

**Blue Cross Blue Shield of Kansas  
Blue Choice  
Comprehensive Major Medical Program**

ESSDACK HEALTH INSURANCE GROUP



Effective October 1, 2009 through September 30, 2010

Stephanie Buckman  
Group Enrollment Representative  
One North Main, Suite 301  
Hutchinson, Kansas 67501  
(620)663-3490  
[Stephanie.Buckman@bcbsks.com](mailto:Stephanie.Buckman@bcbsks.com)

**ESSDAK Health Insurance Plan**  
 Blue Choice Comprehensive Major Medical - Triple Option  
 October 1, 2009 – September 30, 2010

	<b>\$500 Deductible</b>	<b>\$1,000 Deductible</b>	<b>\$1,500 Deductible</b>
<b>Deductible</b>	\$500 per person \$1,000 per family	\$1,000 per person \$2,000 per family	\$1,500 per person \$3,000 per family
<b>Coinsurance</b>	80 / 20 (Plan pays 80%; individual pays 20% to coinsurance maximum)	80 / 20 (Plan pays 80%; individual pays 20% to coinsurance maximum)	80 / 20 (Plan pays 80%; individual pays 20% to coinsurance maximum)
<b>Coinsurance Maximum</b>	\$1,000 per person \$2,000 per family	\$2,000 per person \$4,000 per family	\$2,500 per person \$5,000 per family
<b>Deductible plus Coinsurance Out of Pocket Totals*</b>	\$1,500 per person \$3,000 per family	\$3,000 per person \$6,000 per family	\$4,000 per person \$8,000 per family
<b>Chiropractic</b>	\$1,000 per person limit (deductible & coinsurance apply)	\$1,000 per person limit (deductible & coinsurance apply)	\$1,000 per person limit (deductible & coinsurance apply)
<b>Accidental Injuries</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
<b>Blue Rx Card</b> <i>Patient uses local BC/BS pharmacy and receives medication immediately.</i>	\$15 Generic Copay \$40 Name Brand Copay when no Generic is available, \$40 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 30 days	\$15 Generic Copay \$40 Name Brand Copay when no Generic is available, \$40 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 30 days	\$15 Generic Copay \$40 Name Brand Copay when no Generic is available, \$40 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 30 days
<b>Blue Rx Mail Order– (PrimeMail)</b> <i>PrimeMail Pharmacy mails medications to your home.</i>	\$35 Generic Copay \$90 Name Brand Copay when no Generic is available, \$90 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 90 days	\$35 Generic Copay \$90 Name Brand Copay when no Generic is available, \$90 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 90 days	\$35 Generic Copay \$90 Name Brand Copay when no Generic is available, \$90 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 90 days
<b>Dependent Coverage</b>	Unmarried dependent children covered to age 23	Unmarried dependent children covered to age 23	Unmarried dependent children covered to age 23
<b>Lifetime Maximum</b>	\$5,000,000	\$5,000,000	\$5,000,000

*Pre-admission certification is required on all planned inpatient admissions.*

\* “Deductible Plus Coinsurance Out of Pocket Totals” do not include patient’s share of Nervous/Mental/Substance Abuse services, excess charges of non-contracting providers, additional coinsurance for using non-Blue Choice providers, outpatient prescription drug costs or copays, etc. Some quantity limits and prior authorization may be required on certain drugs. Refer to carriers Summary Plan Descriptions for more benefit details.

**MONTHLY PREMIUMS**

	<u>\$500 Deductible</u>		<u>\$1,000 Deductible</u>		<u>\$1,500 Deductible</u>	
	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
<b>Renewal Rates 10/1/09-9/30/10</b>	<b>\$402.00</b>	<b>\$880.00</b>	<b>\$360.00</b>	<b>\$795.00</b>	<b>\$338.00</b>	<b>\$747.00</b>

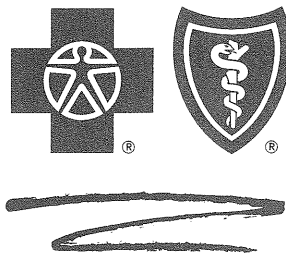
**Employees can move one deductible level at open enrollment. For example:**

If you are enrolled in the \$500 Option today, you can move to the \$1,000 on 10/1/09.

