



Beginning in 2008 faculty, staff, and their dependents actively participating in the CareAllies Care Coordination program for management of asthma, chronic obstructive pulmonary disease (COPD), diabetes, and/or heart disease (coronary artery disease or congestive heart failure) became eligible for a new Value-Based Prescription Drug Plan. The availability of this benefit will continue through 2009. The copay for 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 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 Value-Based Prescription Drug Plan.

2009 Value-Based Prescription Drug Plan					
Copays/Coinsurance					
Drugs	Standard ¹			Plus ²	
	Retail (30 days)	Home Delivery (90 days)	Retail (30 days)	Home Delivery (90 days)	
Generic	\$0	\$0	\$0	\$0	
Formulary Brand-Name	15% (\$30 max)	15% (\$75 max)	\$12.50	\$32.50	
Non-Formulary Brand-Name ³	50% (no max)	50% (no max)	\$45	\$115	

¹ Available with the Prime Care Advantage, Prime Advantage Value, Independent Choice, and Out-of-Area Medical Plans

² Only available for those enrolled in the Prime Advantage Plus Medical Plan

³ Non-Formulary Brand-Name Drugs are not eligible for the Value-Based Prescription Drug Plan Design

This Value-Based Prescription Drug Plan 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 Value-Based Prescription Drug Plan 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 the Value-Based Prescription Drug Plan benefit guide, contact MHCS at (614) 292-4700 or 1-800-678-6269.

Visit yourplanforhealth.com for more information.

2009 Value-Based Prescription Drug Plan

Generics and Formulary Brand-Name Drugs

Asthma / Chronic Obstructive Pulmonary Disease (COPD)

	Generics*	Formulary Brand-Name Drugs
Bronchodilators	albuterol nebulizer solution, metaproterenol, terbutaline (oral)	Alupent (QL), Proair HFA (QL), Proventil HFA (QL), Serevent (QL), Xopenex nebulizer solution
Oral Corticosteroids	dexamethasone, hydrocortisone, methylprednisolone, prednisolone, prednisone	
Inhaled Corticosteroids	No generics available	Azmacort (QL), Flovent (QL), Pulmicort (QL)
Combination Products	ipratropium/albuterol nebulizer solution (QL)	Advair (QL), Combivent (QL)
Other Covered Medications	acetylcysteine, cromolyn, ipratropium nebulizer solution (QL), theophylline/ER	Atrovent (QL), Intal inhaler (QL), Singulair, Spiriva (QL), Tilade (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, quinapril, ramipril, trandolapril	
Angiotensin II Receptor Blockers	No generics available	Cozaar, Diovan, Diovan HCT, Hyzaar
Beta Blockers	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol/ER, nadolol, pindolol, propranolol/ER, sotalol	
Cardiac Glycosides	digoxin	Lanoxin, Lanoxin Pediatric
Diuretics	amiloride, bumetanide, chlorthalidone, eplerenone, furosemide, hydrochlorothiazide (HCTZ), indapamide, metolazone, spironolactone, torsemide, triamterene/HCTZ	
Lipid-Lowering Agents	cholestyramine, colestipol, fenofibrate, gemfibrozil, lovastatin, pravastatin, simvastatin	Lipitor, Niaspan, Tricor, Welchol, Zetia
Other Covered Medications	hydralazine, isosorbide dinitrate, isosorbide mononitrate, nitroglycerin	Nitrolingual, Plavix, Ranexa
Blood Glucose Test Strips	No generics available	Accu-Check, Ascensia, One Touch
Injectable Diabetes Medications	No generics available	Glucagon, Humalog, Humalog Mix, Humulin, Lantus (not Solostar)
Oral Diabetes Medications	acarbose, chlorpropamide, glimepiride, glipizide, glyburide, metformin/ER, tolazamide, tolbutamide	Actos, Prandin

¹ Combination generic products also covered.

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