



# Prescription Drug Program

## Employee Handbook

Presented By:

Employee Health Insurance Management, Inc.



## General Information

The Lakeview Community Schools Prescription Drug Program (the “Program” or the “Plan”) is a part of the Lakeview Community Schools Health Plan (sometimes also called the “Plan”). The purpose of the Program is to provide eligible employees and their spouses and dependents with low-cost availability of most prescription drugs. The prescription drug benefits are provided under the Lakeview Community Schools Health Plan pursuant to a contract between Employee Health Insurance Management, Inc. (“EHIM”) and Lakeview Community Schools which is incorporated in this summary by reference.

Under the Prescription Drug Program, the Plan generally will pay, subject to the co-payments (see p.2), limitations (see pgs.4-9) and exclusions (see pg. 21) described below, for all prescription drugs that are necessary for the treatment of an illness or injury of a covered individual (as described in the general provisions of the Lakeview Community Schools Health Plan).

EHIM, as the Prescription Plan Supervisor, is responsible for the routine processing of claims and benefits under this Program. In addition, EHIM maintains a list of Participating Pharmacies. If you elect to obtain prescription drugs at a Participating Pharmacy, the Plan will pay the full cost of any covered prescription other than the applicable copayment (described below).

If you elect to use a Non-Participating Pharmacy, your final cost may exceed the applicable copayment. Also, you will have to pay the full pharmacy charge at the time of service and then seek reimbursement from the Plan.

Further information about the Program is found in the following pages.

This summary of the Prescription Drug Program is a supplement to the Summary Plan Description of the Lakeview Community Schools Health Plan. Certain Health Plan information required by ERISA may be found in the primary Summary Plan Description. To the extent of any conflict between the primary Summary Plan Description and the terms of this summary regarding the Prescription Drug Program, this summary will control.

While this summary is intended to be an accurate summary of the benefits available, in the event of any conflict between the terms of this summary and the Plan itself, the terms of the Plan will control. The Plan is intended to create certain legally enforceable rights for Plan participants. Therefore, you are specifically advised that you should contact EHIM, the Prescription Plan Supervisor before making a decision about expenditures that may be covered under the Plan.

**Lakeview Community Schools  
Prescription Drug Program**

**Schedule of Participant Co-payments**

<b>\$5.00</b>	Copayment on all covered GENERIC Drugs (Tier 1)
<b>\$25.00</b>	Copayment on all covered Preferred BRAND NAME Drugs (Tier 2)
<b>\$50.00</b>	Copayment on Non Preferred Medications (Tier 3) (See pages 10-19)
<b>\$50.00</b>	Copayment on any Multi-Source Brand Medication (Tier 3) (Brand Name Drugs that are dispensed when an exact generic is available) The <i>physician</i> will indicate “DAW” or “Dispense As Written” on the prescription.
<b>\$50.00</b>	Copayment <b>plus the difference</b> in cost between the brand & generic on any Multi-Source Brand Medication (Tier 3) (Brand Name Drugs that are dispensed when a generic is available) The <i>patient</i> indicates the brand to be dispensed. DAW penalties do not accumulate towards the OOP Max.
<b>\$50.00</b>	Copayment on all Specialty Medications (Tier 4) (Examples: Oncology, Multiple Sclerosis, Organ Transplant..) Please contact EHIM 1-800-311-3446 for additional information
<b>\$0.00</b>	Copayment for EHIM OTC Program (Prescription is Required) (See page 20)
Single: \$5,350 Family: \$10,700	Out of Pocket Maximum: Once a member/contract spends \$5,350/\$10,700 in pharmacy copays that member/contract will have a \$0 copay on all covered medications for the rest of the plan year. One person in a 2-person/Family contract will be capped at \$5,350 and the rest of the members under that contract will have to meet the other \$5,350 combined.

**Only GENERIC Drugs are to be dispensed unless the prescription states “Dispense as Written” (DAW) per the prescribing physician.**

**COVERED DRUGS**

- All Prescription drugs not specifically excluded
- Compounded prescriptions which contain at least one legend drug
- Insulin on prescription
- Needles and Syringes when dispensed with Insulin
- PPACA Preventative Medications (\$0 Copay / Age & Gender Restrictions may apply)
- Contraceptives (Oral, Ring, Injectable, Patch, Implantable & Plan B) (Generics \$0 Copay)
- Smoking Cessation Medications (RX & OTC) (\$0 Copay on all)
- Prenatal Vitamins

**PRIOR AUTHORIZATION** - The following categories of medication require medical documentation submitted by treating physician and are subject to clinical review and approval:

- Select Specialty Medications (Examples: Multiple Sclerosis, Organ Transplant, Crohns Disease, Oral Immunosuppressives, Growth Hormones, self-injectable..) and anti-obesity

**EHIM's Prior Authorization process is as follows:**

1. The member, pharmacist or physician contacts EHIM's pharmacy help desk at (800)311-3446 to initiate the prior authorization process.
2. Once EHIM is contacted, the assigned clinical case manager will send the necessary paperwork to the prescribing physician for their completion. The physician may be asked to provide medical documentation to EHIM outlining the member's diagnosis, previous failed treatments, duration of therapy, and specific course of treatment the physician is requesting.
3. Upon receiving the completed documentation from the prescribing physician, the clinical case manager will then review the information, and a determination will be made to approve or deny the request. Once the determination has been made, the patient will be notified. This entire process is dependent upon the prescribing physician's response time to EHIM's request for information. Determinations are made fairly quickly, typically within 24 - 48 hours of our receipt of all required documentation.

Please keep in mind that any medical or prescription information submitted to EHIM is highly confidential and used only to help determine whether the Prior Authorization request may be approved.

All prescriptions other than those specifically outlined or Eligible Maintenance Drugs are limited to a 30-day supply.

**REFILL LIMITATIONS**

As indicated; up to one year from original order.

**PRESCRIPTION LIMITATIONS**

The following medications are subject to **QUANTITY LIMITATIONS** as outlined below:

<b>Drug Name</b>	<b>Strength</b>	<b>30 Day Limit</b>
<b>Analgesics (Pain)</b>		
Abstral	All strengths	128 tablets
Actiq	All strengths	120 lozenges
Avinza	All strengths	60 capsules
Butrans	All strengths	4 patches
Duragesic	All strengths	20 patches
Embeda	All strengths	60 capsules
Exalgo	All strengths	60 capsules
Fentora	All strengths	120 tablets
Flector	All strengths	60 patches
MS Contin	All strengths	120 tablets
Kadian	All strengths	120 capsules
Nucynta	All strengths	120 tablets
Nucynta ER	All strengths	60 tablets
Onsolis	All strengths	120 films
Opana	All strengths	100 tablets
Opana ER	All strengths	60 tablets
Oramorph	All strengths	120 tablets
Oxycontin	All strengths	120 tablets
Oxecta	All strengths	120 tablets
Oxycodone IR	All strengths	240 capsules
Pennsaid	All strengths	2 (150 ml) btl
Rybix ODT	All strengths	90 tablets
Ryzolt	All strengths	30 tablets
Sprix	All strengths	5 (1.7g) btl
Ultram	All strengths	240 tablets
Ultram ER	All strengths	30 tablets
Vimovo	All strengths	60 capsules
Voltaren Gel	All strengths	10(100g) tubes
<b>(Anaphylaxis (Allergic Reaction))</b>		
Epipen	All strengths	4 pen injectors
Epipen Jr.	All strengths	4 pen injectors

Drug Name	Strength	30 Day Limit
<b>Androgens/Hypogonadism</b>		
Androderm	2mg	60 patches
Androderm	4mg	30 patches
Androgel Pump	1%	150 gm (2 x75)
Androgel Pump	1.62%	150 gm (2 x75)
Axiron	All strengths	90 (1 Bottle)
Depo-Testosterone	All strengths	10 ml
Delatestryl	All strengths	5 ml
First-Testosterone	All strengths	60 gm
Testim	All strengths	150 gm
Testosterone Cypionate	All strengths	10 (90 days supply)
Fortesta	All strengths	60 gm
Striant	All strengths	60 Each
Vogelxo	12.5mg	150g
Vogelxo	50mg	30 tubes
<b>Anticonvulsants (Seizures)</b>		
Aptiom	All Strengths	60 tablets
Lamictal	All strengths	60 tablets
Lamictal XR	All strengths	30 tablets
Oxtellar XR	All Strengths	120 tablets
Qudexy	All Strengths	60 capsules
Trokendi XR	All Strengths	90 capsules
<b>Antidepressants (Depression)</b>		
Brintellix	All Strengths	30 tablets
Brisdelle	All Strengths	30 capsules
Fetzima	All Strengths	30 capsules
<b>Asthma</b>		
Anora Ellipta	All Strengths	1 inhaler (30 doses)
Breo Ellipta	All Strengths	1 inhaler
Daliresp	All Strengths	30 tablets
Tudorza Pressair	All Strengths	1 inhaler (60 doses)
<b>Anti-Nausea</b>		
Anzemet	All strengths	10 tablets
Emend	80 mg	4 tablets
Emend	125 mg	2 tablets
Kytril	All strengths	28 tablets
Sancuso	3.1 mg	2 patches
Zofran Solution	4 mg/5ml	50ml
Zuplenz	All strengths	20 films

