

Public Employee Benefits Alliance



Pre Sixty-five Retiree Benefit Options

Calendar Year 2012

Early Retiree Reinsurance Program (ERRP) Approval

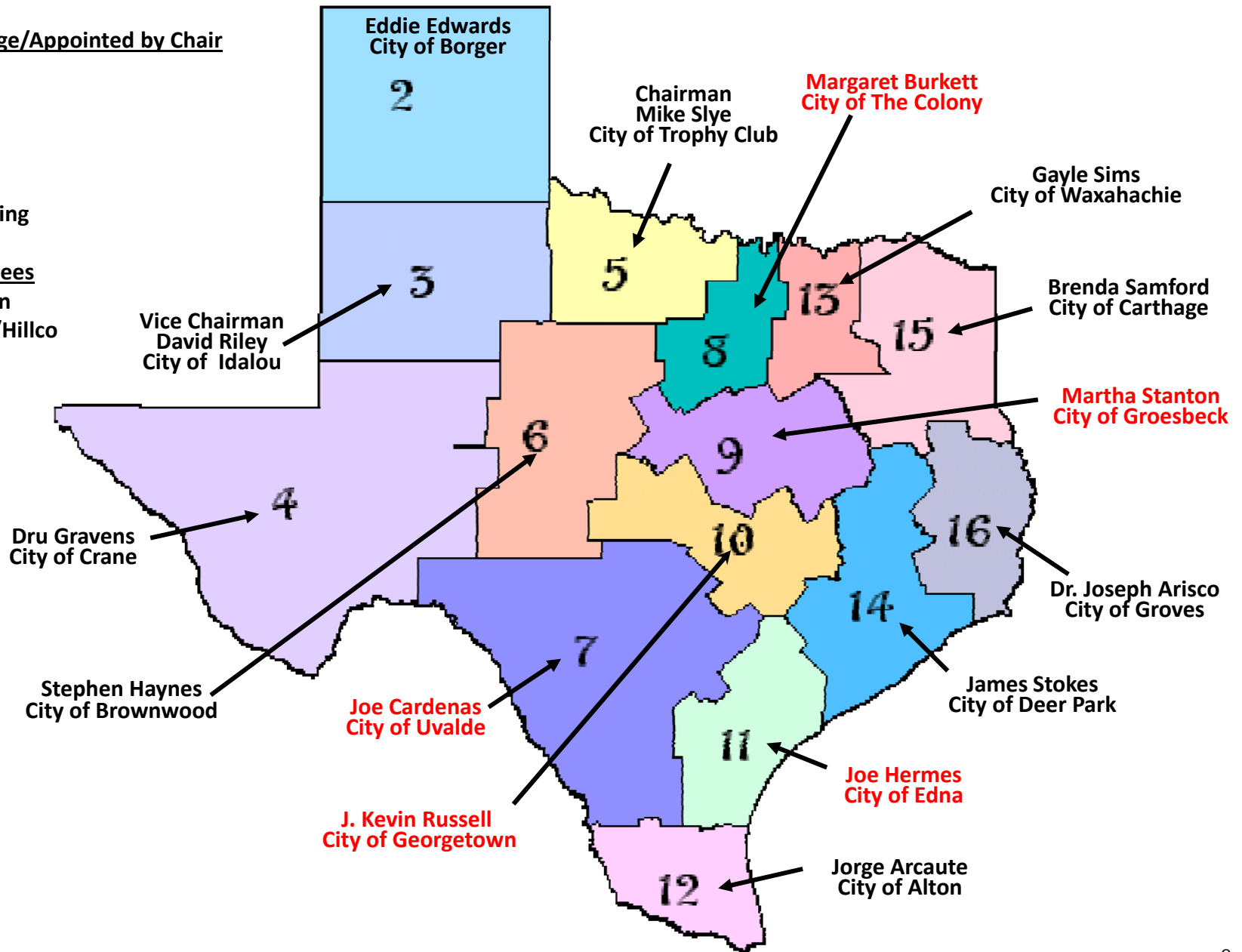
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TML IEBP Mission Statement

To provide excellent service offering competitive health benefits and administrative services to eligible municipalities and other governmental entities in Texas by utilizing innovative, viable, affordable alternatives while maintaining financial integrity.

**Claim Adjudication/Licensed
TPA Service**

Claim Adjudication, Claim Adjustment, Special Investigative Unit (SIU), Prompt Pay Compliance, External Audits (Financial, Security, Claims), EAB Interface, Technology Upgrade for **ICD 10 Compliance**

Premier Network

Network: Options vs. **Choice**, Outcome Based **Premium Network**, **Quilting** Network Update, Contribution/Premium Cost vs. Access to Quilting, International Network

**Stop Loss and Early Retiree
Reimbursement Program**

Request for Proposal Process, Review of External Clinical Excellence information, Early Retiree Reimbursement Program (ERRP) update

**Political Subdivision
Solutions**

Plan Design, Consumer Driven Pool Plans (HRA, RRA, HSA, Section 12), Defined Contribution Plan vs. Defined Benefit Plan, Benefit Analytic Assessment