If you are enrolled in the \$1,000 Option today, you can move to either the \$500 or \$1,500 on 10/1/09.

If you are on the \$1,500 Option today, you can move to the \$1,000 on 10/1/09.

**NOTE: Due to favorable claims usage and the group reserve you have helped build over past years, we are able to keep your rates the same for this plan year. The above rates are 8.5% LOWER than the rates delivered by BC/BS (approximately \$40 per month per single / \$95 per month per family contract).**



OPTION 1

**SUMMARY OF BENEFITS**

**This is a simplified summary of program benefits and NOT a legal document. It is not meant to confer any rights. Complete provisions of coverage are contained in each participant's Certificate.**

**Deductible**

You are responsible for a deductible of \$500 per person, \$1,000 family each benefit period.

**Coinsurance**

After your deductible is met, you are responsible for a portion of allowed charges. This is called "coinsurance". Your coinsurance for this program is 20% of the maximum allowance for covered services until your share equals \$1,000 (\$2,000 family) in a benefit period. Then, eligible covered services will be paid at 100% of the maximum allowance for the remainder of the benefit period, subject to the lifetime maximum.

**Covered Services**

The following services (subject to the deductible and coinsurance), paid at the maximum allowable charge, include but are not limited to:

- Hospital Services
- Medical-Surgical Services
- Preventive Care Services (routine services such as physicals and eye exams).

**Accidental Injury** treatment is subject to the deductible and coinsurance.

**Spinal Manipulations** - Limited to a maximum payment of \$1,000 per person per benefit period.

**Maternity Benefits** are available to any eligible female insured.

**Unmarried Dependent Children** are covered to age 23.

**Benefit Period** - 12 consecutive months beginning on the date this coverage becomes effective and each yearly period thereafter.

**Lifetime Benefit Maximum** for covered services is \$5,000,000 .

**Inpatient Nervous and Mental Services** - Non-Biologically Based - to a maximum of 30 days each benefit period; Biologically Based - Limited to 45 days each benefit period, subject to payment provisions of the health benefits.

**Outpatient Nervous and Mental Services** - Non-Biologically Based - pays first \$100 of allowed charges in full; 80% of next \$100 of allowed charges; then pays 50% of the allowed charges for the remainder of the benefit period; Biologically Based - Limited to 45 visits per person per benefit period, subject to payment provisions of the health benefits.

**Hospital and Professional Provider Care** - To receive maximum Blue Choice benefits you should use Blue Choice or Blue Plan Preferred Providers. Should you receive services from Non-Blue Choice or Non-Blue Plan Preferred Providers, the allowable charge for covered services will be subject to an additional coinsurance. You will be responsible for an extra 20% of the allowable charge for covered services up to a maximum of \$2,000 per person (\$4,000 family), in addition to any deductible, coinsurance or shared payment amounts of your basic program and any non-covered services. In addition, if the provider is not a contracting provider, you may also be responsible for the difference between our allowance and the provider's charge. The allowance for a service provided by a non-contracting provider is 80% of the allowance for the same service provided by a contracting provider of Blue Cross and Blue Shield of Kansas with the same licensure or certification.

**Exceptions** to this limited payment:

- When service is required for a Medical Emergency or a life, limb, or function-threatening Accidental Injury.

**Pre-Admission Certification** - All admissions to hospitals and medical care facilities for inpatient care (including nervous and mental conditions) require pre-admission certification by Blue Cross and Blue Shield of Kansas unless the admission is for a Medical Emergency, a life-threatening condition, obstetrical care or occurs outside the 50 United States. Should it become necessary for you to be admitted to a hospital, your doctor should obtain pre-admission certification for the admission. It is important for you to inform your doctor that you are a Blue Choice insured because, if no pre-admission request is made, you may be financially responsible for any medically unnecessary services. Refer to your ID card for the numbers to call to obtain pre-certification.

**Outpatient Prescription Drugs** - Subject to a copay of \$15.00 generic drugs; \$40.00 brand name or compound drugs.

**Mail Order Prescription Drugs** - Covered subject to a copay of \$35.00 for generic drugs; \$90.00 for brand name or compound drugs.