Drug Name	Strength	30 Day Limit
<b>Antipsychotics</b>		
Abilify/Abilify ODT	All strengths	30 tablets
Fanapt	All strengths	60 tablets
Geodon	All strengths	60 capsules
Invega	All strengths	30 capsules
Latuda	All strengths	30 tablets
Saphris	All strengths	60 tablets
Seroquel	<300 mg	90 tablets
Seroquel	>300 mg	60 tablets
Seroquel XR	All strengths	60 tablets
Symbyax	All strengths	30 tablets
Zyprexa	All strengths	30 tablets
Zyprexa Zydis	All strengths	30 tablets
<b>Anti-Ulcer Agents (Acid Reflux)</b>		
Aciphex	All strengths	30 tablets
Dexilant	All strengths	30 capsules
Esomeprazole Sodium	All strengths	30 capsules
Nexium	All strengths	30 capsules
Prevacid	All strengths	30 capsules
Zegerid	All strengths	30 capsules
<b>Bisphosphonates/Anti-Resorptive (Osteoporosis) Agents</b>		
Actonel	35 mg	4 tablets
Actonel	75 mg	2 tablets
Actonel	150 mg	1 tablet
Actonel	5 mg, 30 mg	30 tablets
Actonel/Cal	35 mg/1250 mg	28 tablets
Atelvia	All strengths	4 tablets
Boniva	150 mg	1 tablet
Fosamax	5mg, 10mg & 40mg	30 tablets
Fosamax	35 mg, 70 mg	4 tablets
Fosamax/Vitamin D	All strengths	4 tablets
Forteo	All strengths	1 pen
Fortical	200 IU/spray	3.7 mL
Miacalcin	200 IU/spray	3.7 mL

Drug Name	Strength	30 Day Limit
<b>Bronchodilators (Asthma/Breathing)</b>		
Accuneb Neb	All strengths	375ml
Advair Diskus/HFA	All strengths	1 inh
Albuterol Neb	0.083%	375ml
Albuterol Neb	0.5%	60ml
Alvesco	All strengths	1 inh
Arcapta	All strengths	1 box (30 caps)
Asmanex	All strengths	1 inh
Atrovent	All strengths	1 inh
Atrovent Neb	All strengths	300ml
Azmacort	All strengths	1 inh
Brovana Neb	All strengths	60 vials (120ml)
Combivent	All strengths	1 inh
Dulera	All strengths	1 inh
Foradil Aerolizer	All strengths	1 inh
Flovent Diskus/HFA	All strengths	1 inh
Maxair	All strengths	1 inh
Perforomist	All strengths	60 vials (120ml)
Pro-Air HFA	All strengths	2 inhs
Proventil HFA	All strengths	2 inhs
Pulmicort Respules	All strengths	60 vials (120ml)
Pulmicort Turbohaler	All strengths	1 inh
QVAR	All strengths	1 inh
Servent Diskus	All strengths	1 inh
Spiriva	All strengths	1 box
Symbicort	All strengths	1 inh
Ventolin HFA	All strengths	2 inhs
Xopenex HFA	All strengths	2 inhs
Xopenex Neb	All strengths	72 vials (3 boxes)
<b>CNS Stimulants</b>		
Quillivant XR	5mg/ml	360ml
<b>Dermatological / Topical</b>		
Acticlate	All Strengths	60 tablets
Ecoza	All Strengths	70 g
Luzu	All strengths	60 g
Naftin cream	All strengths	45 g
Taclonex	All strengths	240gm
<b>Lipotropics (Cholesterol)</b>		
Epanova	1 gm	120 capsules
Omtryg	1.2 gm	120 capsules
Vascepa	1 gm	120 capsules



Drug Name	Strength	30 Day Limit
<b>Migraine Headaches</b>		
Alsuma	6 mg/0.5ml	4 injectors (2 bx)
Amerge	All strengths	9 tablets
Axert	All strengths	9 tablets
Frova	2.5mg	9 tablets
Imitrex	All strengths	9 tablets
Imitrex Injection	6 mg/0.5ml	5 vials (1 box)
Imitrex Kits/Refills	All strengths	2 kits
Imitrex Nasal	All strengths	6 dispensors
Maxalt/Maxalt MLT	All strengths	9 tablets
Migranal	4 mg/ml	1 pk (8 x1mL btl)
Relpax	All strengths	9 tablets
Stadol Nasal	All strengths	1 bottle
Sumavel	6mg/0.5ml	6 vials (1 box)
Treximet	85mg/500mg	9 tablets
Zomig Nasal	All strengths	1 package (6 btl)
Zomig/Zomig ZMT	All strengths	6 tablets
<b>Narcotic (Pain)</b>		
Bunavail	All strengths	60 tablets
Cambia	50 mg	9 packets
Conzip	All strengths	30 capsules
Duexis	800 mg/26.6 mg	90 tablets
Dymista	All Strengths	23 g
Izba	0.003%	5 mL
Lazanda	All Strengths	30 bottles
Nucynta Liquid	20mg/ml	600 mL
Qnasl	All Strengths	8.7 g
Subsys	All Strengths	120 sprays
Targiniq ER	All Strengths	60 tablets
Tivorbex	All Strengths	90 capsules
Xartemis XR	All Strengths	120 tablets
Zetonna	All Strengths	6.1 g
Zioptan	0.0015%	30 unit dose packets
Zipsor	All Strengths	120 capsules
Zohydro ER	All Strengths	60 capsules
Zorvolex	All Strengths	90 capsules
Zubsolv	All Strengths	60 tablets

Drug Name	Strength	30 Day Limit
<b>Nasal Antihistamines/Corticosteroids</b>		
Astelin	All strengths	1 inh (30ml)
Astepro	All strengths	1 inh (30ml)
Atrovent	All strengths	1 inh (30ml)
Beconase AQ	All strengths	1 inh (25g)
Flonase	All strengths	1 inh (16g)
Nasacort AQ	All strengths	1 inh (16.5g)
Nasarel	All strengths	1 inh (25ml)
Nasonex	All strengths	1 inh (17g)
Omnaaris	All strengths	1 inh (12.5g)
Patanase	All strengths	1 inh (30.5g)
Rhinocort AQ	All strengths	1 inh (8.6g)
Veramyst	All strengths	1 inh (10g)
<b>Sleep Aids</b>		
Ambien/Ambien CR	All strengths	30 tablets
Doral	All strengths	30 capsules
Edluar	All strengths	30 tablets
Intermezzo	All Strengths	30 tablets
Lunesta	All strengths	30 tablets
Rozerem	All strengths	30 tablets
Silenor	All strengths	30 capsules
Sonata	All strengths	30 capsules
Zolpimist	5 mg	7.7ml
<b>Oral Impotency</b>		
All Oral Impotency medications	All strengths	6 tablets

**Affects Brand & Generic equivalent when available**

**Limits represent a 1 month supply of medication. If medication is available in a 3 month supply the limits are tripled.**

**The limitations can change at any time without notice.**

**The medications listed on this document do not guarantee coverage under your pharmacy plan.**

The following medications are considered **NON PREFERRED MEDICATIONS** and are covered for a \$50.00 copayment as outlined below.

Non Preferred	Preferred Alternatives
ACIPHEX	Prevacid(g), Prilosec(g), Protonix(g), Prevacid Solutab, Zegerid(g)
ACTIVELLA 0.5-0.1MG	Activella(g), Estratest(g), H.S.(g)
ACTOPLUS MET XR	Glucophage(g) plus Actos, ActoPlus Met
ACUVAIL	Acular, LS(g), voltaren(g)
ACZONE	Clindamycin, erythromycin
ADCIRCA	Revatio
ADOXA CK, TT	Vibramycin(g), Monodox(g)
ADVICOR	Mevacor(g), Pravachol(g), Zocor(g), Crestor; plus Niaspan
AEROBID, M	Azmacort, Flovent, Pulmicort
AGGRENOL	Persantine(g) plus ASA OTC, Plavix
AKNE-MYCIN	Erythromycin topical solution & gel(g)
ALAMAST	Alomide, Patanol
ALLEGRA ODT SUSP	Clartin Syr OTC (g) Zyrtec Syr OTC (g)
ALREX	Decadron ophth(g), Pred Forte(g), Pred Mild
ALTABAX	Bactroban(g)
ALTACE TABLET	Altace capsules(g)
ALTOPREV	Mevacor(g), Pravachol(g), Zocor(g), Crestor
ALVESCO	Azmacort, Flovent, Pulmicort
AMITIZA	Glycolax(g), Lactulose(g)
AMRIX	Flexeril(g)
ANADROL-50	Androxy(g), Androderm, Delatestryl, Depo-testosterone(g)
ANDROGEL	Androderm
ANGELIQ	FemHRT, Prempro/Premphase, or Estradiol plus Progestin
ANTARA	Lofibra(g), Lopid(g), Tricor
ANZEMET	Kytril(g), Zofran(g), ODT(g)
APHTHASOL	Kenalog in Orabase(g)
APLEZIN	Generic SSRI/SNRI : (Celexa(g), Prozac(g), Zoloft(g), Effexor(g), Effexor XR(g), Wellbutrin, SR, XL(g), etc.)
ARICEPT 23mg	Aricept 5 & 10mg (g)
ARIXTRA	Lovenox (g)
APRISO	Azulfidine(g), Azulfidine En-Tab(g), Asacol, Pentasa
ARANESP	Procrit
ARMOUR THYROID	Synthroid(g)
ARTHROTEC	Lodine(g), Mobic(g), Motrin(g), Naprosyn(g), Voltaren(g), etc. plus, Cytotec(g)
ATACAND, HCT	Benicar, Cozaar(g), HCT, Hyzaar(g)
AVALIDE, AVAPRO	Benicar, Cozaar, HCT, Hyzaar
AVANDAMET	Avandia, Glucophage(g) plus Avandia
AVANDIA	Gluvophshr (g) Insulin or a sulfonylurea (Glucotrol XL (g) Micronase (g) Amaryl (g) Actos
AVAN DARYL	Amaryl(g) plus Avandia, Duetact
AVC	Diflucan(g) oral, Terazol(g) vaginal