Technology Improvement

QicLink (Upgrade to Relational System) 4.3, TML IEBP Custom Online Enrollment, Employer Custom Website, Online Open Enrollment, Medicare Eligible Disabled and ESR covered individuals, Analytics, SQL Member database audit, transition to Microsoft Exchange/Outlook, ODS Datawarehouse, HealthX, Electronic Fund Transfers, 4010 transition to 5010; **ICD 9 transition to ICD 10**, Benefit Vendor Interface, MBI/BPS Interface Improvement, Business Continuity, Prompt Pay Analytics, **TML IEBP Custom Online Enrollment**

Support Services

Mailroom, Scanning, Image Management, Claim Tracking, Network Hierarchy, **Onbase Electronic Routing Management**

The Public/Private Sector Alliance
Superior Value Add Solution

Billing and Eligibility

Enrollment [Paper, Electronic (TML IEBP Custom Online Enrollment)], Creditable Coverage Management, Continuation of Coverage, Life/LTD/STD/AD&D, Section 125, PBM Interface, Billing /Payment Services, GRS actuarial <100 life interface, Retiree Program: Pre



Customer Services

Eligible Benefit Services: Phone, Web IT, Phone IT, Fax, E-mail, **Patient Solution Advocacy**, Talk Time, Phone Abandonment, Answer Time, **Qualitative Response**, Proactive Prompt

**Public Employee Benefits Administration
(PEBA) Purchasing Cooperative**

Pharmacy Benefit Management Services, Evidence Based Prescription Services, Life, LTD, STD, ADD benefits, Employee Assistance Program benefits, Section 125 benefits, FML A Administration benefits, Supplemental benefits, Retiree benefits, **Wellness, International Network**

Legal/Regulatory:

Right of Recovery/Subrogation
Legal Resource Support
Protected Health/Technology Security Support, Legislative Interface, HIPAA Title I and II Updates, **Patient Protection Affordable Care Act (PPACA)**

**Claim Cost
Management**

Loss Ratio, High Risk Overview, Coverage Code Analysis, Underwriting (Area Factor, Plan Factor, Age and Gender Factor), Cost Projections

Evidence Based Medicine

Healthy Initiative Program- "Take Charge of your Health" Calendar Year Biometric Screenings and Health Power Assessment,
Chronic Care Management: Professional Health Coach Services, Health Power Assessment, Healthy Living Resources, Healthy Lifestyle Guides, Population Health Management, and Hedis **Gaps in Care**,
Intensive Care Management and External Clinical Excellence Review
Subscriber External Review Appeal

**Evidence Based Prescription Purchase
Options**

Purchasing Options: Align/Broad Network, Align Network, Formulary Management, Formulary Letters, Rebate Options, and Transparency
Evidence Based Prescription Management Options: Prior Authorization, Step Therapy, MAC A or MAC C, Cost Share, Specialty, Quantity Limits

Quality Management:

Internal Claim Audit, External Claim Audit Interface, Internal Staff Education, Medicare Secondary Payer Audit, Support Service Audit, Billing and Eligibility Audit

**Public/Private Sector Alliance
Administrative Services:**

Ensure that all Public/Private Sector relationships on managed appropriately for covered membership service, access and cost effectiveness.

Public/Private Alliance



A UnitedHealthcare Company



- Direct Interface with Political Subd.
- Risk and Non-Risk Claim Services
- Administrative Services
- Customer Services: Phone, Web, Patient Advocacy
- Prompt Pay Proactive Correspondence
- Plan Building
- Health Information Technology/Milliman
- Medical Management
- Underwriting
- Medication Therapy Management Program (MTMP)
- Reporting/Milliman Datawarehouse
- Billing and Eligibility/On-Line System
- ID Card
- Internal Audits and Education Program
- Network Hierarchy Audit
- Legal/Legislative/Regulatory Support
- Website
- MBI/BPS Consumer Driven Debit Card Relationship
- Stop Loss Management
- Right of Recovery Services
- Support Services: Mail, Scan, Pre/Post Duplicate Audit
- Public Employees Benefit Alliance Services/Vendor Management
- Financial Integrity
- TML IEBP Business Continuity Plan
- Regulatory Compliance

- TELA Data Entry Relationship
- D2 Hawkeye Relationship
- Validata audit of Eligibility Audit
- Repricing transmission to United Healthcare for claim repricing
- Using PPO One software
- SAS 70 Audit
- HealthX Relationship: Claim Look Up
- Claim Adjudication Platform
- iCES System Audit Service
- Claim Adjudication Service Team
- Marketing Synergy
- Claim Adjudication Business Continuity Support
- Health Information Technology
- UMR Business Continuity
- Security Guidelines
- TML IEBP Provider Direct Contract Repricing
- Provider/Member Appeals

Options PPO Network

- Three Tiered Secondary Network
- TML IEBP Direct Contract Support
- Premium Network Option
- Repricing Software
- System Audit/iCES
- Provider Network Disruption Review
- Provider Credentialing
- TransReview Services for Transplant Case
- Designated Bariatric Centers
- Provider Network Website
- Marketing Synergy

Choice Plus Network

- Three Tiered Secondary Network
- Premium Network Options
- Repricing Software
- System Audit/iCES
- Provider Network Disruption Review
- Provider Credentialing
- TransReview Services for Transplant Care
- Designated Bariatric Centers
- Provider Network Website
- Marketing Synergy