If a brand name drug is purchased when a substitutable generic is available, the insured will be responsible for the brand name copay and the difference between the allowable charge for the substitutable generic drug and the allowable charge for the brand drug.

#### **How to File a Claim**

Contracting providers should file claims for covered services directly with the Blue Cross and Blue Shield Company that services the area in which they practice. Should a provider choose not to file eligible claims for you, secure an itemized statement (including your ID number, doctor's name and diagnosis) from that provider and send it along with a claim form within 90 days to the Blue Cross and Blue Shield Company that services the area in which they practice.

#### **If You Have a Problem**

If you have any questions regarding your coverage or the processing of your claims, contact Blue Cross and Blue Shield of Kansas, 1133 Topeka Boulevard, Topeka, Kansas 66629-0001. You may also contact us by calling: Blue Cross and Blue Shield of Kansas - Toll free 1-800-432-3990; Topeka, 785-291-4180.

To receive the fastest service, please have this information available: your identification number; your group number; employee's name; patient's name; date of service; type of service; doctor's name or hospital's name; and total amount of the claim.



OPTION 2

**SUMMARY OF BENEFITS**

**This is a simplified summary of program benefits and NOT a legal document. It is not meant to confer any rights. Complete provisions of coverage are contained in each participant' s Certificate.**

**Deductible**

You are responsible for a deductible of \$1,000 per person, \$2,000 family each benefit period.

**Coinsurance**

After your deductible is met, you are responsible for a portion of allowed charges. This is called "coinsurance". Your coinsurance for this program is 20% of the maximum allowance for covered services until your share equals \$2,000(\$4,000 family) in a benefit period. Then, eligible covered services will be paid at 100% of the maximum allowance for the remainder of the benefit period, subject to the lifetime maximum.

**Covered Services**

The following services (subject to the deductible and coinsurance), paid at the maximum allowable charge, include but are not limited to:

- Hospital Services
- Medical-Surgical Services
- Preventive Care Services (routine services such as physicals and eye exams).

**Accidental Injury** treatment is subject to the deductible and coinsurance.

**Spinal Manipulations** - Limited to a maximum payment of \$1,000 per person per benefit period.

**Maternity Benefits** are available to any eligible female insured.

**Unmarried Dependent Children** are covered to age 23.

**Benefit Period** - 12 consecutive months beginning on the date this coverage becomes effective and each yearly period thereafter.

**Lifetime Benefit Maximum** for covered services is \$5,000,000 .

**Inpatient Nervous and Mental Services** - Non-Biologically Based - to a maximum of 30 days each benefit period; Biologically Based - Limited to 45 days each benefit period, subject to payment provisions of the health benefits.

**Outpatient Nervous and Mental Services** - Non-Biologically Based - pays first \$100 of allowed charges in full; 80% of next \$100 of allowed charges; then pays 50% of the allowed charges for the remainder of the benefit period; Biologically Based - Limited to 45 visits per person per benefit period, subject to payment provisions of the health benefits.

**Hospital and Professional Provider Care** - To receive maximum Blue Choice benefits you should use Blue Choice or Blue Plan Preferred Providers. Should you receive services from Non-Blue Choice or Non-Blue Plan Preferred Providers, the allowable charge for covered services will be subject to an additional coinsurance. You will be responsible for an extra 20% of the allowable charge for covered services up to a maximum of \$2,000 per person (\$4,000 family), in addition to any deductible, coinsurance or shared payment amounts of your basic program and any non-covered services. In addition, if the provider is not a contracting provider, you may also be responsible for the difference between our allowance and the provider's charge. The allowance for a service provided by a non-contracting provider is 80% of the allowance for the same service provided by a contracting provider of Blue Cross and Blue Shield of Kansas with the same licensure or certification.

**Exceptions** to this limited payment:

- When service is required for a Medical Emergency or a life, limb, or function-threatening Accidental Injury.

