

**Board of Regents of the University System of Georgia  
2013 Pharmacy Benefit Summary**

The Board of Regents has chosen Express Scripts, formerly Medco, to manage your Pharmacy Benefit and to manage a Coverage Review Program for the Open Access POS healthcare plan.

**EXPRESS SCRIPTS AND MEDCO ARE NOW ONE COMPANY**

*In an effort to provide you and your plan with even greater savings, care, and convenience, Express Scripts and Medco have come together as one company to manage your prescription benefit. The combined company is in the process of changing the name on all its communications to Express Scripts. Until the renaming process is complete, you'll sometimes see the Medco name in pharmacy communications and on the Web.*

*To continue providing you with the high-quality service you expect, we're proceeding carefully as we bring our two companies together. Please continue to refill your prescriptions as you normally would by using your current prescription drug ID card, refill order forms, our website, or the toll-free member services telephone number on your ID card. The new Express Scripts is committed to helping millions of Americans like you have access to affordable medications and the services you need to stay healthy.*

**Co-payments**

Below is a chart outlining your current co-payments and days' supplies, both at a participating retail pharmacy and through the **Medco Pharmacy**. Your mail service is voluntary.

	<b>At a participating retail pharmacy, you will pay:</b>	<b>Through the Medco Pharmacy, you will pay:</b>
Generic drugs	\$10 <b>30-day supply</b>	\$25 <b>90-day supply</b>
Preferred brand name drugs	\$30 <b>30-day supply</b>	\$75 <b>90-day supply</b>
Nonpreferred brand name drugs	20% of the medication's total cost (subject to a \$45 minimum and a \$125 maximum) <b>30-day supply</b>	20% of the medication's total cost (subject to a \$112.50 minimum and a \$250 maximum) <b>90-day supply</b>

- If the usual and customary charge for a generic or preferred brand-name drug is less than the co-payment, the member will pay the lesser of the two.
- If a physician indicates "brand necessary" on a prescription, then only a preferred or nonpreferred brand-name medication can be dispensed. The member will be responsible for the preferred/nonpreferred brand-name medication co-payment.
- If a physician does not indicate "brand necessary" and the member chooses a preferred/nonpreferred brand-name medication over its available generic equivalent, the member will be required to pay the generic co-payment.
- In addition to paying the generic co-payment, the member will also be responsible for paying the difference in cost between the generic and the preferred/nonpreferred brand-name drug. This difference in member cost is sometimes referred to as an "ancillary charge."

**Medicare Part D Coverage for 2013 (Medicare Eligible Retirees)**

In 2013, prescription drug coverage for Medicare eligible members enrolled in the Open Access POS plan will be sponsored through the Medicare Part D Program and will be administered through Express Scripts, the pharmacy benefit manager for the Open Access POS plan. This new pharmacy program, Express Scripts Medicare for the Board of Regents of the University System of Georgia, is comparable to your current coverage and will offer better coverage than a standard Medicare Part D plan. Retirees will receive additional information in October and November 2012 in reference the Medicare Part D coverage or upon enrollment in the Open Access POS plan as a Medicare eligible retiree or Medicare eligible dependent of a retiree.

### **Getting started with the *Express Scripts/Medco Mail-Order Pharmacy* is easy:**

- **Call Express Scripts directly at 1 877-300-5139** and a Member Services representative will take care of the rest. With your approval, we'll contact your doctor to make arrangements so that you can get your new 90-day prescription by mail.

- **Or mail your prescription to the *Medco Pharmacy*.** Ask your doctor for a new 90-day prescription, as described above, and mail it to Medco using a mail-order form, which you can download from [www.medco.com](http://www.medco.com) or request by calling Member Services.

Your medication will be sent right to you, usually arriving within 8 days after we receive the order. After that, you'll be able to refill your prescriptions by mail, by phone, or online at [www.medco.com](http://www.medco.com). If you're a first-time visitor to our website, please take a moment to register, and have your member ID and a recent prescription number handy.

### **Maintenance medications**

Maintenance medications are those prescription drugs that a member may obtain for a period of up to 90 days. The member will be charged one co-payment for each supply of medication for up to a 30-day supply.

### **Annual Out of Pocket Maximum**

The Open Access POS prescription plan has an **annual** out-of-pocket maximum.