Retiree Timeline Table

Function	Pre Sixty-five Date	Post Sixty-five Dates
PEBA Board Decision	Sept 9, 2011	Sept 9, 2011
Alliance Alert Distribution	Sept 13, 2011	Sept 13, 2011
WebX with PEBA members (Confirm Strategy to obtain HIC Number)	Sept 20, 2011 10:00am and 2:00 pm	Sept 20, 2011 10:00am and 2:00 pm
Letter of Intent due to PEBA	Sept 30, 2011	Sept 30, 2011
Employer Election Decision Announcement Letter to Fund Contact and Retiree with Benefit Information and copy of formulary	Sept 30, 2011 After receipt of Employer election	Sept 30, 2011 After receipt of Employer election
CMS mandated Medicare Beneficiary Communication Timeline	N/A	Oct 10, 2011
Announcement Letter and Enrollment packages	Oct 21, 2011	Oct 25, 2011
Retiree Enrollment Date Deadline	Dec 2, 2011	Dec 1, 2011
Eligibility Information submitted to Vendor Obtain Medicare HIC Numbers for all retirees & eligible dependents; HIC Number and Name per Medicare Card	Established per Employer	Established per Employer
Welcome Packet	Week of Dec 19, 2011	Dec 11, 2011
Welcome Kit to Retirees	Week of Dec 19, 2011	Dec 11, 2011
ID cards	Week of Dec 19, 2011	Dec 11, 2011
Plan Confirmation Letter	Week of Dec 19, 2011	Dec 21, 2011

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Plan Parameters

Underwriting Requirements
and
Employer Interface

Actuarial Equivalent Plan

Plan Design	Platinum Plan	Gold Plan	Silver Plan	Bronze
Cost (If the retiree wants to buy dependent coverage the composite rate is added to the retiree rate)	Retiree: \$783.72 Composite: \$840.86 If the retiree purchases the retiree benefits and family benefits the retiree and composite rate must be added together for total the cost.	Retiree: \$724.61 Composite: \$776.74 If the retiree purchases the retiree benefits and family benefits the retiree and composite rate must be added together for total the cost.	Retiree: \$668.18 Composite: \$715.75 If the retiree purchases the retiree benefits and family benefits the retiree and composite rate must be added together for the total cost.	Retiree: \$593.96 Composite: \$635.70 If the retiree purchases the retiree benefits and family benefits the retiree and composite rate must be added together for the total cost.
Benefit Percentage	90%/50%	80%/50%	70%/50%	60%/40%
Deductible: Individual/Family	\$1,000.00/\$1,250.00	\$1,250.00/1,500.00	\$1,500.00/\$1,750.00	\$1,750.00/\$2,000.00
Out of Pocket Maximum: Individual/Family	\$5,000.00/\$10,000.00	\$5,000.00/\$10,000.00	\$5,000.00/\$10,000.00	\$5,000.00/\$10,000.00
Wellness Plan	Healthy Initiatives, Biometric Screening and Health Power Assessment paid 100% for Choice Plus network providers.	Healthy Initiatives, Biometric Screening and Health Power Assessment paid 100% for Choice Plus network providers.	Healthy Initiatives, Biometric Screening and Health Power Assessment paid 100% for Choice Plus network providers.	Healthy Initiatives, Biometric Screening and Health Power Assessment paid 100% for Choice Plus network providers.
Health Incentives	Completion of Biometric Screening and Health Power Assessment per Calendar Year \$150.00 Incentive payment.	Completion of Biometric Screening and Health Power Assessment per Calendar Year \$150.00 Incentive payment.	Completion of Biometric Screening and Health Power Assessment per Calendar Year \$150.00 Incentive payment.	Completion of Biometric Screening and Health Power Assessment per Calendar Year \$150.00 Incentive payment.

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Supplemental Benefits

- ✓ Dental Plan Options
- ✓ Vision Plan Options

Supplemental Plan Options

Dental Plan Options

Employers that offer one or more of the TML IEBP Pre Sixty-five retiree plans will also have the option of making available to their retirees a fully funded Dental plan option.

Dental II Plan (Fixed Dental ADA code fee schedule)	Mandatory*	Voluntary
Pre Sixty-five Retiree	\$ 7.90	\$11.94
Composite	\$13.92	\$20.10
Spouse	\$11.09	\$16.02
Child(ren)	\$ 9.51	\$13.74
Family	\$16.30	\$23.52
<i>* 100% Employer subsidy required for Pre-Sixty-five Retiree participation</i>		

Dental III Plan (Includes orthodontia)	Mandatory*
Pre Sixty-five Retiree	\$29.68
Composite	\$46.60
Spouse	\$31.28
Child(ren)	\$34.40
Family	\$61.44
<i>* 100% Employer subsidy required for Pre-Sixty-five Retiree participation</i>	

Dental IV Plan (does not include orthodontia)	Mandatory*	Voluntary
Pre Sixty-five Retiree	\$21.22	\$27.56
Composite	\$35.00	\$45.48
Spouse	\$28.62	\$37.22
Child(ren)	\$24.38	\$31.70
Family	\$42.40	\$55.12
<i>* 100% Employer subsidy required for Pre-Sixty-five Retiree participation</i>		

Supplemental Plan Options

Vision Plan Options

Employers that offer one or more of the TML IEBP Pre Sixty-five retiree plans will also have the option of making available to their retirees a fully funded Vision plan option.

