

Prescription Drug Program

If you are enrolled in one of the Preferred Provider Organization Options (PPOs) (in either the Select or Enhanced option), or the HMO through UnitedHealthcare your prescription drug coverage is through Express Scripts. If you participate in the Kaiser HMOs, you can contact Kaiser for more detailed information on the prescription drug coverage. You may also refer to the *Medical* section or *Contact Information* for additional detail, contact phone numbers and provider websites.



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Prescription Drug Program

If you enroll in a Preferred Provider Option, you will be asked to choose a prescription drug program Option. There are two Prescription Drug Program options:

- Select Option
- Enhanced Option

Each option provides the same benefits, but differs by your cost per paycheck and your cost for prescriptions.

Note: Prescription drug coverage for UnitedHealthcare members is administered by Express-Scripts (see *Contact Information*). For Kaiser members, the prescription drug administration is integrated with medical and Kaiser manages both programs.

Enrolling for Coverage

If you cover dependents under your medical option, those same dependents will be covered for prescription drug coverage. You cannot have different dependent coverage for prescription drug than you have under the Medical Plan. For example, you can't enroll for employee only prescription coverage if you have employee + two dependents medical coverage.

If You are Eligible for Medicare

If you are eligible for Medicare, you will be offered an opportunity to join Medicare Part D Prescription Drug Coverage. You can only be covered by one prescription drug plan; therefore you should **not** sign up for Medicare Part D. You will continue to have prescription drug coverage through the active employee plan that has been certified by the government as being of equal or better value than the Medicare D program.

Filling a Prescription

For both the Prescription Drug Program Options, there are three ways to fill your prescriptions. You can use:

- A network pharmacy
- An out-of-network pharmacy
- The home delivery service

Network Pharmacy

There are more than 56,000 retail pharmacies, including all national chains, throughout the country that participate in our program. These are called network pharmacies. When you purchase your prescriptions at a network pharmacy, you will pay a copay each time you fill a prescription for a 30-day supply.



If you use a network retail pharmacy, you will need to present your ID card each time you fill a prescription and pay the applicable copay.

To locate a network pharmacy near you, contact Express-Scripts:

- Call 1-800-711-0917 or log on to www.express-scripts.com.

Copay

The dollar amount you pay for a specific health care expense.

Out-of-Network Pharmacy

You may also purchase your prescriptions at retail pharmacies that do not participate in the program, but the cost is higher. This type of pharmacy is called an out-of-network pharmacy.

If you use an out-of-network pharmacy, you will need to pay the full price of the prescription, and submit a claim form to your plan for reimbursement. Claim forms are available from your plan or in the Forms library on Diageo One.

Home Delivery Service

You may fill prescriptions that you use on an ongoing basis, such as blood pressure medication or other types of maintenance drugs, through the home delivery service. If you use the home delivery service, you may order a 90-day supply for the same amount you would pay for a 75-day supply at a network retail pharmacy.

If you use the home delivery service:

- Ask your doctor to write a prescription for a 90-day supply and indicate the number of refills available.
- Contact Express-Scripts at 1-800-711-0917 or log on to www.express-scripts.com for an order form.
- Submit your form and the original prescription.
- Your prescription will be delivered in about seven to nine days. There are no shipping costs.
- If you need a refill, you may submit another order form.

Save Money with Home Delivery!

Save money by using the home delivery service for maintenance drugs.

How the Prescription Drug Program Works

How much you pay for a prescription drug depends on whether or not you fill the prescription at a network pharmacy, and which tier category the drug is in. For more information, please see “Three Tier Drug Categories” on page 70.

Annual Deductible

Your deductible is determined by the prescription drug program and the PPO Plan you elect. The deductible amounts are as follows:

- **The Select Option:** \$50 annual deductible per family if you use a network pharmacy. If you use an out-of-network pharmacy, your PPO Medical Plan deductible applies to any prescriptions you have filled.
- **The Enhanced Option:** No deductible if you use a network pharmacy. If you use an out-of-network pharmacy, your PPO Medical Plan deductible applies to any prescriptions you have filled.

See the *Medical* section for more information.

Deductible

The deductible is the amount you pay each year for eligible expenses before the plan begins to pay benefits.



