



Solid Rock Management

Rx Benefits Update

Effective:
July 1, 2011

Please note that your prescription benefits are going to be changing. This summary highlights the changes that will take effect. In addition to the plan changes, we have summarized your current prescription benefit in its entirety for your reference.

As a reminder, EHIM's main goal is that our members receive the best customer service possible. Your understanding of your prescription benefit plan is most important to EHIM. We strongly encourage you to ask as many questions regarding your coverage so there are no surprises as you fill your prescriptions at the pharmacy. For your convenience, our help desk has a representative available **24 hours a day, 7 days a week, 365 days a year**. Our toll free number is 1-800-311-3446 and is printed on the back of your ID card for easy reference.

Summary of Changes (Only for HMO Plan)

- Generic copay: \$10.00
- Brand copay: \$30.00
- DAW1 copay: \$30.00
- DAW2 copay: \$30.00 + difference

Summary of Copayments

Copayments are the dollar amount which will be collected at the pharmacy every time you receive a prescription. Generally, your copayment will be the lowest for generic prescriptions and highest for medications that are considered Non-Preferred or classified as "Designer" under your plan design. Below highlights your plan's copay levels:

PPO/POS	HMO	
\$10.00	\$10.00	Copayment on any Generic Medication
\$40.00	\$30.00	Copayment on any Single Source Brand Medication (Brand Name Drugs that have no Generic Available)
\$40.00	\$30.00	Copayment on any Multi-Source Brand Medication (Brand Name Drugs that are dispensed when a generic is available) The <i>physician</i> will indicate "DAW" or "Dispense As Written" on the prescription.
\$40.00	\$30.00	Copayment plus the difference in cost between the brand & generic on any Multi-Source Brand Prescription (Brand Name Drugs that are dispensed when a generic is available) The <i>patient</i> indicates the brand to be dispensed.
\$40.00	\$35.00	Copayment on any Non-Preferred Medication
40%	40%	Copayment on any Designer Medication
50%	50%	Copayment on any self injectable medication (excluding Insulin, Imitrex, Glucagon & EpiPen) or any medication that requires a Prior Authorization
\$0.00	\$0.00	Copayment on any medication covered under the EHIM OTC program



Questions? You may reach EHIM's Pharmacy Help Desk at 800.311.3446. You will be able to speak to a live customer service representative 24 hours a day, 7 days a week, 365 days per year who can answer any question you may have. They can even help you locate a participating pharmacy in your area.