



Faculty, staff, and their dependents actively participating in the Care Coordination Program for management of asthma, chronic obstructive pulmonary disease (COPD), diabetes, and/or heart disease (coronary artery disease or congestive heart failure) are eligible for the VBD. The copay for many of the generic drugs taken for the chronic condition will be waived and the member cost share for formulary brand-name drugs taken for the chronic condition(s) will be reduced by 50 percent for eligible members. If a member chooses not to actively participate in the Care Coordination Program, he/she will not be eligible for the VBD.

- Beginning 1/1/12 all VBD participants will be expected to use Express Scripts Home Delivery for all of their maintenance medications in order to receive the VBD discount. This includes medications not related to the condition eligible for the Care Coordination Program. More information on the Home Delivery process will be sent to you if you qualify and participate in the Care Coordination Program. For more information contact the OSU Health Plan at 1-800-678-6269.

| 2012 Value-Based Drug Plan | | | | | | | |
|---|---|-----------------------|------------------------------|--------------------|------------------|----------------------|---------------|
| | Prime Care Advantage | Prime Advantage Value | Independent Choice | Prime Care Connect | Out-of Area Plan | Prime Advantage Plus | |
| Feature | Retail Pharmacy | | Home Delivery | | | Retail Pharmacy | Home Delivery |
| Annual Out-of-Pocket Maximum¹ | \$ 2,500 per person, no family maximum ¹ | | | | | | |
| Supply Limitations | 30-day supply | | 90-day supply | | | 30-day supply | 90-day supply |
| Generics | Not available | | \$0 | | | Not available | \$0 |
| Formulary Brand-Name Drugs | Not available | | 15% coinsurance, up to \$100 | | | Not available | \$45 copay |
| Non-Formulary Brand-Name Drugs² | Not available | | 50% coinsurance, no maximum | | | Not available | \$150 copay |

¹ Prime Care Connect enrollees have a \$1,250 per person annual out-of-pocket maximum.

² Non-Formulary Brand-Name Drugs are not eligible for VBD.

Note: The Prescription Drug Plan, Value-Based Drug Plan, and Specialty Medication Plan designs have a combined annual out-of-pocket maximum.

This VBD benefit guide provides examples of qualifying generic and formulary brand-name drugs for each of the major categories of covered medications. **This does not represent a complete list and is subject to change with or without notice.**

Additionally, the VBD benefit guide does not dictate or control decisions regarding appropriate care. As always, you and your health care provider make the final decision on which medication(s) is/are right for you.

For questions regarding this VBD benefit guide, contact OSU Health Plan or 1-800-678-6269.

Visit yourplanforhealth.com for more information.

2012 Value-Based Prescription Drug Plan

Generics and Formulary Brand-Name Drugs

Asthma / Chronic Obstructive Pulmonary Disease (COPD)

| | Generics* | Formulary Brand-Name Drugs |
|----------------------------------|---|--|
| Bronchodilators | albuterol solution, metaproterenol, terbutaline | Foradil (QL), Perforomist (QL), Proair HFA (QL), Serevent (QL), Ventolin HFA (QL), Xopenex solution ² |
| Oral Corticosteroids | dexamethasone, hydrocortisone, methylprednisolone, prednisolone, prednisone | |
| Inhaled Corticosteroids | budesonide suspension (QL) | Flovent (QL), Pulmicort Flexhaler (QL), Qvar (QL) |
| Combination Products | ipratropium/albuterol solution (QL) | Advair (QL), Combivent (QL), Dulera (QL), Symbicort (QL) |
| Other Covered Medications | cromolyn solution, ipratropium solution (QL), theophylline/ER, zafirlukast | Atrovent HFA (QL), Singulair, Spiriva (QL) |

Diabetes / Heart Disease (Coronary Artery Disease and Congestive Heart Failure)

| | Generics ¹ | Formulary Brand-Name Drugs |
|--|--|---|
| ACE Inhibitors | benazapril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril | |
| Angiotensin II Receptor Antagonists | losartan, losartan/HCTZ | Benicar/HCT, Diovan/HCT ² |
| Beta Blockers | acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol/ER, nadolol, pindolol, propranolol/ER | Bystolic, Coreg CR ² |
| Diuretics | amiloride, bumetanide, chlorthalidone, eplerenone, furosemide, hydrochlorothiazide (HCTZ), indapamide, metolazone, spironolactone, torsemide, triamterene/HCTZ | |
| Lipid-Lowering Agents | cholestyramine, colestipol, fenofibrate, gemfibrozil, lovastatin, pravastatin, simvastatin | Crestor, Lipitor ² , Niacor, Niaspan, Tricor ² , Trilipix, Welchol, Zetia |
| Other Covered Medications | digoxin, dipyridamole, diltiazem, hydralazine, isosorbide, nitroglycerin, verapamil | Aggrenox, Effient, Nitrostat, Plavix, Ranexa |
| Blood Glucose Test Strips | No generics available | Accu-Chek, One Touch |
| Injectable Diabetes Medications | No generics available | Glucagon, Humalog, Humalog Mix, Humulin, Lantus, Lantus Solostar, Levemir, Levemir Flexpen, Novolin, Novolog, Novolog Mix |
| Oral Diabetes Medications | acarbose, glimepiride, glipizide, glyburide, metformin, nateglinide | Actoplus Met ² , Actoplus Met XR, Actos ² , Duetact, Prandimet, Prandin ² |

¹ Combination generic products also covered.

² Signifies that the drug is subject to non-formulary status if a generic becomes available throughout the year.

Note: Certain covered drugs are associated with quantity limits (QL).