Non Preferred	Preferred Alternatives
AVINZA	Methadone(g), MSIR(g), MS Contin(g), Oramorph SR(g)
AXERT	Imitrex(g), Maxalt, MLT
AZASITE	Ciloxan(g), Vigamox
AZELEX	Retin-A(g)
AZILECT	Eldepryl(g)
AZOR	Generic ACE (lisinopril, benazepril, etc.), Benicar, or Cozaar PLUS Norvasc(g)
BECONASE AQ	Rhinocort
BENZACLIN	Individual agents (BPO and clindamycin)
BENZASHAVE	OTC benzoyl peroxide
BEPREVE	Patanol
BESIVANCE	Ciloxan(g), Ocuflax(g), Vigamox
BETASERON	Avonex, Rebif
BETIMOL	Betagan(g), Betoptic(g), Timoptic(g)
BEYAZ	Yasmin (g) Yaz (g) PLUS Folic Acid 1mg
BONIVA	Actonel, Alendronate Sodium, Evista
BROVANA	Albuterol Sulfate, Foradil, Serevent Diskus
BUTISOL SODIUM	Ambien(g), Prosom(g), Restoril(g), Sonata(g)
BUTRANS	Duragesic(g) Methadone(g) MS Conti (g) Ormorph(g)
BYETTA	Glucophage(g), Insulin, Sulfonylurea's, TZD's
BYSTOLIC	Blocadren(g), Lopressor(g), Tenormin(g), Toprol XL(g), etc.
CADUET	Crestor; plus Norvasc(g), Mevacor(g), Pravachol(g), Zocor(g)
CAMPRAL	Naltrexone Hydrochloride
CANTIL	Bentyl(g), Donnatal(g), Robinul(g)
CARAC	Efudex(g)
CARBATROL	Tegretol(g), XR(g)
CARDENE SR	Cardene(g), Norvasc(g), Procardia XL(g)
CARDURA XL	Cardura(g), Hytrin(g), Uroxatral
CARMOL HC	Hydrocortisone plus Aquaphone OTC Hydrocortisone plus Eucerin OTC
CAYSTON	Tobi
CEDAX	Ceclor(g), Ceftin(g), Duricef(g), Keflex(g), Omnicef(g)
CELEBREX	Lodine(g), Mobic(g), Motrin(g), Naprosyn(g), Voltaren(g), etc.
CENESTIN	Estrace(g), Ogen(g), Premarin
CESAMET	Kytril(g), Zofran(g), ODT(g)
CHENODAL	Actigall(g) Urso(g)
CIMZIA SYRINGE	Enbrel, Humira
CLARIFOAM EF	Plexion(g), Sulfacet-R(g)
CLARINEX (ALL)	Loratadine OTC, Pseudoephedrine
CLEOCIN VAGINAL OVULES	Cleocin Vaginal Cream(g)
CLIMARA PRO	Climara(g), Vivelle-DOT, or Estraderm plus a progestin
CLINAC BPO	Individual agents (Cleocin(g) topical and OTC BPO)
CLINDESSE	Cleocin Vaginal Cream(g)
CLOBEX, SPRAY	Diprolene(g), Psorcon(g), Temovate(g), Ultravate(g)
COGNEX	Aricept, Namenda, Razadyne(g), Razadyne ER(g), ODT

Non Preferred	Preferred Alternatives
COLESTID FLAVORED	Colestid(g), Questran(g), Questran Light(g)
COLY-MYCIN S	Cipro HC, Cortisporin(g), Floxin(g), Otic
COMBIPATCH	Climara(g), Estraderm plus Progesterin, Vivelle-DOT
COREG CR	Coreg(g), Toprol XL(g)
CORTISPORIN-TC	Cipro, Cortisporin(g), Floxin(g) Otic, Otic HC
CYMBALTA	Generic SSRI/SNRI (Celexa(g), Effexor(g), Prozac(g), Zoloft(g), etc.)
DAYTRANA	Adderall(g), Adderall XR, Concerta, Metadate CD, Ritalin(g)
DENAVIR	Zovirax 5% cr/oint
DEPEN	Cuprimine
DERMA-SMOOTHIE/FS	Capex, Elocon(g), Locoid(g), Synalar, solution(g)
DESONATE	Capex, Elocon(g), Locoid(g), Synalar solution(g)
DEXILANT	Prevacid(g), Prilosec 20MG(g), Protonix(g), Prevacid Solutab, Zegerid(g)
DIOVAN, HCT	Benicar, Cozaar, HCT, Hyzaar
DIPENTUM	Asacol, Azulfidine(g), Azulfidine En-Tab(g), Pentasa
DONNATAL EXTENTABS	Bentyl(g), Donnatal(g), Robinul(g)
DORAL	Ambien(g), Halcion(g), Prosom(g), Restoril(g), Sonata(g)
DORYX	Vibramycin(g)
DUAC CS	Individual agents (Cleocin(g) topical and OTC BPO)
DUREZOL	Decadron ophth(g), Forte(g), inflamase, Pred Forte(ge), etc.
DYNACIRC CR	Cardene(g), Dynacirc(g), Norvasc(g), Procardia XL(g)
EDEX	Caverject, Cialis, Muse, Viagra
EDLUAR	Ambien (g) Sonata (g)
EFUDEX OCCLUSION	Efudex(g)
ELESTAT	Alomide, Patanol
ELESTRIN	Climara(g), Estrace(g), Estraderm, Ogen(g), Vivelle-DOT
ELIGARD	Depot, Lupron, Trelstar
ELLA	Plan B(g)
EMADINE	Alomide, Patanol, Zaditor OTC(g),
EMBEDA	Methadone(g), MSIR(g), MS Contin(g), Oramorph SR(g)
EMSAM	Celexa(g), Effexor(g), Effexor XR, Paxil(g), Lexapro, Prozac(g), Wellbutrin, SR, XL(g)
ENABLEX	Ditropan(g), XL(g), Detrol, LA
ENJUVA	Premarin
ENTOCORT EC	Prednisone(g), Prednisolone(g), Hydrocortisone(g), etc.
EPIDUO	Individual agents: Differin plus OTC BPO
EPOGEN	Procrit
EQUETRO	Tegretol(g)
ERTACZO	Lotrimin(g), Monistat-Derm(g), Nizoral cream(g), Spectazole(g)
ESTRACE VAGINAL CREAM	Premarin Vaginal Cream
ESTRASORB	Climara(g), Estrace(g), Estraderm, Ogen(g), Vivelle-DOT
ESTROGEL	Climara(g), Estrace(g), Estraderm, Ogen(g), Vivelle-DOT

Non Preferred	Preferred Alternatives
EVAMIST	Climara(g), Estrace(g), Estraderm, Ogen(g), Vivelle-DOT
EVOXAC	Bethanechol(g), Salagen(g)
EXALGO	Duragesic(g), Methadone(g), MS Contin(g), Oramorph
EXFORGE	Lotrel(g), Generic ACE Inhibitor (lisinopril, benazepril, etc.), Benicar, or Cozaar PLUS Norvasc(g)
EXFORGE HCT	Lotrel(g) plus HCTZ(g)
EXJADE	Desferal(g)
EXTAVIA	Avonex, Betaseron, Copaxone, Rebif
EXTINA	Nizoral(g)
FACTIVE	Avelox, Erythromycin(g), Vibramycin(g), Zithromax(g)
FANAPT	Abilify, Clozaril(g), Geodon, Risperdal(g), Seroquel, Zyprexa
FAZACLO	Abilify, Clozaril(g), Geodon, Risperdal(g), Seroquel, Zyprexa
FEMCON FE	Estrostep Fe(g), Loestrin Fe(g) [NOT 24]
FEMRING	Estring
FEMTRACE	Estrace(g), Ogen(g), Premarin
FENOGLIDE	Lofibra(g), Lopid(g), Tricor
FENTORA	Actiq(g), MSIR(g), MS Contin(g), Oramorph SR(g), Roxanol(g)
FEXMID	Flexeril(g)
FINACEA PLUS	Metrogel topical(g), Metro lotion(g), Retin-A(g)
FLECTOR PATCH	Topica OTC analgesic balms, i.e. trolamine salicylate; Voltaren oral (g)
FLOXIN OTIC SINGLES	Floxin(g)
FOCALIN XR	Adderall XR, Concerta, Metadate CD
FORTAMET	Glucophage(g)
FORTEO	Actonel, Fosamax(g), Miacalcin Nasal Spray
FOXMAX PLUS D	Fosamax (g) plus OTC Vitamin D
FOSRENOL	Phoslo(g), Renagel, Renvela
FRAGMIN	Lovenox (g)
FROVA	Imitrex(g), Maxalt, MLT
GALZIN	OTC zinc supplements
GELNIQUE	Detrol, LA, Ditropan, XL(g),
GILENYA	Avonex, Copaxone, Rebif
GLUMETZA	Glucophage(g)
GLYSET	Precose(g)
GYNAZOLE-1	Diflucan 150mg(g), Terazol(g)
HALFTYELY	Colyte (g) plus bisacodyl OTC
HECTOROL	Rocaltrol(g)
HUMATROPE	Genotropin, Nutropin, AQ
INNOPRAN XL	Inderal(g), Inderal LA(g), Inderide(g)
INTUNIV	Cataspres(g), Tenex(g)
INVEGA	Abilify, Clozaril(g), Geodon, Risperdal(g), Seroquel, Zyprexa
IOPIDINE	Alphagan(g), Alphagan P
IQUIX	Ciloxan(g), Ocuflor(g), Vigamox
JALYN	Cardura (g) Flomax (g) Hytrin (g) Avodart, Uroxatral
JANUMET	Glucophage(g); Insulin or a Sulfonylurea, (Glucotrol, XL(g), Micronase(g), Amaryl(g)), Actos or Avandia

