



Benefit Changes Effective July 01, 2008

Medical	
\$15 Co-Payments	New Benefit Year 2008-2009
\$15 Co-Payment	\$20 Co-Payment

Clinical Prior Authorization Programs and Step-Care Therapy Programs

The following medications will require a Clinical Prior Authorization: Byetta and Lamisil/Sporanox. This process ensures the appropriate use of these medications. If you are taking these medications, your first fill after July 1st will require authorization. To begin the authorization process prior to this date, you may contact Walgreens Health Initiatives at 1-800-207-2568 *after June 15, 2008.*

The Following Drug Classes will require Step Care Therapy: Long Acting Beta Antagonist (LABA) drugs (Advair, Serevent, Symbicort and Foradil) and Non-Sedating Antihistamines (allergy medications). With Step Care Therapy, the plan requires the use of over-the-counter or generic drugs before it will cover certain brand drugs. These over the counter and generic drugs are approved by the Food and Drug Administration and used to treat the same conditions as their brand-name counterparts. In order for a Member to receive coverage for a medication requiring Step Care Therapy, their physician may need to provide information explaining the medical necessity and past therapeutic failures.

Benefit Changes Effective January 01, 2009

Medical		
	Current Benefit	New Benefit Effective 01-01-09
In-Network Deductible	\$200 Individual \$600 Family	\$250 Individual \$750 Family
Out-of-Network Deductible	\$500 Individual \$1,500 Family	\$750 Individual \$2,250 Family
In-Network Out-of-Pocket Maximum	\$700 per person	\$1,000 per person

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