**Pre-Admission Certification** - All admissions to hospitals and medical care facilities for inpatient care (including nervous and mental conditions) require pre-admission certification by Blue Cross and Blue Shield of Kansas unless the admission is for a Medical Emergency, a life-threatening condition, obstetrical care or occurs outside the 50 United States. Should it become necessary for you to be admitted to a hospital, your doctor should obtain pre-admission certification for the admission. It is important for you to inform your doctor that you are a Blue Choice insured because, if no pre-admission request is made, you may be financially responsible for any medically unnecessary services. Refer to your ID card for the numbers to call to obtain pre-certification.

**Outpatient Prescription Drugs** - Subject to a copay of \$15.00 generic drugs; \$40.00 brand name or compound drugs.

**Mail Order Prescription Drugs** - Covered subject to a copay of \$35.00 for generic drugs; \$90.00 for brand name or compound drugs.

If a brand name drug is purchased when a substitutable generic is available, the insured will be responsible for the brand name copay and the difference between the allowable charge for the substitutable generic drug and the allowable charge for the brand drug.

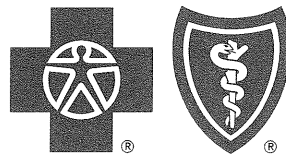
#### **How to File a Claim**

Contracting providers should file claims for covered services directly with the Blue Cross and Blue Shield Company that services the area in which they practice. Should a provider choose not to file eligible claims for you, secure an itemized statement (including your ID number, doctor's name and diagnosis) from that provider and send it along with a claim form within 90 days to the Blue Cross and Blue Shield Company that services the area in which they practice.

#### **If You Have a Problem**

If you have any questions regarding your coverage or the processing of your claims, contact Blue Cross and Blue Shield of Kansas, 1133 Topeka Boulevard, Topeka, Kansas 66629-0001. You may also contact us by calling: Blue Cross and Blue Shield of Kansas - Toll free 1-800-432-3990; Topeka, 785-291-4180.

To receive the fastest service, please have this information available: your identification number; your group number; employee's name; patient's name; date of service; type of service; doctor's name or hospital's name; and total amount of the claim.



OPTION 3

**SUMMARY OF BENEFITS**

**This is a simplified summary of program benefits and NOT a legal document. It is not meant to confer any rights. Complete provisions of coverage are contained in each participant' s Certificate.**

**Deductible**

You are responsible for a deductible of \$1,500 per person, \$3,000 family each benefit period.

**Coinsurance**

After your deductible is met, you are responsible for a portion of allowed charges. This is called "coinsurance". Your coinsurance for this program is 20% of the maximum allowance for covered services until your share equals \$2,500 (\$5,000 family) in a benefit period. Then, eligible covered services will be paid at 100% of the maximum allowance for the remainder of the benefit period, subject to the lifetime maximum.

**Covered Services**

The following services (subject to the deductible and coinsurance), paid at the maximum allowable charge, include but are not limited to:

- Hospital Services
- Medical-Surgical Services
- Preventive Care Services (routine services such as physicals and eye exams).

**Accidental Injury** treatment is subject to the deductible and coinsurance.

**Spinal Manipulations** - Limited to a maximum payment of \$1,000 per person per benefit period.

**Maternity Benefits** are available to any eligible female insured.

**Unmarried Dependent Children** are covered to age 23.

**Benefit Period** - 12 consecutive months beginning on the date this coverage becomes effective and each yearly period thereafter.

**Lifetime Benefit Maximum** for covered services is \$5,000,000 .

**Inpatient Nervous and Mental Services** - Non-Biologically Based - to a maximum of 30 days each benefit period; Biologically Based - Limited to 45 days each benefit period, subject to payment provisions of the health benefits.

**Outpatient Nervous and Mental Services** - Non-Biologically Based - pays first \$100 of allowed charges in full; 80% of next \$100 of allowed charges; then pays 50% of the allowed charges for the remainder of the benefit period; Biologically Based - Limited to 45 visits per person per benefit period, subject to payment provisions of the health benefits.

