

DEPARTMENT OF CIVIL SERVICE
Employee Benefits Division
PO Box 30002, Lansing, Michigan 48909
EMPLOYEE BENEFITS BULLETIN

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Benefits Bulletins are issued to employees and others to communicate general benefits information.

FROM:

Employee Benefits Division

TELEPHONE NUMBER:

(800) 505-5011 or (517) 373-7977

Subject:

**State Health Plan PPO Prescription Drug Coverage Changes for
UAW Represented Employees Effective October 1, 2005**

Several changes to your State Health Plan PPO prescription drug coverage will be implemented on October 1, 2005, as a result of negotiations between UAW and the Office of the State Employer. These negotiated changes **do not** affect members enrolled in an HMO.

- Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Members will still be able to pay a 1-month co-pay and receive up to a 90-day supply by using Express Scripts mail-order. To transfer an existing prescription from a retail pharmacy to Express Scripts mail-order, contact your physician to request a new prescription for up to a 90-day supply or call Express Scripts for assistance at (800) 505-2324.
- A Generic Preferred program, to promote the use of generic drugs, will be implemented effective October 1, 2005 for the State Health Plan PPO. At retail, if your doctor has specified a brand-name drug and indicated DAW (dispense as written), your pharmacist may contact your doctor to authorize the generic version of the drug. If your doctor agrees, you will receive a 1-month supply of the generic drug by paying the \$7 co-pay. If the doctor disagrees or cannot be contacted, you can choose to receive the generic drug and pay the \$7 co-pay or be given the brand-name drug and charged the \$15 co-pay, plus the difference in cost between the brand-name and the generic, up to a maximum difference of \$10 for the first fill. After that, you will pay the generic \$7 co-pay, plus the full difference in cost between the brand-name and the generic drug until your doctor provides clinical information supporting your need to take the brand-name drug.

If your doctor provides clinical information that supports why you need to take the brand-name drug, you will be refunded the difference between the brand-name drug and the generic drug. If the review is denied, you and your doctor will be informed and provided information on the appeals process.

- Exclusive Home Delivery for maintenance drugs will also be implemented effective October 1, 2005, for the State Health Plan PPO. Your Exclusive Home Delivery program is for prescription drugs for ongoing conditions such as diabetes or high blood pressure. Under this program, you can get up to a 1-month supply of a maintenance medication three times from a local participating pharmacy. After that, the drug will only be covered through Express Scripts mail-order. Through the Exclusive Home Delivery

mail-order, by paying a 1-month co-pay, you will be able to receive up to a 3-month supply of drugs delivered directly to your home. There will be no coverage for a maintenance drug after the three fills at retail.

For assistance in transferring your existing retail pharmacy prescriptions to the Exclusive Home Delivery mail-order program, call Express Scripts at (800) 505-2324. Additional information is attached on the Exclusive Home Delivery program.