

IMPORTANT INFORMATION ABOUT YOUR PRESCRIPTION PROGRAM

Dear Fund Participant,

In addition to implementing a **Stop Loss Policy, which allows up to \$30,000 in prescription utilization per life per year effective 5/1/08**, the Board of Trustees has put into place new programs to ensure that the use of prescription drugs is safer and more affordable. Below are explanations of each new program.

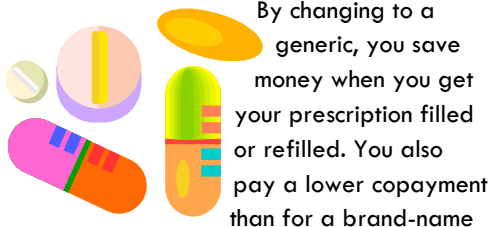
Zero Dollar Co-pay

Many generic versions of brand-name drugs are now available. They're less expensive and just as safe and effective as the brand-name drug.

What are generic drugs?

Even though generics usually have a different name, color and/or shape, a generic alternative has the same chemical makeup and same effect in the body as the original brand-name drug. Generics, which have been around for a long time, have been rigorously tested, and the U.S. Food & Drug Administration (FDA) has approved them as safe and effective.

Unlike manufacturers of brand-name drugs, the companies that make generic drugs don't spend a lot of money on research and advertising. As a result, their generic drugs cost less than their original brand-name counterparts — and they can pass the savings on to patients.



By changing to a generic, you save money when you get your prescription filled or refilled. You also pay a lower copayment than for a brand-name drug. Plus, you help PSSU Health and Welfare Fund afford a prescription-drug benefit for all our members. The **Zero Dollar Co-pay** program allows you to

switch a prescription to a generic equivalent drug at no cost to you. For a certain number of months, you can get this prescription filled — at no cost — at your participating pharmacy or through Home Delivery from the Express Scripts Pharmacy. Your plan will pay the co-pay. This benefit gives you a chance to try a generic drug — at no cost to you — so you can see generic-drug advantages for yourself.

How does this program work? At our request, Express Scripts—the company chosen to manage our prescription drug benefit—reviewed prescriptions filled by people in our plan. They identified members like you who might save money with a lower-cost generic drug. Express Scripts doesn't have access to your medical records and can't determine if a generic drug would be right for you. The letter sent to you encourages you to talk with your doctor about changing to a less expensive generic. If your doctor approves, your plan will waive (one or more) of your copayments. After that, you'll continue to benefit because your copayments will be lower.

Exclusive Home Delivery (Mandatory Mail)

Your **Exclusive Home Delivery** Program pertains to *maintenance medications*, or prescription drugs for ongoing conditions such as diabetes or high blood pressure.

Under the program, you can get up to a 1-month supply of a maintenance medication two times from a local participating pharmacy. After that, PSSU Health and Welfare Fund will cover the medication only if you order it from the Express Scripts Pharmacy.

By using the Express Scripts Pharmacy, you'll save money on your copayments for maintenance medications. Plus, you'll receive:

- **Free home delivery** of your medication.
- Up to a **3-month supply** of medication with each order.
- **24-hour access** to a pharmacist.

Step Therapy

Medications are grouped into two categories:

Front-Line Medications: These are the drugs recommended for you to take first — usually generic medications, which have been proven safe and effective. You pay the lowest copayment for these drugs.

Back-Up Medications: These are brand-name medications, like those you see advertised on TV. They're recommended for you to take only if a front-line medication doesn't work for you. You almost always pay more for brand-name medications.

What Should You Do Now?

The next time your doctor writes you a prescription, ask if a generic drug is right for you. It makes good sense to ask for these drugs first because, for most everyone, they work as well as brand-name drugs — and they almost always cost less.

What If You've Already Tried a Front-Line Medication?

Ask your doctor to call 800.417.8164 and ask for a prior authorization. With a prior authorization, your plan will cover the back-up drug originally prescribed.

For more information on how the

program works and how it benefits you, watch a short video at www.steptherapyfacts.com.

