

East End Health Plan

Getting The Most from Your Prescription Benefit Program

East End Health Plan and AdvancePCS are committed to providing you the best prescription drug program available. As part of our commitment, we continue to seek ways to help control the rising costs of prescription drugs without comprising the quality of your prescription drug benefits. Therefore, we will be implementing a new copayment structure effective January 1, 2002.

Here are a few tips to help you understand your prescription benefit copayment.

The Commonly Prescribed Medications list (enclosed) provides the most cost effective medications available. Using this guide can result in lower out-of-pocket expenses for you, and reduced drug costs for the East End Health Plan.

Generic drugs have the lowest copayment and are a safe alternative to brand-name drugs. You will pay a \$5.00 copayment for generic drugs at the retail pharmacy for a 35 day supply and a \$0 copayment for generic drugs via the mail order program for a 90 day supply. Some of the more common generic drugs are listed on the enclosed Commonly Prescribed Medications list.

Brand name drugs are significantly more expensive than generic drugs and, as a result, have a higher copayment. For brand name drugs that Advance PCS has classified as preferred, you will pay a \$15.00 copayment at the retail pharmacy for a 35 day supply and a \$9.00 copayment via the mail order program for a 90 day supply. Some of the more commonly prescribed preferred brand name drugs are listed on the enclosed Commonly Prescribed Medications list. If your brand name drug is on this list, you will pay the preferred brand name drug copayment. In addition, there are a number of drugs that do not have a therapeutic equivalent. These drugs will be included under the preferred drug copayment. Should you have a question concerning a specific brand name drug, please contact the AdvancePCS member services department at (800) 966-5772.

Non-preferred drugs are brand name drugs which carry a higher cost and, therefore, require a higher copayment. For brand name drugs that AdvancePCS has classified as non-preferred, you will pay a \$21.00 copayment at the retail pharmacy for a 35 day supply and a \$15.00 copayment via the mail order program for a 90 day supply. It is important to note that no drugs have been included on this list unless there is a therapeutically equivalent brand name drug included on the preferred drug list. If a drug is not included on the enclosed Commonly Prescribed Medications list, it may be classified as a non-preferred drug. Should you have a question concerning a specific brand name drug, please contact the AdvancePCS member services department at (800) 966-5772.

We encourage you to take the list of Commonly Prescribed Medications to your physician to discuss your prescription options. In all cases, the final prescribing decision rests with your physician.

Your new Copayment amounts are outlined below.

Drug Status	Retail Copayment	Mail Copayment
Generic Drugs	\$5.00	\$0.00
Preferred Drugs	\$15.00	\$9.00
Non-Preferred Drugs	\$21.00	\$15.00

Questions & Answers

Q. 1. Why is my benefit plan implementing this new copay structure?

A. 1. The cost of prescription drugs has steadily risen over the past several years and continues to do so. East End Health Plan wants to provide you with the best care at a reasonable cost to you. We have decided to put this new copay plan into effect to help manage the increase in drug cost by having you contribute a little more copay for selected drugs which are expensive. By doing this East End Health Plan will be able to continue to offer broad coverage of drugs for you and other members. You still have access to the same drugs as before, but now some will just cost a little more because they are more expensive.

Q. 2. How do I know a generic drug is as good as the brand drug?

A. 2. A generic drug must have the same active ingredients and come in the same dosage form as the brand name prescription drug. Every generic version of a brand drug must be reviewed, tested and approved by the FDA. Generic drugs cost about 50% less than brand name drugs, and your copay is much less when choosing generic drugs.

Q. 3. If I'm on a non-preferred brand at the high copay, how can I get a preferred brand at a lower copay?

A. 3. Work with your doctor and pharmacist to determine if there is a preferred alternative available and if it is appropriate for your condition. If your drug is at the highest copay, there is not always a lower copay alternative or your doctor might decide that you should stay on the higher copay drug for medical reasons.

Q. 4. How will my doctor know what the preferred drug is?

A. 4. Bring the Commonly Prescribed Medications list (you received or enclosed) with you to your doctor so he or she can determine if a preferred drug is appropriate for your condition. Also tell your doctor that your plan has a lower copay for generics and drugs on the Commonly Prescribed Medications list.

Q. 5. What if my doctor doesn't agree that a preferred drug is appropriate in place of the non-preferred drug that I'm currently on?

A. 5. You should remain on the drug that your doctor feels is appropriate for your condition. If this is a non-preferred drug; however, you will pay the highest copay.

Q. 6. What if there isn't a drug on the preferred drug list for my condition?

A. 6. The Commonly Prescribed Medications list covers about 70-80% of the drugs needed for selected medical conditions; however, there is not a drug on the Commonly Prescribed Medications list for every medical condition. The Plan has been set up for every medical condition. The Plan has been set up so that if there is a drug that does not have a therapeutic equivalent the copay of that drug will be the same as the preferred drugs listed on the Commonly Prescribed Medications list. As a result, the only drugs included under the non-preferred list are those that have a therapeutic equivalent on the preferred list.

Q. 7. Who can I call for more information on this?

A. 7. For more information, please call the AdvancePCS Member Services Department at (800) 966-5772. Be sure to have the name of the medication available when you call. Also, do not forget to tell the member services representative that you are calling concerning the East End Health Plan's prescription drug benefit structure that will be in place after January 1, 2002.