Vision A Plan	Mandatory*	Voluntary
Pre Sixty-five Retiree	\$7.10	\$9.86
Composite	\$14.18	\$19.70
<i>* 100% Employer subsidy required for Pre-Sixty-five Retiree participation</i>		

Vision B Plan	Mandatory*	Voluntary
Pre Sixty-five Retiree	\$9.46	\$13.14
Composite	\$18.90	\$26.26
<i>* 100% Employer subsidy required for Pre-Sixty-five Retiree participation</i>		

Retiree Make-Up

- ❖ Consumer Centered Transition
 - Health Reimbursement Accounts
 - Health Savings Accounts
- ❖ Administrative Fee
 - \$3.70

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Medical Management

- ✓ Encourage Personal Health Engagement with Incentive
 - ✓ Personal Health Record
 - ✓ Calendar Year Biometric Screenings
 - ✓ Health Power Assessment
 - ✓ Support to Manage Chronic Illness

Personal Health Engagement

❖ TML IEBP Supported Health Initiatives

- Personal Health Record
 - Calendar Year Biometric Screenings
 - Calendar Year Health Power Assessment
 - Incentive Option
- Update on Web Wellness Portal Information
 - Self-Help Resources
 - Personal Health Tracking Plans
 - Disease Management Information
 - Healthy Living Guides
 - Professional Health Coach Services

Calendar Year 2012 Personal Health Record

Healthy Initiatives HealthPlan • 2012 \$150.00 Incentive

Personal Health Record

For Covered Individual's Personal File



NAME _____ Male Female Date of Birth _____

Access your Personal Health Record and Health Power Assessment by signing in at www.tmliebp.org.

1. When did you have your blood work done?	<input type="text"/>	mm/dd/yy
2. What is your height?	<input type="text"/>	feet <input type="text"/> inches
3. What is your weight?	<input type="text"/>	pounds
4. What is your waist measurement?	<input type="text"/>	inches
5. What is your blood glucose?	<input type="text"/>	Less than 100 mg/dL Normal 100-125 mg/dL Impaired/Pre-diabetes 126 mg/dL or higher Diabetes
6. What is your blood pressure?	<input type="text"/>	Less than 120/80 Optimal 120-139 Pre-hypertension 140 or higher High Blood Pressure
7. What is your total cholesterol?	<input type="text"/>	Less than 200 mg/dL Optimal 200-239 mg/dL Borderline High 240 mg/dL or higher High Cholesterol
8. What is your LDL (bad) cholesterol?	<input type="text"/>	Less than 115 mg/dL Optimal 115-159 mg/dL Borderline High 160 mg/dL or higher High
9. What is your HDL (good) cholesterol?	<input type="text"/>	Less than 40 mg/dL for men and 50 mg/dL for women increases the risk of heart disease.
10. What is your triglyceride level?	<input type="text"/>	Less than 150 mg/dL Normal 150-199 mg/dL Borderline High 200 mg/dL or higher High

AGE & GENDER BIOMETRIC SCREENINGS	Female 18-35	Female 36-39	Female 40-50	Female 51+	Male 18-39	Male 40-50	Male 51+
Health Power Assessment Questionnaire	X	X	X	X	X	X	X
Preventive Office Visit	X	X	X	X	X	X	X
Lipid Panel	X	X	X	X	X	X	X
Comprehensive Metabolic Blood Panel	X	X	X	X	X	X	X
TSH		X	X	X			
PSA							X
Fecal Occult			X	X		X	X
Bone Density Study				X			
Mammogram			X	X			
PAP		X	X				

The TML Intergovernmental Employee Benefits Plan is a non-Federal governmental health plan that has elected to be exempted from the HIPAA Title I prohibitions against discriminating against individual participants and beneficiaries based on health status. Therefore, the rules regarding Nondiscrimination and Wellness Programs in Health Coverage in the Group Market do not apply to this plan.

Personal Health Engagement

❖ Medical Management Workflow and Services

- Notification Workflow
- Concurrent Review
- Discharge Planning
- Intensive Care Management
- External Specialty Review Services
 - Medical Review Institute of America (MRIOA)
 - International Treatment Access (ITA)
 - Advanced Medical Strategies (AMS)
 - Managing Care Managing Claims (MCMC)

