites, continue beating. Then add flour mixture. Stir in chocolate chips. Spoon 1 ½ inches apart on a sheet coated with cooking spray. Bake at 350 degrees for 10 minutes.

Yield: 40 cookies Serving size: 1 cookie Weight Watchers'® points value: 1 point

---

Best Wishes for Safe and Happy Holidays to you and yours from all of us at Meritain Health !