Non Preferred	Preferred Alternatives
JANUVIA	Glucophage(g); Insulin or a Sulfonylurea,(Glucotrol, XL(g), Micronase(g), Amaryl(g)), Actos or Avandia
KADIAN	Methadone(g), MSIR(g), MS, Contin(g), Oramorph SR(g)
KAOCHLOR-EFF	Potassium Chloride(g) liquid, capsules or tablets
KEFLEX 750MG	Keflex(g)
KEPPRA XR	Keppra(g)
KETEK	Erythromycin(g), Zithromax(g)
KINERET	Enbrel, Humira
LAMICTAL ODT, XR	Disper Tabs(g), Lamictal(g), Tegretol(g)
LAMISIL GRANULES	Lamisil (g)
LESCOL, XL	Crestor, Mevacor(g), Pravachol(g), Zocor(g)
LEVAQUIN	Avelox, Vibramycin(g)
LEVATOL	Inderal(g), Inderal LA(g), Lopressor(g), Sectral(g), Tenormin(g), Toprol XL(g)
LEVITRA	Cialis, Viagra
LIALDA	Azulfidine(g),Asacol, HD, Pentasa
LIDODERM PATCH	Topical lidocaine, EMLA(g)
LIPITOR	Crestor, Mevacor(g), Pravachol(g), Zocor(g)
LIPOFEN	Lofibra(g), Lopid(g), Tricor
LIVALO	Crestor, Mevacor(g), Pravachol(g), Zocor(g)
LOCOID LIPOCREAM	Aristocort(g), Elocon(g), Locoid(g), Synalar(g), Topicort(g)
LOESTRIN 24 FE	Loestrin(g), Loestrin Fe(g)
LOPROX SHAMPOO	Nizoral Shampoo 2%(g)
LOSEASONIQUE	Generic biphasic contraceptives
LOTEMAX	Decadron(g), Pred Forte(g), Pred Mild
LOTRONEX	Levbid(g); Levsin, SL(g); Levsinex(g); Lomotil(g)
LOVAZA	Lofibra(g), Lopid(g), Tricor
LUNESTA	Ambien(g), Halcion(g), Prosom(g), Restoril(g), Sonata(g)
LUVERIS	Repronex
LUVOX CR	Luvox(g) immediate release
LUXIQ	Aristocort(g), Elocon(g), Locoid(g), Synalar(g), Topicort(g)
LYRICA	Effexor(g), Effexor XR(g), Flexeril(g), Neurontin(g), SSRIs(g), TCA's(g), Ultram(g)
MAGNACET	Percocet(g), Tylox(g)
MARPLAN	Nardil, Parnate(g)
MAXIDEX	Decadron ophth (g)
MEGACE ES	Megace(g)
MENEST	Estradiol (various), Ogen(g)
MENOSTAR	Climara(g), Estrace(g), Estraderm, Ogen(g), Vivelle-DOT
MENTAX	Lotrimin(g), Monistat-Derm(g), Nizoral cream(g), Spectazole(g)
METHITEST	Androderm, Androxy(g), Depo-Testosterone(g), Delatestryl, Oxandrin(g)
METHYLIN CHEW SOLN	Metadate CD (sprinkle on food)
METZOZLV ODT	Reglan(g)

Non Preferred	Preferred Alternatives
MICARDIS, HCT	Benicar, HCT; Cozaar, Hyzaar
MIRAPEX ER	Mirapex(g)
MONUROL	Bactrin (g) DS (g) Macrobid (g) Cipro (g)
MOVIPREP	Colyte(g), Nulytely(g)
MOXATAG	Amoxil capsules(g)
MYFORTIC	Cellcept(g)
MYTELASE	Mestinon(g), Prostigmin
NAFTIN	Lotrimin(g), Monistat(g), Nystatin(g)
NAMENDA XR	Razadyne ER (g) Aricept ODT (g) Nameda
NAPRELAN 375MG	Mobic(g), Motrin(g), Naprosyn 500mg(g), Naprosyn EC(g), etc
NASCOBAL SPRAY	Cyanocobalamin injection
NASONEX	Flonase(g), Nasalide(g), Nasarel(g), Nasacort AQ
NATAZIA	Yasmin (g) Yaz (g)
NEULASTA	Neupogen
NEVANAC	Ocufen(g), Voltaren (ophthalmic) (g)
NEXIUM	Prevacid, Prevacid Solutab, Prilosec(g), Protonix(g)
NICOTROL, NS	Nicotine gum(g), lozenge(g), patch(g)
NORDITROPIN, NORDIFLEX	Genotropin, Nutropin, AQ,
NORITATE	MetroCream(g)
NOROXIN	Bactrim DS/Septra DS(g), Cipro(g) 100mg(g), Cipro XR(g)
NUCYNTA	MSIR(g), Oxycodone IR(g), Ultram(g)
NUVARING	Oral contraceptives, Ortho Evra
NUVIGIL	Provigil
OLEPTRO	Desyrel
OLUX-E	Diprolene(g), Psorcon(g), Temovate(g), Ultravate(g)
OMNARIS	Fluticasone Propionate
OMNITROPE	Genotropin, Nutropin, AQ
ONGLYZA	Glucophage(g); Insulin or a Sulfonylurea,(Glucotrol, XL(g), Micronase(g), Amaryl(g)), Actos or Avandia
ONSOLIS	Actiq(g), MSIR(g), MS Contin(g), Oramorph SR(g), Roxanol(g)
OPANA, ER	Methadone(g), Morphine(g), MS Contin(g), Oramorph SR(g)
ORACEA	Monodox(g), Vibramycin(g)
ORAPRED ODT	Orapred(g)
ORAXYL	Vibramycin(g)
ORTHO-PREFEST	Use FemHRT, Prempro/Premphase, or Estradiol plus progestin
OSMOPREP	Fleet's Phospho Soda OTC, Colyte(g)
OVCON-50, FE	Modicon(g), Ortho-Cyclen(g), OrthoNovum(g), Ovcon-35(g)
OXISTAT	Lamisil AT(g), Lotrimin(g), Monistat-Derm(g), Nizoral cream(g), Spectazole(g)
OXYCONTIN	Duragesic(g), Methadone(g), MS Contin(g), Oramorph(g)
OXYTROL	Ditropan, XL(g); Detrol, LA
PANDEL	Aristocort(g), Elocon(g), Locoid(g), Synalar(g), Topicort(g), Cloderm, Cordran
PANCRECARB MX 16	Pancrease MT 16 (g) Viokase



Non Preferred	Preferred Alternatives
PANCRECARB MX 4	Pancrease MT 4 (g) Pancrealipase EC
PANIXINE	Keflex(g)
PAREMYD	Atropine(g), Cyclogyl(g), Mydracil(g)
PATADAY	Alocril, Alomide, Patanol
PATANASE	Astelin, Flonase(g), Nasacort AQ, Nasalide(g),
PCE	Biaxin(g), Erythromycin(g), Zithromax(g)
PENNSAID	Topical OTC analgesic balms, i.w.trolamine salicylate; Voltaren oral (g)
PERANEX HC	Anusol HC(g), Proctocream HC(g)
PERFOROMIST	Foradil MDI
PEXEVA	Generic SSRI/SNRI (Celexa(g), Prozac(g), Paxil(g), Zoloft
PLAN B ONE-STEP	Plan B(g)
PRANDIMET	Individual agents: Glucophage(g) and Prandin
PRED G	Garamycin (g) Pred Forte (g)
PREVACID NAPRAPAC	Prevacid(g), Prevacid Solutab, Prilosec 20mg(g), PLUS Naprosyn(g)
PRILOSEC SUSPENSION	Prevacid(g), Prevacid Solutab, Prilosec 20MG(g), Protonix(g)
PRISTIQ	Generic SSRI/SNRI (Celexa(g), Prozac(g), Zoloft (g), Effexor(g))
PROCENTRA	Adderall XR, Metadate CD (Both of which may be "sprinkled" on food)
PROQUIN XR	Bactrim DS/Septra DS(g), Cipro(g), Cipro XR (g) *
PROTONIX SUSPENSION	Prevacid(g), Prevacid Solutab, Prilosec 20MG(g), Protonix(g)
PROTOPTIC	Elidel , Topical corticosteroids
PROVENTIL HFA	Proair HFA, Ventolin HFA
PYLERA	Use Tetracycline(g) plus Flagyl(g) plus Bismuth; or Helidac or PREVPAC
QUALAQUIN	Aralen(g), Lariam(g), Plaquenil(g)
QUIXIN	Ciloxan(g), Vigamox
RANEXA	Long-acting nitrate, plus a betablocker or calcium channel blocker
RANICLOR	Ceclor(g), Ceftin(g), Duricef(g), Keflex(g), Omnicef(g)
RAPAFLO	Doxazosin Mesylate, Finasteride
REGRANEX	Ethezyme(g), Granulex(g)
RELPAK	Imitrex(g); Maxalt, MLT
REQUIP XL	Requip(g)
REVLIMID	Thalomid
RHINOCORT AQUA	Flonase(g), Nasalide(g), Nasarel(g), Nasacort AQ
RIOMET	Glucophage(g)
RITALIN LA	Adderall(g), Adderall XR, Concerta, Metadate CD, Ritalin(g)
ROZEREM	Ambien(g), Halcion(g), Prosom(g), Restoril(g), Sonata(g)
RYBIX ODT	Ultram (g)
RYTHMOL SR	Rythmol(g)
RYZOLT	Ultram (g)
SAIZEN	Genotropin, Nutropin, AQ