Notification Requirements

SERVICE	NOTIFICATION	LATE NOTIFICATION PENALTY
<ul style="list-style-type: none"> INPATIENT ADMISSIONS 		
<p>Scheduled Specialty Admissions</p> <ul style="list-style-type: none"> Orthopedic/Spine Surgeries (spinal surgeries, total knee replacements, and total hip replacements) Transplants: At least ten (10) working days prior to any pre-transplant evaluation, the covered individual or a family member must provide Notification to Medical Care Management; failure to do so will result in a Late Notification Penalty of \$400 or a reduction in benefits Reconstructive/Potentially Cosmetic procedures Bariatric Surgeries: Morbid Obesity Services (after the approved six (6) month physician supervised weight management treatment plan) Congenital Heart Disease 	<p><u>Facility</u>: twenty-four (24) hours after actual admission or by 5 pm the next business day for weekend/holiday admissions</p> <p><u>Primary Physician/Healthcare Professional</u>: Prior to Admission</p>	<p><u>Facility</u>: If admission Notification is not received within seventy-two (72) hours of the admission, a 50% reduction will be applied to the contracted benefit eligible rate.</p> <p><u>Primary Physician/Healthcare Professional</u>: If an advanced admission Notification is not received, a 100% reduction will be applied to the contracted benefit eligible rate.</p>
<p>Other Inpatient Admissions</p> <ul style="list-style-type: none"> Skilled Nursing Facility Psychiatric/Chemical Dependency Inpatient Psychiatric/Chemical Dependency Residential Treatment Acute Care Hospital/Facility Long Term Acute Care Facility Acute Rehabilitation Facility Scheduled Cesarean Section Delivery 	<p><u>Facility</u>: twenty-four (24) hours after actual admission or by 5 pm the next business day for weekend/holiday admissions</p>	<p><u>Facility</u>: If admission Notification is not received within seventy-two (72) hours of the admission, a 50% reduction will be applied to the contracted benefit eligible rate.</p>
<p>Inpatient Pregnancy/Maternity (Delivery Admission)</p> <ul style="list-style-type: none"> Vaginal Delivery admission in excess of forty-eight (48) hours Cesarean delivery admission in excess of ninety-six (96) hours All High Risk obstetrical or antepartum care or other undelivered admission Newborns who remain in the hospital after mother is discharged 	<p><u>Facility</u>: twenty-four (24) hours after actual admission or by 5 pm the next business day for weekend/holiday admissions</p>	<p><u>Facility</u>: If admission Notification is not received within seventy-two (72) hours of the admission, a 50% reduction will be applied to the contracted benefit eligible rate.</p>
<p>Pregnancy/Maternity</p> <ul style="list-style-type: none"> Sonogram/Ultrasound in excess of three (3) Amniocentesis Home Health (uterine monitoring) Multiple birth diagnosis 	<p>Prior to commencement for outpatient and Home Health procedures, within forty-eight (48) hours of multiple birth diagnosis</p>	<p>\$200</p>

Notification Requirements

<ul style="list-style-type: none"> • SCHEDULED OUTPATIENT/OFFICE SURGICAL PROCEDURES 		
<ul style="list-style-type: none"> • Blepharoplasty (eyelid surgery) • Breast Surgery • Carpal Tunnel Release (nerve decompression) • Jaw Surgery (including mandibular joint) • Joint Surgery (excluding fingers & toes) • Laparoscopy (except sterilization) • Myringotomy or Myringoplasty (tympanic/ear drum surgery) • Nasal Surgery • Tonsillectomy and/or Adenoidectomy • Uvulopalatoplasty (roof of mouth surgery) • Reconstructive Surgery • Cochlear Device and/or implantation • Artificial Intervertebral Disc Surgery • Stereotactic Radiosurgery • Bariatric Surgery (obesity surgery) 	Three (3) working days prior to procedure	\$200
<ul style="list-style-type: none"> • OUTPATIENT/OFFICE INFUSION THERAPY 		
<ul style="list-style-type: none"> • For Pain Management • Chemotherapy 	Prior to commencement	\$200
<ul style="list-style-type: none"> • MISCELLANEOUS 		
<ul style="list-style-type: none"> • Psychiatric/Chemical Dependency Day Treatment • Hospice • Home Health Care • Physician Home Visit • Cardiac Rehabilitation • Pulmonary Rehabilitation • Positron Emission Tomography (PET) scans • Computerized Axial Tomography (CAT) scans • Computerized Tomographic Angiography (CTA) scans • Magnetic Resonance Imaging (MRI) scans • Magnetic Resonance Angiography (MRA) scans • Single Photon Emission Computed Tomography (SPECT) • Dental Injury (inpatient and outpatient) • Dialysis for Kidney/Renal failure • Hyperbaric Oxygen Therapy • Radiation Therapy • Medically Necessary Evidence Based Genetic Testing 	Prior to commencement	\$200
<ul style="list-style-type: none"> • Durable Medical Equipment 	For charges in excess of \$1,000 prior to purchase, lease or rental	\$200

Health and Productivity Programs

❖ Professional Health Coaches/Healthy Lifestyle Guides

- ▶ Asthma
- ▶ Chronic Fatigue Syndrome (CFS)
- ▶ Chronic Obstructive Pulmonary Disease (COPD)
- ▶ Coronary Artery Disease (CAD)
- ▶ Depression
- ▶ Hyperlipidemia
- ▶ Hypertension
- ▶ Osteoarthritis (OA)
- ▶ Osteoporosis
- ▶ Type 2 Diabetes
- ▶ Back Pain
- ▶ Chronic Pain
- ▶ Healthy Eating
- ▶ Healthy Pregnancy
- ▶ Rheumatoid Arthritis (RA)
- ▶ Sleep
- ▶ Smoking Cessation
- ▶ Stress Management
- ▶ Weight Management
- ▶ Bariatric Surgery

Public Employee Benefits Alliance

Provider Network Information

The Alliance Makes the Difference!