ID Card

You will receive a separate Prescription Drug ID card from Express-Scripts. Be sure to keep this card with you to use at your pharmacy when picking up your prescriptions.

Three Tier Drug Categories

Preferred Drug List

The preferred drug list (PDL), or formulary, is a list of brand name and generic medications approved by the FDA. The list is separated into three tiers, listed to the right.

The Express-Scripts Drug Programs use three categories to determine the copay for each prescription. Each type of covered drug is FDA approved, and placed into one of three tiers. To find the tier level for your prescription, you can access the Prescription Drug List (PDL) by logging on to www.express-scripts.com or by clicking the link on the www.mydiageobenefits.com welcome page.

Tier 1: For the lowest out-of-pocket expense, you should consider Tier 1 medications if you and your doctor decide they are appropriate for your treatment.

Tier 2: Tier 2 is your middle copay option. Consider Tier 2 medications if you and your doctor decide that no Tier 1 medication is appropriate to treat your condition.

Tier 3: Tier 3 is your highest copay option. Sometimes there are alternatives to a Tier 3 medication in Tier 1 or Tier 2. If you are taking a Tier 3 medication, ask your doctor whether there are Tier 1 or Tier 2 alternatives.

| | Select Option | Enhanced Option |
|--|---|-----------------|
| Network Pharmacy (30-day supply) | \$50 annual deductible per family | No deductible |
| Tier 1 | \$15 | \$10 |
| Tier 2 | \$30 | \$20 |
| Tier 3 | \$50 | \$40 |
| Out-of-Network Pharmacy (31-day supply) | Your PPO option out-of-network deductible and coinsurance applies. Refer to the <i>Medical</i> section. | |
| Home Delivery (90-day supply) | 2.5 times the retail pharmacy copay | |
| Tier 1 | \$37.50 | \$25 |
| Tier 2 | \$75 | \$50 |
| Tier 3 | \$125 | \$100 |

When you purchase your prescriptions at a network pharmacy, you will pay a copay each time you fill a prescription for a 30-day supply. Most federally approved drugs that are prescribed within the guidelines for a specific illness or condition are covered by the prescription drug program.

Generic vs. Brand Name Drugs

Generic drugs contain the same active ingredients as their brand name counterparts, but generally are available at a reduced cost. By using generic medication, you will save money while still receiving the medication you need.

A brand name drug is a patented drug with a trade name that can only be produced and distributed by the company holding the patent.

Drugs and Treatments Not Covered by the Prescription Drug Program

The following are examples of drugs or treatments not covered by the program:

Drugs or medicines:

- Covered by another carrier or prescription plan
- Dispensed for a purpose other than the treatments recommended by the FDA
- Dispensed for more than a 30-day supply at a retail pharmacy or a 90-day supply through the home delivery service
- Dispensed outside the United States, except as required for emergency treatment
- For cosmetic purposes (except certain acne medications with age limitations, which requires notification)
- Furnished by local, state, or federal government, or if payment or benefits are available from the government
- Given while confined in a hospital, nursing home, or similar place that has its own drug dispensary
- Labeled “Caution—limited by federal law to investigational use,” or experimental drugs
- Prescribed as a result of an injury or illness covered by Worker’s Compensation
- Purchased after coverage ends for you and/or your dependents
- Anabolic steroids
- Appetite suppressants and other weight loss products
- General and injectable vitamins (does not apply to prenatal vitamins, vitamins with fluoride, and B-12 injections)
- Injectable drugs (does not apply to insulin or other covered self-injectable drugs that are self-administered and can be injected subcutaneously)
- Over-the-counter medications
- Replacement drugs resulting from a lost, stolen, broken, or destroyed prescription order or refill

If you have any questions regarding whether a prescription is covered, contact your plan directly.

To find the tier level for your prescription, you can access the Prescription Drug List (PDL) by logging on to www.express-scripts.com or by clicking the link on the www.mydiageobenefits.com welcome page.

Questions?

If you have questions about the prescription drug program, call Express-Scripts at 1-800-711-0917 or log on to www.express-scripts.com. When you log on for the first time, you will register, create a User ID, and a password in order to access information.