Drug Quantity Management

To make sure your prescriptions stay safe, effective and affordable, the PSSU Health and Welfare Fund prescription plan will now include a **Drug Quantity**

Management program. This means that for certain prescription drugs our plan will limit the amount that you receive at one time.

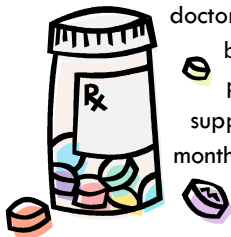
First, the program promotes safety. It makes sure you receive the medication you need in the quantity considered safe. That is, you get the right amount to take the daily dose considered safe and effective, according to guidelines from the U.S. Food & Drug Administration (FDA) and medical studies.

Second, the program helps you save money. If your medicine is available in different strengths, you might take one dose of a higher strength instead of two or more of a lower strength. This saves money because you pay for fewer doses.

For instance, you might need 40 mg of a medication every day. If you take two pills a day at 20 mg, you would need to get two supplies — and pay two copayments — every month. With your

doctor's approval, you might be able to take a 40 mg pill once a day. One supply would last you a full month, and you have just one copayment.

The program also controls the cost of "extra" supplies of medication that could go to waste in your medicine cabinet. For instance, you might buy a supply of a medication. But if your



doctor changes the prescription, some of the medication could be wasted.

What drugs are included in the program?

Two kinds of drugs are on our plan's list of drugs in the program:

Drugs that could have safety issues for you if the quantity is greater than guidelines recommend — for instance drugs that aren't easily measured out, like nose sprays or inhalers.

Drugs that come in several strengths — because if you can take fewer doses at a higher strength, you save on your copayments.

To see if any of your prescriptions are affected by this change, look at our plan's list of drugs in the program. Your HR administrator should be able to give you a copy.

How does the program work?

When you need a refill, your pharmacist might say that you're asking for a refill too soon; that is, you should still have some of your medication on hand. In this case, simply ask your pharmacist when you can get your next refill.

But if your prescription is written for a larger amount than your plan covers:

You can ask your pharmacist to give you the amount that your plan covers. You'll pay the appropriate copayment each time.

Or, your pharmacist can ask your doctor to change your prescription to a higher strength, when one is available. This way, you meet your plan's quantity limit, you get the daily dose you need and you have fewer copayments.

Or, if your doctor doesn't agree

with the limit, he or she can call Express Scripts to request a "prior authorization," which may let you get a greater quantity.

Quantity limits can help you get the prescription drugs you need safely and affordably. If you have questions, please contact Express Scripts at the number on your ID card.

Prior Authorization

Prior Authorization is a program that helps you get prescription drugs you need **with safety, savings and—most importantly—your good health in mind.** It helps you get the most from your healthcare dollars with **prescription drugs that work well for you and that are covered by our pharmacy benefit.** It also helps control the rising cost of prescription drugs for everyone in our plan.

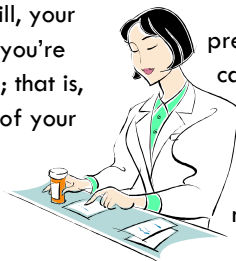
The program monitors certain prescription drugs and their costs so you can get the right drug at the right cost.

It works much like healthcare plans that approve certain medical procedures before they're done, to make sure you're getting tests you need: If you're prescribed certain medicine, that drug may need a "prior authorization." **It makes sure you're getting a cost-effective drug that works for you.**

For instance, Prior Authorization ensures that covered drugs are used for treating medical problems rather than for other purposes.

Example: A medicine may be in the program because it treats a serious skin condition, but it could also be used for cosmetic purposes, such as reducing wrinkles. To make sure your medicine is used to treat a medical condition and promotes your health and wellness, our plan may cover it only when a doctor prescribes it for a medical problem.

In this program, **your own medical professionals are consulted.** When your pharmacist tells you that your prescription needs a "prior authorization," it simply means that more information is needed to see if our plan can cover the drug. Only your doctor (or sometimes a pharmacist) can provide this information and request a prior authorization.



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