Public Employee Benefits Alliance

Medication Therapy Management Program (MTMP)

PBM Overview for Cost Efficiency, Consumer Education, Evidence Based Prescription Alternatives

Prescription Management

❖ Medication Therapy Management Program

- The Medication Therapy Management Program is focused on clinical equivalence and efficacy within all therapeutic categories. The savings it produces is the result of introducing the most effective drugs and quantities available in the marketplace.
- RxResults is a Joint-Venture with University of Arkansas for Medical Sciences (UAMS) and the College of Pharmacy's Evidence-Based Prescription Drug Program (EBRx) creates un-biased collaborative research effort backed by a third-party educational institution.

Value Tiered/Align Network

At the time of this printing, the Value Tiered/Align Network Pharmacy Extension includes the following pharmacies:

- Boomtown Drug
- Brookshire Brothers
- Chapel Hill Pharmacy
- City Market Pharmacy
- Cody Drug
- Cody Pharmacy
- Collingsworth Pharmacy
- Cub Pharmacy
- Davis City Pharmacy
- Diamond Pharmacy
- Dillon Stores
- Doc's Drugstore of Brownwood
- Doc's Drugstore of Early
- Dominick's
- Eagle Lake Pharmacy
- Farm Fresh
- Fikes Pharmacy
- Fred Meyer
- Fry's Food & Drug
- Graham Pharmacy
- HealthMart Pharmacy (Access Health)
- HEB
- Hico Pharmacy
- Holmes Pharmacy
- Hughes Pharmacy
- Kenjura Pharmacy
- King Soopers
- Kings Daughters Pharmacy
- Kmart
- Kroger
- Luna's Friendly Pharmacy
- Maloney Pharmacy
- Med Shop Pharmacy
- Medical Arts Drug (Waldie's Pharmacy)
- Medicine Chest
- Medicine Shoppe of Henderson
- Overton Pharmacy
- Plaza Pharmacy
- Quality Food Centers
- Ralph's
- Randall's
- Safeway
- Sam's Club
- Sav-On Pharmacy
- Shopko
- Smiths
- Star Markets
- Super Mercado's Pharmacy
- Target
- The Friendly Pharmacy
- The Medicine Shoppe of Jasper
- Tom Thumb
- Troup Pharmacy
- United Care Pharmacy
- Vista Pharmacy
- Vons Companies Inc.
- Waldie's Pharmacy
- Walmart
- Walter's Pharmacy
- Whitehouse Pharmacy

MAC A Prescription Copays

	Retail: Covered Individual OOP (34 days supply max unless noted otherwise)	Mail/Maintenance 84/90 day dispensement Biotech/SpecialtyRx 34 day dispensement Covered Individual Out Of Pocket
Over the Counter Alternates: <u>Non-Sedating Antihistamines</u> (Claritin®, Alavert®, Allegra®, Allegra-D®, Zyrtec®, Zyrtec-D®) per prescription <u>Stomach and Ulcer</u> (Prilosec®, Prevacid®, Zegerid®) per prescription <u>Smoking Cessation</u> (Nicorette Gum) Quantity Limit - 3 boxes per plan year	\$0.00	N/A
Align Network Value Tiered 34 day <u>non Cost Share generic</u> dispensement	\$0.00 (up to 34 days supply)	N/A
Align Network Value Tiered up to 90 day <u>non Cost Share generic</u> dispensement	\$9.00 (35 to 90 days supply)	N/A
Broad Network <u>non Cost Share Generic</u>	\$10.00	\$25.00
Broad and Align Network <u>non Cost Share Best Price Brand List</u>	\$38.00	\$95.00
Broad and Align Network <u>non Cost Share Non-Best Price Brand List</u>	\$60.00	\$150.00
Broad and Align Network Cost Share	\$120.00	\$300.00
Specialty/Biotech Prescriptions	N/A	\$100.00 for up to 34 day supply

Step Therapy Management

•For Clinical Authorization, doctor/prescription prescribers should call **RxResults at (888) 871-4002**. Your doctor/prescription prescriber will be asked a series of questions and RxResults will then approve or deny the authorization request.

•**Sample of what will occur at pharmacy**

Claim is processing for Advair® & the following message will alert the pharmacist: *Step Therapy after inhaled steroid 1st or Prior Authorization call (888) 871-4002.*

ASTHMA	HIGH BLOOD PRESSURE (ANGIOTENSIN RECEPTOR BLOCKERS/ARB'S)
<p>Required for <u>members <40 years of age</u> who have not demonstrated adherence to an inhaled corticosteroid (ICS) (90 days of therapy in the past 120 days).</p> <p>If the member is beginning therapy (regardless of age), only an inhaled steroid will be approved unless otherwise approved by RxResults.</p>	<p>If the member fills a medication in Category B, they will NOT need to start with Category A, <u>unless they haven't used the medication for 100 days.</u></p>
<p>Category A</p> <ul style="list-style-type: none"> ✓ Inhaled Corticosteroid (ICS) - Member must demonstrate adherence to an inhaled steroid and/or satisfy specific clinical criteria as determined by RxResults prior to obtaining a Category B medication. 	<p>Category A</p> <ul style="list-style-type: none"> ✓ Any generic ACE inhibitor or ACE-combination ✓ Losartan®/Losartan HCTZ®
<p>Category B (Only after failure with a Category A medication)</p> <ul style="list-style-type: none"> ✓ ADVAIR® ✓ BROVANA® ✓ DULERA® ✓ FORADIL® ✓ PERFOROMIST® ✓ SEREVENT® ✓ SYMBICORT® <p>Treatment Plan Adherence is required for authorization to be approved.</p>	<p>Category B (Only after failure with a Category A medication) The doctor/prescription prescriber must provide documentation from the Covered Individual's medical record indicating that prior treatment with an ACE inhibitor resulted in a cough or angioedema.</p> <ul style="list-style-type: none"> ✓ ATACAND®/ATACAND HCT® ✓ AVAPRO®/AVALIDE® ✓ BENICAR®/BENICAR HCT® ✓ COZAAR®/HYZAAR® (Brand only) ✓ DIOVAN®/DIOVAN HCT® ✓ EDARBI® ✓ EXFORGE®/EXFORGE HCT® ✓ MICARDIS®/MICARDIS HCT® ✓ TEKTURNA®/TEKTURNA HCT® ✓ TEKAMLO® ✓ TEVETEN®/TEVETEN HCT® ✓ TRIBENZOR® ✓ TWYNSTA® ✓ VALTURNA® ✓ AZOR®