Non Preferred	Preferred Alternatives
SANCTURA, XR	Oxybutynin Chloride, Extended Release Tablets
SANCUSO PATCH	Kytril(g); Zofran(g), ODT(g)
SAPHRIS	Abilify, Clozaril(g), Geodon, Risperdal(g), Seroquel, Zyprexa
SARAFEM TABLET	Sarafem Capsule(g)
SAVELLA	Effexor(g), Effexor XR(g), Flexeril(g), Neurontin(g), SSRIs(g), TCA's(g), Ultram(g)
SEASONIQUE	Generic monophasic contraceptives
SEMPREX D	Pseudophedrine HCl/Chlorpheniramine Maleate
SEROQUEL XR	Abilify, Clozaril(g), Geodon, Risperdal(g), Seroquel(IR), Zyprexa
SEROSTIM	Genotropin, Nutropin, AQ
SERZONE(g)	Generic SSRI/SNRI (Celexa(g), Prozac(g), Paxil(g), Zoloft (g), etc.)
SILENOR	Ambien(g), Desyrel(g), Sinequan(g), Sonata(g)
SIMCOR	Individual agents (Zocor(g) PLUS Niaspan)
SIMPONI	Enbrel, Humira
SOLARAZE	Efudex(g)
SOLODYN	Monodox(g), Vibramycin(g)
SOLTAMOX	Nolvadex(g)
SOMA 250	Soma(g)
STAXYN	Cialis, Viagra
STRATTERA	Adderall(g), Focalin(g), Ritalin(g), Adderall XR, Concerta, Metadate CD
STRIANT	Androderm, Androxy(g), Delatestryl, Depo-testosterone(g), Oxandrin(g)
SUMAVEL DOSEPRO	Imitrex(g); Maxalt, MLT
SUPRAX	Ceclor(g), Ceftin(g), Duricef(g), Keflex(g), Omnicef(g)
SYMBYAX	Use Zyprexa plus Prozac(g)
SYMLIN	Insulin
TACLONEX, SCALP	Dovonex plus Diprosone/Diprolene(g)
TASMAR	Comtan
TEKAMLO	Lotrel (g) Generic ACE Inhibitor (lisinopril, benazepril, etc.) Benicar or Cozaar (g) PLUS Norvasc (g)
TEKTURNA, HCT	Generic ACE Inhibitors (lisinopril, benazepril, etc.)
TESTIM	Androderm
TESTRED, ANDROID	Androderm, Androxy(g), Delatestryl, Depo-testosterone(g), Oxandrin(g)
TEVETEN, HCT	Benicar, Cozaar, HCT, Hyzaar
TEV-TROPIN	Genotropin, Nutropin, AQ
TIROSINT	Synthroid(g)
TOVIAZ	Oxybutynin Chloride, Extended Release Tablets
TRANXENE SD	Ativan(g), Buspar(g), Serax(g), Tranxene(g), Valium(g), Xanax(g)
TREXIMET	Individual agents (Imotrex(g), PLUS Naproxen), Maxalt, MLT
TRIBENZOR	Cozaar (g) HCTZ (g) Hyzaar (g) PLUS Norvasc (g)
TRIGLIDE	Lofibra(g), Lopid(g), Tricor
TRILIPIX	Lofibra(g), Lopid(g), Tricor

Non Preferred	Preferred Alternatives
TWNSTA	Generic ACE Inhibitors (lisinopril, benazepril, etc.) Benicar or Cozaar(g), PLUS Norvasc(g), Lotrel(g)
TYZEKA	Baraclude, Epivir HBV, Hepsera
ULORIC	Zyloprim(g)
ULTRAM ER300mg	Ultram (g)
VAGIFEM	Climara(g), Estraderm, Estring, Premarin Vaginal, Ogen(g), Vivelle-DOT,
VALTURNA	Generic ACE Inhibitors (lisinopril, benazepril, etc.)
VANOS 0.1% CR	Diprolene(g), Psorcon(g), Temovate(g), Ultravate(g)
VECTICAL	Dovonex
VERAMYST	Fluticasone Propionate
VERDESO	Capex, Elocon(g), Locoid(g), Synalar solution(g)
VEREGEN	Condylox Solution(g), Gel
VESICARE	Ditropan, XL(g); Detrol, LA
VICTOZA	Glucophage(g), Insulin, Sulfonylurea's, TZD's
VISICOL	Fleet's Phospho Soda OTC, Colyte(g)
VOLTAREN GEL	Topical OTC analgesic balms, i.e. trolamine salicytate, Voltaren oral (g)
VUSION	OTC diaper rash products
VYTORIN	Crestor, Mevacor(g), Pravachol(g), Zocor(g), plus Zetia
VYVANSE	Adderall(g), Adderall XR, Concerta, Metadate CD, Ritalin SR(g),
XENICAL	Bontril(g), Didrex(g), Phentermine(g), Tenuate(g)
XERESE	Zovirax cream PLUS HC cream
XIBROM	Ocufer(g), Voltaren (ophthalmic)(g)
XIFAXAN 220mg & 550mg	Bactrim DS(g), Vibramycin(g)
XODOL	Vicodin(g)
XOLEGEL	Nizoral(g)
XOPENEX, HFA	Albuterol(g); Maxair; Proair HFA, Ventolin HFA
XYREM	Ambien(g), Halcion(g), Prosom(g), Restoril(g)
XYZAL ORAL XOLUTION	Loratadine OTC, Cetirizine HCl, Fexofendine HCl
ZANAFLEX(g)	Dantrium(g), Flexeril(g), Lioresal(g)
ZANTAC EFFERDOSE	Pepcid(g)
ZAVESCA	Ceredase, Cerezyme (medical benefit)
ZEGERID PACKET	Prilosec(g), Prevacid, Protonix(g)
ZELAPAR	Eldepryl(g)
ZEMPLAR	Rocaltrol(g)
ZIANA GEL	Individual agents: Cleocin topical(g) and Retin-A(g)
ZIPSOR	Naprelan 375mg
ZMAX	Zithromax(g)
ZOLPIMIST	Ambien(g), Sonata(g)
ZOMIG, ZMIT, NASAL SPRAY	Imitrex(g); Maxalt, MLT
ZORBITIVE	Genotropin, Nutropin, AQ
ZUPLENZ	Kytril (g) Zofran ODT (g)

Non Preferred	Preferred Alternatives
ZYCLARA	Aldara(g)
ZYDONE	Lortab(g), Tylenol with Codeine(g), Vicodin(g),
ZYFLO CR	Accolate, Singulair
ZYLET	Maxitrol(g), Vasocidin(g), Tobradex
ZYMAR	Ciloxan(g), Vigamox
ZYMAXID	Ciloxan (g) Vigamox

**OTC (Over-the-Counter) drugs, prescription required:** The following OTC medications are available for a \$0.00 copay:

A prescription from the physician is required. The physician must specify OTC on the prescription after the medication name.

**OTC Anti-Ulcer Medications**

\*\*Therapeutic Equivalent alternatives to Nexium & Dexilant

Brand Name	Generic Name
Axid	nizatidine
Nexium OTC	esomeprazole
Pepcid	famotidine
Prevacid OTC	lansoprazole
Prilosec OTC	omeprazole Magnesium
Tagamet	cimetidine
Zantac	ranitidine
Zegerid OTC	omeprazole / sodium bicarbonate

**OTC Allergy Medications**

\*\*Therapeutic Equivalent alternatives to Flonase, Nasacort, Nasonex, Rhinocort, Vermayst & Xyzal

Brand Name	Generic Name
Allegra / Allegra D	fexofenadine / fexofenadine D
Benadryl	diphenhydramine
Claritin/Alavert	loratadine
Claritin D/Alavert D	loratadine D
Nasacort Allergy 24HR	triamcinolone nasal inhaler
Zyrtec	cetirizine HCL
Zyrtec-D	cetirizine-D HCL

## **EXCLUSIONS**

The following are **not** covered under the Lakeview Community Schools Prescription Drug Plan:

- Over-the-Counter items (Except medications available through the EHIM OTC Program if applicable)
- Medications by prescription which are available over the counter (i.e. Prilosec 20mg)
- Fertility Medications
- All Vitamins and Vitamin Supplements (except Pre-Natal)
- Investigational or Experimental Drugs (see explanation below)
- Anti-Obesity/Amphetamines (drugs for weight control), Prior Authorization Required
- Retinoic Acid (Retin-A) for persons over age 26
- Any drug used for cosmetic purposes (e.g. Rogaine or Minoxidil for baldness)
- HIV specific drugs
- Oral Immunosuppressives, Prior Authorization Required
- Select Specialty drugs (Oral & Self-Injectable) other than Insulin, Imitrex, Epipen, & Glucagon, Prior Authorization Required
- Diabetic Supplies
- Devices/Appliances
- Growth Hormones, Prior Authorization Required
- Fluoride Preparations
- Injectable Allergens
- Immunization agents, biological sera, blood or blood plasma
- Medication which is to be taken by or administered to an individual, in whole or in part, while he/she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals
- Any prescription refilled in excess of the number specified by the physician, or any refill dispensed after one year from the physician's original order
- Prescriptions refilled before 85% of the previous filling has been used
- Drugs consumed at the time and place of purchase
- Charges for the administration of any drug
- Drugs dispensed by a physician or through a physician's office
- Prescriptions that an eligible person is entitled to receive without charge under any Workers' Compensation or similar laws.
- Prescriptions that are forged or otherwise wrongfully obtained

A drug is considered “investigational” or “experimental” if its use has not been approved by the U.S. Food and Drug Administration or if it is an approved drug but is not being used in a therapy for which it is generally prescribed. The Plan Administrator’s decision whether a drug or its use are “investigational” or “experimental” shall be binding.

### **PRESCRIPTION PLAN MAINTENANCE DRUG LIST**

The Prescription Maintenance Drug Plan includes over 200 medications which may be dispensed in quantities up to a 3 month supply for (2) copay(s) (see “Schedule of Participants Co-payments” on page 2 for the applicable copayment) from your local participating pharmacy. These medications are used to treat a variety of chronic conditions including, but not limited to, Hypertension, Hormone Replacement, Arthritis and Asthma.

If you have any questions regarding whether or not your specific medications are listed on the EHIM Maintenance Drug List, please feel free to call us at (248) 948-9900.