**Hospital and Professional Provider Care** - To receive maximum Blue Choice benefits you should use Blue Choice or Blue Plan Preferred Providers. Should you receive services from Non-Blue Choice or Non-Blue Plan Preferred Providers, the allowable charge for covered services will be subject to an additional coinsurance. You will be responsible for an extra 20% of the allowable charge for covered services up to a maximum of \$2,000 per person (\$4,000 family), in addition to any deductible, coinsurance or shared payment amounts of your basic program and any non-covered services. In addition, if the provider is not a contracting provider, you may also be responsible for the difference between our allowance and the provider's charge. The allowance for a service provided by a non-contracting provider is 80% of the allowance for the same service provided by a contracting provider of Blue Cross and Blue Shield of Kansas with the same licensure or certification.

**Exceptions** to this limited payment:

- When service is required for a Medical Emergency or a life, limb, or function-threatening Accidental Injury.

**Pre-Admission Certification** - All admissions to hospitals and medical care facilities for inpatient care (including nervous and mental conditions) require pre-admission certification by Blue Cross and Blue Shield of Kansas unless the admission is for a Medical Emergency, a life-threatening condition, obstetrical care or occurs outside the 50 United States. Should it become necessary for you to be admitted to a hospital, your doctor should obtain pre-admission certification for the admission. It is important for you to inform your doctor that you are a Blue Choice insured because, if no pre-admission request is made, you may be financially responsible for any medically unnecessary services. Refer to your ID card for the numbers to call to obtain pre-certification.

**Outpatient Prescription Drugs** - Subject to a copay of \$15.00 generic drugs; \$40.00 brand name or compound drugs.

**Mail Order Prescription Drugs** - Covered subject to a copay of \$35.00 for generic drugs; \$90.00 for brand name or compound drugs.

If a brand name drug is purchased when a substitutable generic is available, the insured will be responsible for the brand name copay and the difference between the allowable charge for the substitutable generic drug and the allowable charge for the brand drug.

#### **How to File a Claim**

Contracting providers should file claims for covered services directly with the Blue Cross and Blue Shield Company that services the area in which they practice. Should a provider choose not to file eligible claims for you, secure an itemized statement (including your ID number, doctor's name and diagnosis) from that provider and send it along with a claim form within 90 days to the Blue Cross and Blue Shield Company that services the area in which they practice.

#### **If You Have a Problem**

If you have any questions regarding your coverage or the processing of your claims, contact Blue Cross and Blue Shield of Kansas, 1133 Topeka Boulevard, Topeka, Kansas 66629-0001. You may also contact us by calling: Blue Cross and Blue Shield of Kansas - Toll free 1-800-432-3990; Topeka, 785-291-4180.

To receive the fastest service, please have this information available: your identification number; your group number; employee's name; patient's name; date of service; type of service; doctor's name or hospital's name; and total amount of the claim.

# BLUE CHOICE (PPO)

If it's important to you that your health plan is flexible enough to let you see any doctor you choose, including a specialist without a referral, then Blue Choice is the plan for you.

With Blue Choice you have freedom of choice. Not only can you select your personal doctor; you may also go directly to specialists without a referral from another doctor.

Other advantages of Blue Choice:

- Largest statewide network of contracting providers — more than 7,500 medical professionals statewide, and most hospitals in the state.
- Network providers accept our discounted payment allowance for covered services as payment-in-full.
- Emergency services are always paid as Blue Choice network benefits.
- Immediate access to PPO provider discounts (through the BlueCard program) no matter where you travel.

By using Blue Choice network providers and obtaining pre-admission certification before any planned admission, maximum benefits are available.

If services are not received from Blue Choice network providers payment will be reduced and you will be responsible for any additional out-of-pocket expense. Benefits will be paid according to the maximum Competitive Allowance Program (CAP) allowance, subject to an additional 20 percent coinsurance amount. You will also be responsible for any deductible, coinsurance or shared payment of the program and any non-covered services. In addition, you may also be responsible for any difference between our allowance and the provider's charge.

Blue Choice also offers the convenience of toll-free telephone numbers you can call for pre-admission certification. This 24 hours a day, 7 days a week cost-savings feature is needed for all planned inpatient care, including care for nervous and mental or substance abuse services.

Pre-admission Certification:	Topeka	785-291-4180
	Toll-free	800-782-4437

Note: Pre-admission certification is not required for emergency or obstetrical admissions.