Prior Authorizations

•The list of conditions below may change as appropriate for the plan. For prior authorization requests, please have your **doctor/prescription prescriber** call **RxResults at (888) 871-4002**. Your doctor/prescription prescriber will be asked a series of questions and RxResults will then approve or deny the authorization

<p>ANTIBIOTICS ✓ ZYVOX®</p> <hr/> <p>ASTHMA INHALERS</p> <p><i>Requests may be granted to patients who have demonstrated compliance to an inhaled steroid and/or satisfied additional clinical criteria as determined by the prior authorization review. Treatment Plan Adherence is required for authorization to be approved.</i></p> <ul style="list-style-type: none"> ✓ ADVAIR® ✓ BROVANA® ✓ DULERA® ✓ FORADIL® ✓ PERFORMIST® ✓ SEREVENT® ✓ SYMBICORT® <hr/> <p>ASTHMA NON INHALERS</p> <ul style="list-style-type: none"> ✓ XOLAIR® Injection ✓ ACCOLATE® ✓ SINGULAIR®* ✓ ZYFLO® <p><i>Covered only for asthma as a second-line drug, after an inhaled steroid. Use is excluded for allergies and/or allergic rhinitis.</i></p> <p><i>Requests may be granted to patients who have demonstrated compliance to an inhaled steroid and/or satisfied additional clinical criteria as determined by the prior authorization review. Treatment Plan Adherence is required for authorization to be approved.</i></p> <hr/> <p>GENERAL</p> <ul style="list-style-type: none"> ✓ Attention Deficit Disorder ADHD (<i>For individuals 17 years of age or older</i>) <i>These medications may be reimbursed following satisfaction of clinical criteria as determined by prior authorization review.</i> ✓ Narcolepsy Medications (<i>For individuals 17 years of age or older</i>) ✓ Acne Medications (<i>For individuals 26 years of age and older</i>) 	<p>MAJOR BIOTECH PRESCRIPTION CATEGORIES</p> <ul style="list-style-type: none"> ✓ Blood Cell Deficiency ✓ Crohn's Disease ✓ Cystic Fibrosis ✓ Growth Hormones ✓ Hemophilia Hepatitis C ✓ HIV/Immune Deficiency Medications ✓ Multiple Sclerosis ✓ Oncology Oral ✓ Osteoarthritis ✓ Psoriasis ✓ Pulmonary Arterial Hypertension ✓ Renal Disease ✓ Rheumatoid Arthritis ✓ All Others <hr/> <p>TESTOSTERONE ALL PRODUCTS</p> <ul style="list-style-type: none"> ✓ ANDROGEL® (<i>covered only for hormone replacement not for erectile dysfunction</i>) ✓ ANDRODERM® ✓ TESTIM® <p>Actual lab results defining the testosterone level will be required. The lab report will indicate whether the level is low or within normal ranges.</p> <hr/> <p>DIABETES</p> <ul style="list-style-type: none"> ✓ JANUVIA®/JANUMET® (<i>covered for diabetes only</i>) ✓ SYMLIN® ✓ BYETTA® ✓ VICTOZA® ✓ ONGLYZA® ✓ KOMBIGLYZE® ✓ TRAJENTA® <p><i>These medications may be reimbursed following satisfaction of clinical criteria as determined by prior authorization review.</i></p> <hr/> <p>OSTEOPOROSIS</p> <ul style="list-style-type: none"> ✓ FORTEO®
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Cost Share Prescriptions