The following **annual** out-of-pocket maximum amounts for members who obtain generic and preferred brand name prescription medications will apply:

- Employee: \$1,000
- Employee + Child: (Two (2) covered members): \$2,000
- Employee + Spouse: (Two (2) covered members): \$2,000
- Family: (Three (3) or more covered members): \$3,000

Upon a member reaching his or her annual out-of-pocket maximum, his or her prescription drug co-payments will be waived for any additional generic and preferred brand name medications for the remainder of that year. Member co-payments will resume at the beginning of the next year and will be charged until the plan thresholds are reached for that year.

### **Coverage management program**

Medco pharmacists, along with physicians, have developed a Coverage Management Program. This program is a prescription drug protocol management resource that promotes the utilization of first-line medications and/or therapeutic categories. Under this program, your plan will usually cover a proven, less expensive medication that is known to be safe and effective, as an initial treatment strategy. If the initial covered medication does not work for you, you or your physician may request a review to obtain coverage for an alternate treatment. A coverage review or prior authorization may be required before a member is approved for coverage of a new prescription drug. This review is necessary to determine how your prescription drug plan may cover certain medications.

### **Coverage reviews/prior authorization**

Some medications are not covered unless you receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses) unless you receive approval through a review. During this review, Medco asks your doctor for more information than what is on the prescription before the medication may be covered under your plan. Network pharmacists and physicians have been advised that the University System of Georgia will participate in this program. If you should go to a pharmacy and are informed that your prescription cannot be filled because it requires prior authorization, please have your physician contact Medco to complete the coverage review.

## **Other coverage rules**

For specific prescribed drugs, the plan may impose certain requirements. Those requirements may include prior authorization, limits on the days' supply of the prescribed medication, and/or limits on the number of approved units/tablets of medication per prescription.

## **Specialty medications**

### **An important message for those who use specialty medications**

Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone, deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. Whether they're administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service.

### **Conditions and therapies for which specialty medications are typically used include:**

Age-related macular degeneration, Hemophilia, Noninfectious uveitis, Alpha-1 antitrypsin deficiency, Hepatitis C, Osteoarthritis, Anemia, Hereditary tyrosinemia, Osteoporosis, Asthma, Homocystinuria, Parkinson's disease, Cancer, Immune deficiency, Psoriasis, Crohn's disease, Infertility, Pulmonary arterial hypertension, Cystic fibrosis, Iron chelation therapy, Respiratory syncytial virus, Deep vein thrombosis, Lysosomal storage disorders, Rheumatoid arthritis, End stage renal disease, Multiple sclerosis, Thrombocytopenia, Growth hormone deficiency, Neutropenia.

### **For access to certain specialty medications, you may need to use Accredo, Medco's specialty pharmacy**

Under your plan, some specialty medications may not be covered at your current pharmacy, or they may only be covered when ordered through Accredo. Accredo is dedicated to helping you meet the particular needs and challenges of using specialty medications, many of which require injection or special handling. Services include:

- Toll-free access to specially trained pharmacists 24 hours a day, 7 days a week
- Personalized counseling from our dedicated team of registered nurses and pharmacists
- Expedited, scheduled delivery of your medications at no additional charge
- Refill reminder calls
- Necessary supplies to administer your medication, such as needles and syringes, provided at no additional charge

To find out whether any of your specialty medications need to be ordered through Accredo, please call Member Services at the toll-free number on your prescription drug ID card

## **Important notes**

- Co-payments for nonpreferred brand-name medications will NOT apply to the annual out-of-pocket maximum benefit.
- Prescription drug co-payments do NOT apply to University System of Georgia medical annual deductibles, nor to medical maximum annual out-of-pocket limits (stop loss).
- If a member purchases a preferred brand-name prescription drug that is not prescribed as "brand necessary," and there is a generic equivalent available, only the \$10 generic member co-payment will be applied to the quarterly maximum out-of-pocket member benefit. The difference in cost between the generic equivalent and the preferred brand-name medication will NOT apply to the annual maximum out-of-pocket member benefit.
- Prescription drug co-payments covered by the healthcare plan will not be changed nor overridden on an individual basis.
- There is no Coordination of Benefits (COB) for allowed pharmacy charges between the Board of Regents pharmacy plan and another pharmacy/medical plan in which the member may be enrolled.

For additional information regarding the Pharmacy Benefit Manager Program, please contact Medco Member Services at 1 877-300-5139 or visit [www.medco.com](http://www.medco.com).

If you have any questions prior to January 1, 2013, you can visit Medco online at [www.medco.com/openenroll](http://www.medco.com/openenroll) and use the access code **BORRXPLN14383**, or call the number listed above.