

Consumer Choice Pharmacy Benefit

The Consumer Choice Pharmacy Benefit is a multilevel pharmacy benefit plan in which Maricopa County fully funds the first level; you, the employee, fund the second level; and you *and* Maricopa County together share the costs of the third level through coinsurance.

Certain generic preventive medications are provided at no cost.

Level 1: Pharmacy Account - This account is funded 100 percent by Maricopa County. Individuals are allotted \$300, and families are allotted \$500, to use toward the full cost of prescriptions, as they desire. Quantity limits apply to certain medications. Unused funds in your Pharmacy Account at the end of the current plan year will “roll over” for your use in the next plan year.

Level 2: Employee Responsibility - This level is funded 100 percent by you, the employee, and serves as a deductible. Individuals are responsible for reaching \$300 in medication costs, and families \$500, before moving into Level 3. If you are enrolled in the Mariflex flexible spending account, you can use your pre-tax funds to be reimbursed for drug costs in this level.

Level 3: Traditional Pharmacy Insurance - This level covers your medications at 80 percent based on the cost of the medication. You pay 20 percent coinsurance. Once you reach the out-of-pocket maximum (\$1,500 for individuals and \$3,000 for families), Maricopa County pays 100 percent of your costs for covered prescription medication until the end of the plan year.

Specialty Pharmacy - Specialty medications will not be charged against your Pharmacy Account or Employee Responsibility (Levels 1 and 2). Instead, you will be charged a \$50 copayment.

Clinical Prior Authorization Program

Certain prescriptions require “clinical prior authorization,” or approval from your plan, before they will be covered. The categories/medications that require clinical prior authorization may include, but are not limited to: Acne (topical-after age 37), Actiq (limit 4 daily), ADHD/Narcolepsy (after age 21), Anabolic Steroids (all types), Antiemetics (oral-after 7-day supply per 25 days), Atopic Dermatitis, Butorphanol (after two - 2.5 ml bottles per 25-day supply), Byetta, Crinone 8%, Duragesic (limit 15 qty per 25-day supply), Fentora, Gleevec, Insomnia (after 90 qty. per 144-day supply; limit 30 per script at retail), Lamisil/Sporanox, Migraine (after 8 injectable, 8 nasal or 18 oral per 25-day supply), OxyContin (daily average limit of 3), Penlac, Ranexa and Symlin.

To confirm whether you need clinical prior authorization and/or to request approval, call 1-877-665-6609.

Clinical Prior Authorization Program (Continue)

Please have available the name of your medication, physician's name, phone (and fax number, if available), your member ID number and your group number 512229.

Specialty Pharmacy

Certain medications used for treating complex health conditions must be obtained through the Specialty Pharmacy program. Certain conditions may require drugs that fall under specialty pharmacy. These medications can only be filled for a 30-day supply via Walgreens home delivery. Please call 1-888-782-8443 to enroll in this program.

Certain Medications May Not Be Covered

Please refer to your Summary Plan Document for details.

Step Care

This program generally recommends utilization of an effective first-line agent before other alternative therapies may be covered. Your benefit plan requires this program to be in place for the following categories: COX-2 Inhibitors, Dipeptidyl Peptidase-4 (DPP-4), Long Acting β -Agonists, Prilosec (OTC) and SSRI. For more information call 1-877-665-6609.

Participating Pharmacies

You can choose from more than 62,000 participating pharmacies. Below are just some of the many pharmacies participating in our nationwide retail network. For additional participating pharmacies, call the WHI Customer Care Center at 1-800-207-2568 or visit our web site at www.mywhi.com.

Albertsons*	Safeway*
Cigna Staff Model Pharmacies*	Target*
CVS Pharmacy*	Walgreens*
	Wal-Mart*

*Pharmacies participating in 90-day retail program

Drug names are the trademarks of their respective owners.

Diabetic medications & supplies can be free with participation in the Diabetic Management Program offered through the EHI department. Please contact the EHI department at (602) 506-1010 for more details.

Maintenance medications must be filled for a three-month supply at an Advantage90 retail pharmacy, or through the mail service after two one-month fills. Please note that not all pharmacies participate in the Advantage90 program.