Cost Share Drugs	Alternative Drugs	
Antibiotics: Anti-Infective Agents Impacts utilization on: Adoxa®, Doryx®, Dynacin®, Monodox®, Periostat®, Solodyn®, Oraxyl®, Oracea®	Generic Generic	Minocycline® (for Dynacin®, Solodyn®) Doxycycline® (for Adoxa®, Doryx®, Monodox®, Periostat®, Oracea®, Oraxyl®)
Central Nervous System: Sedative Hypnotics Impacts utilization on: Ambien®, Ambien CR®, Edluar®, Lunesta®, Rozerem®, Sonata®, Zolpidem ER®	Generic Generic	Zolpidem® Immediate Release (for Ambien®) Zaleplon® (for Sonata®)
Stomach Ulcer/Reflux Drugs/Gastrointestinal/Stomach: Proton Pump Inhibitors Impacts utilization on: Aciphex®, Dexilant® (formerly Kapidex®), Nexium®, Lansoprazole®, Prevacid®, Prilosec®, Protonix®, Vimovo®	OTC OTC OTC Generic Generic	Prevacid® Prilosec® Zegerid® Omeprazole® Pantoprazole®
Respiratory/Allergy/Asthma: Antihistamines Impacts utilization on: Fexofenadine®, Clarinex®, Xyzal®	OTC OTC OTC Generic Generic	Allegra® Zyrtec® Claritin® Loratidine® Cetirizine®
Respiratory/Allergy/Asthma: Antihistamines-Decongestant Impacts utilization on: Fexofenadine-D®, Clarinex-D®	OTC OTC Generic Generic Generic	Allegra-D® Zyrtec-D® Claritin-D® Loratidine-D® Cetirizine-D®

Cost Share Prescriptions

Cost Share Drugs	Alternative Drugs	
<p>Nasal Steroids Impacts utilization on: Beconase AQ®, Flonase® (brand), Nasacort AQ®, Nasalide® (brand), Nasarel®, Nasonex®, Omnaris®, Rhinocort AQ®, Veramyst®</p>	<p>Generic Generic</p>	<p>Fluticasone® (for Flonase®) Flunisolide® (for Nasalide®)</p>
<p>ADHD Impacts utilization on: <u>Immediate Release Amphetamine Products</u> (Adderall®, Dexedrine®, Dextrostat®) <u>Immediate Release Methylphenidate Products</u> (Ritalin®, Foclin®) <u>Extended Release Amphetamine Products</u> (Adderall XR®, Dexedrine Spansules®) <u>Extended Release Methylphenidate Products</u> (Concerta®, Daytrana®, Metadate CD®, Ritalin LA®)</p>	<p>Generic Generic Brand Brand Brand</p>	<p>Methylphenidate® Amphetamine® Strattera® Vyvanse® Focalin XR®</p>
<p>Osteoporosis Drugs Impacts utilization on: Actonel®, Actonel® w/Calcium, Atelvia®, Boniva®, Fosamax®, Fosamax-D®</p>	<p>Generic</p>	<p>Alendronate® (for Fosamax®)</p>
<p>Migraine Headaches Impacts utilization on: Amerge®, Axert®, Frova®, Imitrex® (brand), Relpax®, Treximet®, Zomig®, Zomig ZMT®</p>	<p>Generic Brand</p>	<p>Sumatriptan® (for Imitrex®) Maxalt®</p>
<p>Overactive Bladder Drugs Impacts utilization on: Detrol®, Detrol LA®, Ditropan® (brand), Ditropan XL®, Gelnique®, Enablex®, Oxytrol® Patches, Sanctura®, Toviaz®, Vesicare®</p>	<p>Generic</p>	<p>Oxybutynin® Immediate Release (for Ditropan®)</p>

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Pre Sixty-Five Retiree Correspondence

Communication Makes the Difference!

Pre Sixty-five Mailings

❖ First Phase

- Open Enrollment
 - Retiree Plan Overview Letter Premiums/Contributions
 - Pre Sixty-five Reminder Notice
 - Pre Sixty-five Medical Benefit Plan Document
 - Initial Notice Disclosures
 - Personal Health Record Information/Passport to Health
 - Network Information
 - Retiree Medication Therapy Management Program: Step Therapy, Prior Authorization, Cost Share, Prescription Workflow Documents
- Enrollment Form
- Other Insurance Form

Pre Sixty-five Timeline

❖ First Phase of Open Enrollment

- Pre-Existing Benefit Limitation Form
- Privacy and Protection Statement
 - Privacy Authorization Form
 - HIPAA Frequently Asked Questions
 - Notice of Privacy Practices
 - Retiree Reminder Notice

❖ Second Phase of Enrollment

- ID Card
- Debit Card if Retiree Reimbursement Account Access
- *MyTML* IEBP Website Guide

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Underwriting Requirements

- ✓ Non TML IEBP Pool Employers

Retiree Benefit Option Overview

❖ Underwriting Requirements

- Retiree and Eligible dependent information will include:
 - Gender, Date of Birth, Employer, twelve month claim history and/or health statement, Dependents and DOB will be required for underwriting purposes
 - 12 month claim history on pre sixty-five eligible enrollees/dependents will be required
 - Calculate Group Area factor
 - Calculate age/gender factors
 - Fixed Factors
 - Network
 - Medical Management
 - Stop Loss

Retiree Benefit Option Overview

❖ Underwriting Requirements

- TML IEBP is the only non-employer Pre sixty-five plan of choice
- Pre Sixty-five Census Demographics
- Post Recent 12 month claim Information
- Quote will be good sixty days prior to Pre sixty-five September 1st education information deadline. Claim information required through July
- 25% Employer Subsidy will be required to offset the monthly contribution/premium amount
 - Subsidy could be provided from a retiree reimbursement account

Retiree Benefit Option Overview

❖ Contact Information

- Non Pool Groups
 - Contact Julian Fontana
- Risk Pool Groups
 - Appropriate Benefit Service Specialists
- Non Risk ASO Groups
 - Appropriate Account Manager

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Thank you for your time!