1133 SW Topeka Boulevard  
Topeka, Kansas 66629-0001

In Topeka - (785) 291-7000  
In Kansas - (800) 432-0216

Web site: [www.bcbsks.com](http://www.bcbsks.com)

## Important Information About Your 2008 Prescription Drug Benefit

Blue Cross and Blue Shield of Kansas (BCBSKS) continually strives to find ways to reduce the cost of health care. Utilization management programs encourage appropriate drug use, which results in cost savings for everyone. Check your BCBSKS contract to see if utilization management programs are part of your prescription drug card benefit.

Programs used by BCBSKS members include:

- Quantity limits for drugs used in acute migraine headache therapy
- Quantity limits for drugs treating erectile dysfunction
- Quantity limits for OxyContin<sup>®</sup> (oxycodone extended-release)
- Prior authorization for drugs known as Celebrex<sup>®</sup> or other COX-2 agents
- Generics first or prior authorization for drugs used to treat high blood pressure
- Generics first or prior authorization for drugs used to treat depression
- Excluded drugs

These utilization management programs, described below, encourage appropriate drug use and benefit you by:

- Ensuring safe and effective drug use
- Generating savings through lower copayments for generic drugs
- Helping to achieve greater control over rising health care costs

### Quantity Limits

Quantity limits are designed to limit the use of selected drugs for quality and safety reasons. Limits are supported by drug studies and by actively practicing doctors. **Formulary and Non-Formulary (NF) drugs currently with a quantity limit are marked "QL" on the enclosed Preferred Medication List (PML).** Quantities over the limit will not be paid under your prescription drug benefit. You may purchase additional quantities, but this cost will not be reimbursed by your health plan.

### Prior Authorization

Patients with some medical conditions, including high blood pressure, depression and pain, have many drugs available to use for treatment. For most people, the more expensive drugs are no more effective than a generic drug. Using a generic drug first results in savings to you through the lowest copayment. Generic drugs have been approved by the Food and Drug Administration to be safe and effective. If your medical condition requires you take a brand-name drug, a prior authorization (PA) process is available to your doctor. Information was sent to all doctors and is available at [www.bcbsks.com](http://www.bcbsks.com). If the PA is approved, your copayment will be determined by your prescription drug benefit. If you do not meet the requirements, you may purchase the requested drug, but the cost will not be reimbursed by your health plan. **Formulary and Non-Formulary (NF) drugs that require a PA are marked "PA" on the enclosed PML.**

### Excluded Drugs

Proton pump inhibitors (PPIs) are a class of drugs used to treat acid reflux disease or ulcers. There are a number of generic and brand-name drugs in this class, with clinical research indicating they are all effective in treating these conditions. Your prescription drug benefit may only cover the generic and formulary brand PPIs, including omeprazole, Aciphex<sup>®</sup>, and Protonix<sup>®</sup>.

Omeprazole is a generic drug available by prescription or it can be purchased over-the-counter.

If purchased by prescription it will be covered at your lowest copayment. While the OTC medication is not covered under your prescription benefit, it may be your lowest cost option. Protonix and Aciphex will be covered at the higher, formulary brand copayment.

Nexium, Prevacid, Prevacid Solutab (for persons over age 17), Prilosec, and Zegerid are non-formulary PPIs and may not be covered under your prescription drug benefit. You always have the option to purchase the non-covered medication at your own expense.

Other exclusions may apply. Please refer to the Prescription Drug Program Exclusions section of your contract for a complete list of excluded drugs.

**Prescription Drug Benefits and Formulary Information**

Your prescription drug benefit includes a list of preferred drugs called a formulary. If the enclosed Preferred Medication List is blue, you have a two-tier prescription drug benefit. You have a copay for generic drugs and a higher copay for all brand-name drugs. If the enclosed Preferred Medication List is red, you have a three-tier prescription drug benefit. The three-tier benefit helps provide affordable health care services while maintaining member choice. Your three-tier benefit design includes the following tiers:

- Tier 1: All generic drugs
- Tier 2: Formulary brand drugs
- Tier 3: Non-formulary brand drugs

Tier 1 drugs require the lowest copay, while Tier 3 drugs require the highest copay. A brand-name drug, listed on the enclosed Preferred Medication List, will be a formulary drug for the rest of the calendar year, unless it becomes available as a generic. The brand-name formulary drug would then be moved to the non-formulary tier. New brand-name drugs may be added as tier 2, formulary drugs, on a quarterly basis as they are approved.