\* The maintenance copay applies to medications dispensed in a >30 day supply

### **MAIL ORDER (OPTUMRx)**

EHIM offers a mail order program through OPTUMRx which allows you to receive a three month supply (61-90 days maximum) for (2) copay(s). The program includes maintenance medications covered under the Prescription Plan. Refill prescriptions can be ordered through the website ([www.optumrx.com](http://www.optumrx.com)) or by completing a hard copy prescription order form. You must complete a registration form for OPTUMRx prior to your prescription being filled. Included in the mail order brochure are step by step instructions on how to fill your first prescription. Should you have any questions regarding the mail order program, please feel free to contact EHIM at (800) 311-3446 or OPTUMRx at 1-888-877-9907.

### **PRESCRIPTION UTILIZATION PROCESS**

In order to receive the maximum benefit from the EHIM Prescription Drug Program provided by Lakeview Community Schools, please follow the appropriate steps listed below.

---

## **PARTICIPATING PHARMACIES:**

An EHIM Identification Card will be issued to each employee by EHIM to be used at any Participating Pharmacy. When purchasing a prescription and/or refill at a Participating Pharmacy follow these steps:

1. Present your EHIM Identification Card and the prescription to the Pharmacist.
2. The Pharmacist will contact EHIM to verify that the prescription is for a covered drug and to ascertain the appropriate copayment as specified on page 2 of this summary under the caption "Schedule of Co-payments."
3. If the prescription is for a covered drug, the Pharmacist will charge you the appropriate copayment.
4. If you need assistance in locating a Participating Pharmacy, please call EHIM at 1-800-311-3446 or e-mail EHIM at [ehim@ehimrx.com](mailto:ehim@ehimrx.com).

## **NON-PARTICIPATING PHARMACIES:**

When purchasing a prescription and/or refill at a Non-Participating Pharmacy follow these steps listed below:

1. You must pay in full for the prescription and/or refill at the time of purchase.
2. Send the paid prescription receipt to EHIM. If this is a covered prescription, you will be reimbursed for the difference between (1) the lesser of the amount the Plan would pay a Participating Pharmacy for the prescription or the amount charged by the Non-Participating Pharmacy, and (2) your applicable copayment as specified on page 2 of this summary under the caption "Schedule of Co-payments." You will be responsible for any amount charged by the Non-Participating Pharmacy exceeding this reimbursement.

### ***CASH REGISTER RECEIPTS ARE NOT ACCEPTABLE!***

Only paid prescription receipts will be accepted for reimbursement

If you need assistance in locating a Participating Pharmacy or wish to request the addition of a pharmacy to the program, please call EHIM at 1-800-311-3446 or e-mail at [ehim@ehimrx.com](mailto:ehim@ehimrx.com).



## **CLAIMS PROCESSING**

Complete claims for benefits made by you will be promptly processed, but in the event there are delays in processing claims, you will have no greater rights to interest or other remedies against EHIM than afforded by law. EHIM merely processes claims and does not ensure that any expenses covered by this Plan will be paid.

The Lakeview Community Schools Prescription Drug Program is not insured by an insurance company. In the event that your employer does not, for any reason, pay any expenses that are eligible for payment under this Plan, you are responsible for those expenses.

All employees eligible under the Lakeview Community Schools Prescription Drug Program are ultimately responsible for submitting both their personal claims for benefits under this Plan, and those of their dependents'. In order for reimbursement of a prescription expense to be issued, a claim relating to that prescription must be received by EHIM:

1. Within one (1) year from the later of either: date services were provided or the date the prescription was filled at a Participating Pharmacy. For example, this deadline will apply if you believe coverage of the prescription at a Participating Pharmacy was erroneously denied.
2. Within 90 days from the date the prescription was filled at a Non-Participating Pharmacy.

Reimbursements will first be based on the amount the Plan would pay a Participating Pharmacy for the prescription, which may be lower than the submitted amount. From that amount the appropriate copayment amount will be subtracted.

### ***CASH REGISTER RECEIPTS ARE NOT ACCEPTABLE!***

Only paid prescription receipts will be accepted for reimbursement

**ANY CLAIMS RECEIVED AFTER THE DEADLINES ABOVE WILL  
NOT BE PROCESSED AND WILL REMAIN THE EMPLOYEE'S  
RESPONSIBILITY**

## CLAIM FILING AND REVIEW PROCEDURES FOR PLAN

### Submitting a Claim for Plan Benefits

When you purchase prescription drugs, you will present the prescription benefit identification card issued to you by EHIM and pay the designated copay for the prescription. Normally, you should not need to submit any claims for reimbursement of prescription drugs. If, however, your pharmacy does not participate in EHIM's network or you are asked to pay the full cost of a prescription at a participating pharmacy and you need reimbursement, please submit a Prescription Reimbursement Form to EHIM, 26711 Northwestern Highway, Suite 400, Southfield, MI 48033. A copy of the form is available at [www.ehimrx.com](http://www.ehimrx.com).

### Reviewing Requests for Plan Benefits

Generally, your claim will be paid or denied within 30 days of submission unless EHIM is unable to make a decision within that time for reasons beyond its control. EHIM must notify you before 30 days have expired that an extension (not to exceed 15 days) is required.

If you are required to obtain prior authorization for a prescription drug, your request will be decided within 15 days unless EHIM notifies you prior to that time that an extension (not to exceed 15 days) is required. If your request involves an urgent care situation, such that a delay could either seriously jeopardize your life or health, the ability to regain maximum function, or subject you to severe pain that could not be adequately managed without the requested care or treatment, the decision will be made as soon as possible but in all cases within 72 hours. In an urgent care situation, your doctor or another health care professional with knowledge of your condition may act as your representative.

If the paperwork you have submitted is incomplete, EHIM will inform you that it needs additional information within 30 days (within 5 days in the case of a prior authorization request, and within 24 hours if the request involves an urgent care situation). You will then have 45 calendar days in which to submit the additional information (48 hours if the request involves an urgent care situation).

**IMPORTANT: If you do not submit the additional information, EHIM will deny the claim.**

---

## Pre-Certified Course of Treatment

If you are undergoing a course of treatment that required prior authorization, and you are requesting an extension of that course of treatment, you must submit the extension request at least 24 hours before the approved course is scheduled to end. If your extension request is timely, EHIM will make a decision within 24 hours. Otherwise, the decision will be made within 15 days (subject to a possible 15 day extension) or within 72 hours if it is an urgent care situation.

## Your Right to Appeal an Adverse Determination

If the claim you have submitted using EHIM's Prescription Reimbursement Form is denied in whole or in part, or if your coverage is rescinded or terminated for cause, you will be notified in writing or by e-mail. The notice, as applicable, will provide information to help you identify the claim, explain the reason for the denial, make specific references to the provisions of the plan on which the decision is based, list any rules, standards or guidelines used in making the decision, and describe any additional information needed to approve your claim. If your claim is denied based on medical necessity, experimental treatment, or a similar exclusion or limit, the notification will either explain the scientific or clinical judgment underlying the denial, or advise you that an explanation will be provided free of charge. The notice will also explain your right to appeal the decision, including a statement of your right to bring a civil action under ERISA Section 502(a) if your claim is denied on appeal and provide contact information for an office of health insurance consumer assistance or a health insurance ombudsman program, if such a service has been established in your state.

If you were undergoing a course of treatment that required prior authorization, and the plan reduces or terminates that course of treatment (other than because the plan has been amended or terminated), you will also receive an explanation of the change and of your right to appeal the decision. If your claim involves an urgent care situation, the notification will also explain the expedited review process available for such claims.

## Internal Review Procedures

### *First Level Review*

Within 180 calendar days after you receive a notice of denial, you or your authorized representative may appeal the decision. You may review and receive at no cost a copy of the plan document and any other documents relevant to your claim. If, after reviewing these documents, you think your claim is valid, you may request a review by your plan. When requesting a review, please submit any documents and comments you believe relevant to your claim to the address specified in the written notice denying your claim. Your request for review must raise any and all issues you believe relevant to your claim. Also include your group number, daytime telephone and service date.

The appeal will be assigned to a reviewer who did not make the initial determination and does not work for the person who did. The reviewer will not give any deference to the prior decision denying your claim, but will take into account all comments, documents, testimony and other information and evidence you have submitted, regardless of whether this information was considered when your claim was denied. If the denial is based in whole or in part on a medical judgment, the reviewer may consult with another health care professional who is trained and experienced in the field of medicine involved in the medical judgment and who was neither consulted in connection with the denial nor a subordinate of such an individual. If the reviewer consults with another health care professional and your appeal is denied, the reviewer will provide you with information about the other health care professional whether or not the reviewer relied on the health care professional's advice.

Before the reviewer makes a decision, the plan will notify you of any additional evidence or rationale for denying the claim and provide you with an opportunity to present additional evidence in response. You will be notified of the appeal decision within 30 days either in writing or electronically (15 days in the case of a prior authorization request; 72 hours if the claim involves an urgent care situation).

### *Right to a Second Review*

If your claim denial is upheld at the first level of review, you may request a second level of review within 60 calendar days of the first decision. Again, you may review and receive at no cost documents relevant to your claim, and may submit any evidence you would like considered to the address specified in the notice you received regarding the first-level review decision.

The second level review will not be conducted by anyone who made the prior decision denying your claim nor the subordinate of someone who denied your claim. The review will not give any deference to the prior decisions denying your claim, but will take into account all comments, documents, testimony, and other information you have submitted, regardless of whether the information was submitted or considered in the prior determinations. Your request for a second level review must raise any and all issues you believe relevant to your claim.

As with the first-level review, a health care professional will be consulted if necessary, and you will be given information about the health care professional if your claim is denied. Before a final decision is made, the plan will notify you of any additional grounds for denying your claim and provide you with an opportunity to present additional evidence in response.

You will be notified of the final determination within 30 days of the date you submitted your request for a second-level review. The decision is final, unless you choose to voluntarily submit your appeal to an independent review organization (see “External Review”) below.

### *Second-Level Review for Prior authorization Requests*

If you request a second-level review of a decision denying a prior authorization request, the appeal will follow the same procedures described above, except that the plan will notify you of the results within 15 days of your written request.

