

PRESCRIPTION DRUG BENEFIT SUMMARY

80% FEHBP High Deductible Plan - 2008

OSF HealthPlans has contracted with Caremark to provide our Members with comprehensive prescription drug benefits through local area pharmacies. Present your Caremark card at any participating pharmacy nationwide and after your Member copayment for each new or refill prescription, OSF HealthPlans pays the remainder of the cost to the pharmacy.

UP TO 34 DAY SUPPLY

GENERIC DRUG EQUIVALENTS
80%

**PREFERRED NAME BRAND DRUGS
WHEN NO GENERIC DRUG IS AVAILABLE**
80%

**NON-PREFERRED NAME BRAND DRUGS
WHEN NO GENERIC DRUG IS AVAILABLE**
80%

**PREFERRED OR NON-PREFERRED NAME BRAND
DRUGS WHEN REQUESTED BY THE MEMBER OR
PHYSICIAN WHEN A GENERIC DRUG IS AVAILABLE**
80%

35 – 90 DAY SUPPLY

Please contact AdvancePCS or OSFHP for information on 90-day pharmacies.

GENERIC DRUG EQUIVALENTS
80%

**PREFERRED NAME BRAND DRUGS
WHEN NO GENERIC DRUG IS AVAILABLE**
80%

**NON-PREFERRED NAME BRAND DRUGS WHEN
NO GENERIC DRUG IS AVAILABLE**
80%

**PREFERRED OR NON-PREFERRED NAME BRAND
DRUGS WHEN REQUESTED BY THE MEMBER OR
PHYSICIAN WHEN A GENERIC DRUG IS
AVAILABLE**
80%

EXCLUSIONS

This outpatient prescription drug rider does not cover the following:

- Smoking deterrent medications.
 - Anorexics, including but not limited to, amphetamines and non-amphetamines containing phenteramine or diethylpropin (Drugs for weight loss).
 - Any drugs used for cosmetic purposes.
 - Any drugs labeled, “caution: limited by federal law to investigational use”, which OSF HealthPlans or Caremark determines are in a testing stage or in early field trials on animals or humans, or those drugs which do not have required final federal regulatory approval for commercial distribution for the specific indications and methods of use assessed.
 - Any charge for the administration of a prescription drug.
 - Drugs, medications, vitamins or minerals that do not require a prescription.
 - Devices and supplies (except insulin needles and syringes) of any type, including but not limited to therapeutic devices, artificial appliances, support garments, and blood glucose test meters.
 - Immunization agents, biological sera, blood or blood plasma, except as set forth under the covered services section of the applicable evidence of coverage.
 - Total parenteral nutrition (TPN).
 - Injectables, except for insulin.
 - Prescription drugs new to the market until approved by OSF HealthPlans medical management.
 - Prescription drugs which are not medically necessary.
 - Replacement of lost or stolen prescription drugs.
 - Prescription drugs which are covered under another plan, any worker’s compensation or occupational disease law or any drug for which there is no charge to the member.
 - Drugs prescribed for the diagnosis or treatment of infertility (unless approved by Catholic Church).
 - Contraceptive drugs including: pills, fluids and other devices
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- Questions – Call Caremark at (800) 966-5772
 - The Preferred Drug List can be accessed online at www.osfhealthplans.com
 - *No prescription will be refilled before 75% of the previous supply would have been scheduled for consumption under the prescription.*

Injectable Drugs – Caremark SpecialtyRx

- Caremark SpecialtyRx™ serves as our preferred specialty pharmaceutical provider for injectable drugs.
- Your injectable drugs and supplies must be ordered through Caremark SpecialtyRx – your specialty pharmacy.
- Call 1-866-295-APRx (1-866-295-2779) and identify yourself as a member of OSF HealthPlans.

Step Therapy

- **Step Therapy** must be followed for certain drug classes. **Step Therapy** means that *steps* must be used in order for certain drugs to be approved for payment.
- Examples of some drug classes covered in Step Therapy include Cox II inhibitors (Celebrex) and Proton Pump inhibitors (Nexium).
- If you are a new member to OSF HealthPlans and are unsure if the drug you are taking requires Step Therapy, please ask your doctor or have them call us at 1-800-284-2273.