Take your PML with you when you visit the doctor. If you need a prescription drug, be sure to always ask your doctor if a generic drug is available and right to treat your condition. If no generic is available, ask your doctor to prescribe a brand-name drug listed on the formulary. The most current preferred drug information is always available at [www.bcbsks.com](http://www.bcbsks.com).

**Formulary Changes for 2008**

If you had a three-tier benefit in 2007, there will be a few changes to your formulary in 2008. The following brand-name drugs will become non-formulary as of 1/1/2008. Alternatives are listed. Generic drugs are always at the lowest copay tier, with brand-name formulary drugs at the next level and brand-name non-formulary drugs at the highest copay tier.

<b>Brand-Name Non-Formulary Drug</b>	<b>Therapeutic Class</b>	<b>Generic Alternative Drug</b>	<b>Brand-Name Formulary Drug</b>
Avandia	Antidiabetics		Actos
Avandamet	Antidiabetics		Actoplus Met
Augmentin XR	Penicillins	amoxicillin/potassium clavulanate	
Helidac	Ulcer Drugs		Prevpac
Neoral	Miscellaneous Products – Assorted Classes	cyclosporine	
Proventil HFA	Antiasthmatic and Bronchodilator Agents		Proair HFA, Xopenex HFA
Sandimmune	Miscellaneous Products – Assorted Classes	cyclosporine	

## Mandatory Generic Option

### How the Option Works

- When a brand name drug is dispensed and there is an appropriate generic substitute available, the insured's responsibility will be the difference between the allowance for the brand drug and the generic substitute, plus the brand deductible. Generic allowances are determined by the maximum allowable cost (MAC) for the generic drug.
- In some situations, the difference between the brand and the generic substitute, plus brand deductible, will be greater than the allowed charge for the brand drug. In this situation, the insured will only be responsible for the allowed charge of the brand drug.
- The availability of a generic substitute is determined by the FDA. The generic must be determined to be bio-equivalent to the brand drug. There are some drugs which are available in the same strength and dosage form as the brand, but are not considered bio-equivalent. The insured will only be responsible for the brand drug deductible when the brand is dispensed for these drugs.
- If the pharmacy indicates that the generic is not available in the marketplace, or if state law prohibits generic substitution, the brand drug will be treated as a single source brand. The insured's responsibility will be the brand deductible.
- If the pharmacy indicates that the brand drug is being used as a generic, the brand will be reimbursed at the generic allowance and the insured will only be responsible for the generic deductible.
- If the brand drug is required by the doctor and cannot be substituted with a generic equivalent, the insured will be required to pay the difference between the brand allowance and the generic allowance, plus the brand deductible.
- If the pharmacy does not stock the generic and the brand drug is dispensed, the insured will be required to pay the difference between the brand allowance and the generic allowance, plus the brand deductible.
- Sometimes, your doctor may prescribe a medication to be dispensed as written when there is a formulary preferred brand or generic alternative drug. To help your benefit plan save money, the pharmacist may, on occasion, discuss with your doctor whether an alternative drug might be appropriate for you. Let your doctor know if you have a question about a change in prescription or prefer the original prescription. Your doctor always makes the final decision on your drug.

# General Notice of Pre-existing Condition Exclusion

This plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait 90 days before this plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within the 90-day period prior to your date of employment. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 63 days after birth, adoption or placement for adoption.

The length of this pre-existing condition exclusion will be reduced by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition waiting period if you have not experienced a gap in coverage of 63 or more days.

## **Certificate of Creditable Coverage**

To reduce the pre-existing condition exclusion by your creditable coverage, you should give your employer a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you have had prior health coverage, you may obtain one from your prior plan or issuer.

## **Questions?**

All questions about the pre-existing condition exclusion and creditable coverage should be directed to Blue Cross and Blue Shield of Kansas, Customer Service Department, 1133 Topeka Blvd., Topeka, KS 66629-0001. You may also call BCBSKS at 291-4180, in Topeka or 1-800-432-3990, toll-free.