### **External Review**

Once you have exhausted the internal appeals procedures described above, you or your authorized representative have the right to request a voluntary, external review from an Independent Reviewing Organization (“IRO”). This external review process is available if your claim was denied based on a medical judgment or if your appeal involves a rescission of coverage (whether or not the rescission has any effect on any particular benefit at the time of the rescission). Claims regarding plan eligibility and contractual or legal interpretations of the plan are not eligible for external review. This external review procedure is voluntary and you do not have to seek an external review in order to have your claim reviewed by a court.

You will have 120 days from the date you receive the final notice of claim denial to request an external review, following the procedures set forth in the claim denial letter. Once the plan receives your request for an external review, the plan will have five business days to complete a preliminary review to determine whether your claim is eligible for external review.

If your request for an external review is incomplete, the plan will give you additional time to submit the additional information—either until the end of the four-month appeal deadline, or if the deadline has already expired, then 48 hours from the time you receive notice that the claim is incomplete.

The IRO will notify you once it has received the external appeal and will give you at least 10 business days to submit any additional information that you want the IRO to consider when reviewing your claim. The IRO will notify you in writing of its decision within 45 days of receiving your claim. The IRO's decision will be binding on you and the plan, unless additional remedies are available to you under state or federal law.

## **Expedited Review**

### *Expedited Review in Urgent Care Situations*

Prior authorization requests in urgent care situations are handled on an expedited basis, and have only one level of review. An urgent care situation exists if (a) the ordinary time frame for an appeal would seriously jeopardize your life, health or ability to regain maximum functionality or, in the opinion of your physician, would cause you severe pain that cannot be managed without the requested services, or (b) your appeal involves non-authorization of an admission or continuing inpatient hospital stay.

When you submit a prior authorization request in an urgent care situation, you will be notified of the decision within 72 hours of your submission (unless your submission was incomplete, in which case you will be notified within 24 hours, and given 48 hours to submit the additional information needed to evaluate your claim). The notice of denial (as described above) may be provided to you orally, in which case you will be sent a written or electronic confirmation within three days of the oral notification.

If you decide to appeal the decision, you may make your request for an appeal to the plan orally or in writing. The appeal will be handled by a reviewer using the same procedures noted above for first-level reviews, but on an expedited basis. You may submit information that you wish the reviewer to consider by telephone, facsimile, e-mail, or other expeditious method acceptable to the reviewer. You must raise any and all issues that you wish the reviewer to consider. The plan will notify you of the decision as soon as possible, taking into account the medical exigencies, but not later than 72 hours after receiving your request for a review.

---

## *Expedited Review with an Independent Review Organization*

You may request an expedited external review with an Independent Review Organization (IRO) before exhausting the internal claims appeal process if the time frame for an expedited internal appeal would seriously jeopardize your life or health or jeopardize your ability to regain maximum function. You may also seek an expedited external review after going through the internal claims appeal process if either: (a) the normal time frame for an external review would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function; or (b) your claim involves an admission, availability of care, continued stay or health care item or service for which you have received emergency services, but have not been discharged from a facility.

Upon receiving your request for an expedited external review, the plan will immediately determine whether your claim is eligible for external review, and if it is eligible will expeditiously forward your appeal record to an IRO. The IRO will notify you of its determination within 72 hours and will confirm the decision in writing within an additional 48 hours. The IRO's decision will be binding on you and the plan, unless additional remedies are available to you under state or federal law.

### **You Must Follow the Appeals Process**

You will not be able to file a lawsuit for benefits under the plan unless you have exhausted the appeals process described above for every issue you believe relevant to your claim. You must file your lawsuit within one year from the date of the notice denying your appeal. You may not raise issues in your lawsuit that you have not previously raised during the appeals process.

The Lakeview Community Schools Prescription Drug Program is not insured by an insurance company. In the event that your employer does not, for any reason, pay expenses that are eligible for payment under this Plan, you are responsible for those expenses.

## COORDINATION OF BENEFITS

The following applies to a covered individual who is covered under the Plan and is also covered under any other plan or insurance policy offering prescription drug benefits, including: (1) Federal, state or local government programs (other than Medicare), including no-fault coverage to the extent required to be contained in insurance policies or contracts by a motor vehicle insurance statute or similar legislation, except as required by any applicable law, and (2) group insurance or other coverage for a group of individuals, including union welfare plans and student coverage obtained through an educational institution above the high school level.

An "allowable expense" means any reasonable and customary charge that is payable, at least in part, by at least one of the prescription drug plans in which the covered individual participates. A "primary plan" is a plan that is primarily responsible for payment of benefits with respect to that individual. A "secondary plan" is any plan other than a "primary plan."

Whenever this Plan is a "primary plan," benefits payable under this Plan shall be determined and paid before, and to the exclusion of, benefits payable under any "secondary plan." Whenever this Plan is a "secondary plan," benefits payable under this Plan shall be the excess over and above any benefits payable under the "primary plan." However, if this prescription Plan is a secondary plan, you will not be reimbursed by this Plan for any co-payments or deductibles under a primary plan. In no event shall the benefits payable under the "primary plan" and the "secondary plan" exceed 100% of the total "allowable expense."

This Plan shall be the "primary plan" under the following instances, unless the other plan does not have a Coordination of Benefits provision, in which event the other plan will be the "primary plan."

1. When the benefits of this Plan are available to the covered individual as a result of that covered individual's status as an employee of Lakeview Community Schools and not as a result of his or her status as the dependent of an employee, unless the benefits of the other plan are also available to the covered individual as a result of that covered individual's status as an employee under the other plan; and



2. When the benefits of this Plan cover a covered individual on the basis of his or her status as the covered dependent child of a person whose birth date is earlier in the calendar year than the birth date of any other person enrolled in another plan who is eligible to claim the covered individual as a covered dependent with respect to such other plan. In the event the birth date anniversaries of both persons are identical, and this Plan has covered the covered dependent child for a longer period of time, this Plan shall be primary. In the event that any other plan is lawfully issued in a state other than the State of Michigan and does not base coordination of benefits on birthday anniversaries as this Plan does, and the results of applying the coordination of benefits provisions in both plans would result in both plans determining benefits after the other, the coordination of benefits procedures set forth in the other Plan shall determine the order of benefit payments. In the event the parents are separated or divorced, benefit determination will be as follows:
  - a. if there is a court decree which establishes financial responsibility for the health care expenses of such child, the benefits of a plan which covers the child as a dependent of the parent with such financial responsibility will be primary;
  - b. if there is no court decree and the parent with custody of the child has not remarried, the benefits of the plan which covers the child as a dependent of the parent with custody will be primary;
  - c. if there is no court decree and the parent with custody of the child has remarried, the benefits of the plan which covers the child as a dependent of the parent with custody will be primary and the benefits of the plan which covers the child as a dependent of the step-parent will be secondary and the benefits of the plan which covers that child as the dependent of a parent without custody will be tertiary;
  - d. in the event the child is subject to a joint custody arrangement, benefits will be determined without regard to the provisions of sub-paragraphs a., b., and c. hereof.

3. If the provisions of paragraphs 1 and 2 above do not establish an order of benefit determination, this Plan shall be primary in the event that it has covered the covered individual on whose expense the claim is based for a longer period of time; provided, however, that if the covered individual is eligible for benefits under this Plan as a laid off or retired employee or as a dependent of a laid off or retired employee this Plan shall be secondary to any other plan which covers the covered individual other than as a laid off or retired employee or dependent of a laid off or retired employee.

In all other events, this Plan shall be the "secondary plan."

Whenever payments have been made by this Plan with respect to "allowable expenses" in an amount which, at any time, exceeds the maximum amount of payment necessary at that time to satisfy the intent of this provision, the Plan, irrespective of to whom such amount is paid, shall have the right to recover such payments, to the extent of such excess, from one or more, or any or all of the persons or organizations to whom, or with respect to whom such payments were made, or from the person or organization or plan which should have made such payments, and the participant shall, upon request, execute and deliver such instruments and papers as may be required and shall do whatever else is necessary to secure such rights to Lakeview Community Schools and to the Plan.

It is up to you to use the appropriate prescription card for yourself, your spouse and your dependents. Please call EHIM if you have any questions regarding this Coordination of Benefits policy.

### **SUBROGATION**

In the event that any payments are made under this Plan, Lakeview Community Schools shall be subrogated to and succeed to the rights of recovery of the covered individual against any person, firm or other entity (except against insurers on individual policies of insurance issued to the covered individual in the name of such covered individual) who might be legally obligated, by contract or otherwise, to reimburse or pay the covered individual for such expenses. Any and all sums recovered, by suit, settlement or otherwise, on account of such expenses shall be paid over to Lakeview Community Schools and to the Plan to the extent of payment by the Plan. The covered individual shall take such action, furnish such information and assistance, and execute such assignments and other instruments as the Plan may request to facilitate enforcement of the rights of Lakeview Community Schools and the Plan hereunder, and shall take no action prejudicing the rights and interests of the Plan and Lakeview Community Schools hereunder.

---

## IMPORTANT PLAN INFORMATION

Company Sponsoring This Plan:	Lakeview Community Schools 123 5 <sup>th</sup> Street Lakeview, MI 48850
Group Number:	50001520-01
Phone Number:	989-352-6226
Taxpayer Identification #:	38-6025862
First Plan Year:	October 1, 2011 - September 30, 2012
Future Plan Years:	October 1 - September 30
Plan Administrator:	Lakeview Community Schools 123 5 <sup>th</sup> Street Lakeview, MI 48850
Phone Number:	989-352-6226
Agent for Service of Legal Process:	Lakeview Community Schools 123 5 <sup>th</sup> Street Lakeview, MI 48850
Phone:	989-352-6226
Plan No.	501

---

## Your Rights Under ERISA

As a participant in the Lakeview Community Schools Health Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

### **RECEIVE INFORMATION ABOUT YOUR PLAN AND BENEFITS**

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

### **CONTINUE GROUP HEALTH PLAN COVERAGE**

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights or your state law individual conversion rights.

Reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

---

## **PRUDENT ACTIONS BY PLAN FIDUCIARIES**

In addition to creating rights for Plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called “fiduciaries” of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

## **ENFORCE YOUR RIGHTS**

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have the right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan’s decision or lack thereof concerning the qualified status of a domestic relations order or medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

## **ASSISTANCE WITH YOUR QUESTIONS**

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration at 1.866.444.EBSA (3272).

## **PLAN MODIFICATION, AMENDMENT AND TERMINATION**

Lakeview Community Schools, by a duly authorized representative, may modify, amend, or terminate the Plan, retroactively or prospectively, at any time in its sole discretion.

Any such modifications, amendments, or terminations that affect covered individuals in, or beneficiaries of, the Plan will be communicated to them. If the Plan is terminated, benefits will only be paid for claims incurred before the date of termination and only to the extent the Plan is then funded or the claims are paid by Lakeview Community Schools.

## **PLAN FUNDING AND ASSET DISTRIBUTION UPON TERMINATION**

The Plan is funded through the general assets of Lakeview Community Schools and any employee contributions as required. In case of Plan termination, there are no specific assets set aside to use to pay claims incurred prior to the date of such termination. If the Plan should be terminated, only claims incurred prior to the date of termination would be paid by the Plan and only to the extent the Plan is then funded or the claims are paid by Lakeview Community Schools.

## **STATE OF MICHIGAN DISCLOSURE REQUIREMENT**

The benefits described in the Lakeview Community Schools Health Plan, which includes this Prescription Program, are self-funded benefits. Covered individuals in this Plan are not insured. In the event benefit expenses that are eligible for payment under the Plan or this Program are not paid for any reason, the covered individual may be liable for those expenses.

The Prescription Plan Supervisor, EHIM, merely processes claims and does not ensure that any benefit expenses of covered individuals will be paid.

Complete and proper claims for benefits made by covered individuals will be promptly processed. In the event of a delay in processing, the

covered individual shall have no greater right or interest or other remedy against the Plan Supervisor, EHIM, than otherwise afforded by law.

## **ADMINISTRATION OF THE PLAN**

Lakeview Community Schools is the Plan Administrator, but may delegate this responsibility to a person or persons designated by Lakeview Community Schools. The Plan Administrator is required to supply you with this summary and other information and to file various reports and documents with government agencies. In its role of administering the Plan, the Plan Administrator (or its delegatee) also may make rulings, interpret the Plan, prescribe procedures, gather needed information, receive and review financial information of the Plan, employ or appoint individuals to assist in any administrative function, and generally do all other things which need to be handled in administering the Plan. The Plan Administrator has retained the Plan Supervisor, EHIM, merely to process claims and has not given EHIM authority to make final determinations about the benefits covered under the Plan nor about the administration of the Plan.

The Plan Administrator (or its delegatee) shall have any and all powers of authority which shall be proper to enable it to carry out its duties under the Plan, including by way of illustration and not of limitation (i) the powers and authority contemplated by ERISA with respect to employee welfare plans; (ii) the powers and authority to make regulations with respect to the Plan not inconsistent with the Plan or ERISA; and (iii) the powers and authority to determine, consistently therewith, all questions that may arise as to the status and rights of participants and beneficiaries and any and all other persons.

The Plan Administrator (or its delegatee) also shall have full discretionary authority to interpret all provisions of the Plan, including resolving an inconsistency or ambiguity or correcting an error or an omission. The Plan shall be governed by and interpreted according to ERISA and the Internal Revenue Code and, where not preempted by Federal law, the laws of the State of Michigan. Subject to the provisions of the Plan, the actions and determinations by the Plan Administrator (or its delegatee) and the interpretation and construction of any provision of the Plan by the Plan Administrator (or its delegatee) shall be final and conclusive upon all individuals or entities affected thereby.

## EHIM PARTICIPATING CHAIN PHARMACIES |

ACCESS HEALTH PHARM.  
ACME PHARMACIES  
ACTION DRUGS  
ALBERSON'S PHARMACIES  
AMERICAN DRUG STORES  
ANCHOR PHARMACIES  
ARROW PRESCRIPTION  
AURORA PHARMACIES  
BAKER'S PHARMACIES  
BARTELL DRUG COMPANY  
BASHRA DRUGS  
BI-LO SUPERMARKETS  
BJ'S WHOLESALE PHARM.  
BROOKSHIRE BROTHERS  
BROOKSHIRE GROCERY CO.  
BROOKSHIRE PHARMACIES  
BROOKS/MAXI DRUGS  
BUEHLER FOOD MARKET  
CARNIVAL PHARMACIES  
COPPS PHARMACIES  
COSTCO PHARMACIES  
CUB PHARMACIES  
CVS PHARMACIES  
DARING DRUGS  
DEAN'S PHARMACIES  
DELCHAMP PHARMACIES  
DISCOUNT DRUG MART  
DOMINICK'S PHARMACIES  
DRUG EMPORIUM  
DRUG FAIR  
DRUG TOWN/HY-VEE  
DRUG WAREHOUSE  
DRUG WORLD PHARMACIES  
DUANE READE, INC.  
ECKERD DRUG STORES  
EFROS DRUG STORES  
FAMILY CARE NETWORK  
FARM FRESH PHARMACIES  
FELPAUSCH PHARMACY  
FINAST PHARMACY  
FRANK'S PHARMACY  
FRED'S PHARMACY  
FRED MEYER PHARMACIES  
FRY'S FOOD & DRUG  
GIANT EAGLE PHARM.  
GOOD NEIGHBOR  
GRAND UNION PHARMACIES  
HAPPY HARRY'S DISCOUNT DRUG  
HARI'S PHARMACIES  
HARVEST FOODS  
HENRY FORD MED. CTR.  
HI-SCHOOL PHARM.  
HOMELAND PHARMACIES  
HY-VEE/DRUG TOWN  
K-MART PHARMACIES  
KELTSCH PHARMACIES  
KING KULLEN  
KING SOOPERS PHARM.  
KINNEY DRUG STORES  
KNIGHT'S DRUGS  
KROGER PHARMACIES  
LEADERNET PHARMACIES  
LONG DRUG STORES  
LUCKY DRUGS  
MAXI DRUGS/BROOKS  
MAY'S DRUG STORES  
MAYFAIR SUPERMARKETS  
MAPLE DRUG STORES  
MARC'S/BERNIE SHULMANS  
MCAULEY'S PHARMACIES  
MED-X (DRUG-MART)  
MEDIC DISCOUNT DRUGS  
MEDICAP PHARMACIES  
MEDICINE SHOPPE  
MEDISTAT PHARMACIES  
MEIJER PHARMACIES  
METRO PHARMACIES  
MINYARD FOOD STORES  
MORTON'S PHARMACIES  
NAVARRO'S DISCOUNT  
NCS HEALTHCARE  
NETWORK PHARMACIES  
OAKWOOD PHARMACIES  
OSCO PHARMACIES  
PACIFIC MEDICAL  
PAMIDA PHARMACIES  
PAVILIONS PHARMACIES  
PLUS CARE PHARMACY  
PUBLIX SUPERMARKETS



## EHIM PARTICIPATING CHAIN PHARMACIES CONT.

PARK NICOLLET PHARM.  
 PRAIRIESTONE PHARM.  
 PRESCRIPTION ARTS  
 PRICE CHOPPER  
 PRIMEMED PHARMACIES  
 PROFESSIONAL VILLAGE  
 QUICK CHEK  
 RAINBOW PHARMACIES  
 RANDALL'S  
 RITE AID PHARMACIES  
 ROCKBOTTOM  
 RUSSELL'S PHARMACIES  
 SACK 'N SAVE  
 SAFEWAY PHARMACIES  
 SAM'S CLUB PHARMACIES  
 SAV-MOR PHARMACIES  
 SAV-ON PHARMACIES  
 SAVCO DRUGS  
 SEAWAY FOOD TOWN  
 SERV-U PHARMACIES  
 SHOPKO PHARMACIES  
 SHOPPER'S PHARMACY  
 SMITH'S/SMITTY'S  
 SNYDER DRUGS  
 STOP & SHOP PHARMACY  
 STRATEGIC HEALTH NET  
 SUPER 1 PHARMACIES  
 SUPER D DRUG  
 SUPERVALU PHARMACIES  
 TALBERT PHARMACIES  
 TARGET PHARMACIES  
 TEXAS DRUG WAREHOUSE  
 THRIFT DRUGS (ECKERD)  
 THRIFTWAY  
 THRIFTY NYSTROM  
 THRIFTY/PAYLESS (RITEAID)

THRIFTY WHITE DRUGS  
 TOM THUMB  
 TOPS/VIX PHARMACIES  
 TRI-NET PHARMACIES  
 USA DRUG & BEAUTY  
 VG'S PHARMACIES  
 VALULAND PHARMACIES  
 VONS PHARMACIES  
 WALGREEN DRUG STORES  
 WAL-MART PHARMACIES  
 WEGMANS PHARMACY  
 WEIS MARKETS  
 WHITE DRUG STORES  
 WINN DIXIE PHARMACIES  
 WOODWARD PHARMACIES

For a complete pharmacy listing that includes regional chains and independents, please go to [www.ehimrx.com](http://www.ehimrx.com).

If the pharmacy in your neighborhood is not listed in the participating provider directory, please call EHIM at **1-800-311-3446** to have them added to our network.

---

# NOTES

---

# NOTES

Copyright 2017 EHIM, Inc.

Employee Health Insurance Management, Inc.  
26711 Northwestern Highway, Suite 400  
Southfield, MI 48033

Phone: (248) 948-9900 Fax: (248) 948-9904  
Toll Free: (800) 311-3446  
Website: [www.ehimrx.com](http://www.ehimrx.com)