City of Cambridge Health Insurance Benefits
Prescription Drugs
10-04-01

Plan Name	**Retail Pharmacy Benefit (up to 30 day supply)**	**Mail Order Prescription (up to a 90 day supply)s**
BC/BS Blue Choice	$5 generic $10 brand name	$5 generic $10 brand name
BC/BS HMO Blue	$5 generic $10 brand name	$5 generic $10 brand name
Harvard Pilgrim	$5 generic $10 brand formulary $25 brand non-formulary	$10 generic $20 brand formulary $75 brand non-formulary
Aetna/US Healthcare	$5 generic $10 brand formulary $25 brand non-formulary	$10 generic $20 brand formulary $50 brand or generic non-formulary
Tufts Health Plan	$5 generic $10 preferred brand $25 non preferred brand	$10 generic $20 preferred brand $50 non preferred brand
BC/BS Medex	After $35 quarterly deductible: $0 generic 20% co-insurance brand	$2 generic $15 brand name
BC/BS Managed Blue for Seniors	25% generic 50% brand name	$5 generic $30 brand name
Harvard Pilgrim First Seniority	$5 generic $10 brand formulary $25 brand non-formulary	$8 generic $15 brand formulary $75 brand non-formulary
Tufts Secure Horizons	$5 generic $10 preferred brand $30 non preferred brand	$10 generic $30 preferred brand $60 non preferred brand
BC/BS Master Medical	20% co-insurance until reaching co-insurance annual maximum ($200 individual/$400 family), then full coverage	$5 generic $10 brand name
BC/BS Major Medical	No Coverage	No Coverage

BlueCross BlueShield of Massachusetts

MAS/

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 589 BENSALEM, PA
POSTAGE WILL BE PAID BY ADDRESSEE

EXPRESS SCRIPTS
PO BOX 1086
BENSALEM, PA 19020-9380

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

As a member of Blue Cross Blue Shield of Massachusetts, you can use our Mail Service Prescription Drug Program to buy your medications. It's a great way to save by purchasing prescriptions on a long-term basis.

Check These Benefits!

Savings The biggest advantage of the Mail Service Prescription Drug Program is that for most drugs you can order up to a 90-day supply through the mail for one copayment.

Convenience You can receive your medications through the mail, at home, or at work, postage paid, within 14 days of mailing your prescription.

Confidentiality If you have questions, you can call Express Scripts® toll free, 24 hours a day. Registered pharmacists are available to answer your questions on your mail order confidentially. Call **1-800-892-5119.**

Special-Needs Services Available by Mail
For the convenience of our hearing-impaired members, Express Scripts has TDD equipment, and has installed a separate toll-free number for you to use with your equipment. The number is **1-800-305-5376.**

For our vision-impaired members, upon special request with your order, Express Scripts can provide Braille labels for your medication.

And for our non-English-speaking members, Express Scripts provides translation services when you call the toll-free line.

Three Easy Steps To Use Mail Service

For long-term prescriptions, use our Mail Service Prescription Drug Program to save!

1. Ask your doctor to prescribe medications for up to a 90-day supply, plus refills when applicable. (If you're already taking medication on a long-term basis, ask your doctor for a new prescription.)
2. Complete the attached Patient Profile(s) for each member submitting a prescription. Be sure to answer all of the questions.
3. Seal the Profile(s), prescriptions, and the appropriate copayment in the pocket in this brochure (do not send cash). Then just mail it in. Be sure to write your ID number exactly as it appears on your identification card.

Your order will be quickly processed and sent to you by mail or UPS. Allow 14 days for delivery from the date you mailed the order.
Please Note: Certain controlled substances and several other prescribed medications may be subject to other dispensing limitations and to the professional judgment of the pharmacist. If you have any questions regarding your medication, please call Express Scripts customer service at 1-800-892-5119.

Confidential Subscriber/ Patient Profile

Please write your ID number, name, and address on the attached form. Then complete the Patient Profile for you and each of your dependents submitting prescriptions, indicating any drug allergies, and health conditions.Express Scripts will use this information to check any potential drug interactions when you have prescriptions filled. If there are no drug allergies, please check "None" in the box provided.
Please Note: It's the patient's responsibility to report to Express Scripts changes in drug allergies, health conditions, chronic diseases, and drug sensitivities.

Answers To Your Questions

What Is The Difference Between Generic And Brand-Name Drugs?

The generic name of a drug is its chemical name. The brand name is the trade name under which the drug is advertised and sold. Generic and brand-name drugs must meet U.S. F.D.A. standards for safety, purity, strength, and effectiveness. When authorized by your doctor and permitted by applicable law, Express Scripts will dispense a generic drug. This usually saves you money, so whenever possible, ask your doctor to prescribe generic drugs.

How Do I Order Refills Through The Mail?

Simply call the toll-free number **1-800-892-5119** and order your refills over the phone. Or, if you order by mail, you will receive a refill slip with your prescription. Enclose the slip and the appropriate copayment amount in the order envelope (which will be provided).

What Do I Do In Emergency Situations?

When you need medication immediately, simply have your prescription filled at a local pharmacy. If you need medication immediately, but will be taking it on an ongoing basis, you can ask your doctor to write two prescriptions:

- You can fill the first prescription at a local participating pharmacy;
- Send the second prescription (up to a 90-day supply), along with your copayment, to Express Scripts immediately.

About Your Prescription

Blue Cross Blue Shield maintains a list of covered prescription drugs. If you have any concerns about whether or not your medications are on this covered drug list, please call the Blue Cross Blue Shield Member Service telephone number on your ID card.

Prescription Information

Prescription information about members and dependents is used by Express Scripts to administer your prescription program. As part of the administration, Express Scripts reports that information to Blue Cross Blue Shield. Express Scripts also uses the information and prescription data gathered from claims submitted nationwide for reporting and analysis, without identifying individual patients.

Mail Service Questions

Call Express Scripts Customer Service

24 Hours A Day, 7 Days A Week

(Best times to call are Tuesday through Friday afternoons)

Emergency mail service pharmacy consultation is also available around the clock.

TOLL-FREE NUMBER:

1-800-892-5119 (TDD: 1-800-305-5376)

BlueCross BlueShield of Massachusetts

Express Scripts®

#24108

32-7040 (9/99) 250M

INSTRUCTIONS

1. Complete all information requested on this Patient Profile.
2. For New Prescriptions: Ensure patient's full name, age, ID #, and address appear on each prescription, and the doctor's name and phone number are indicated. Place prescription(s) and copayment(s) in return envelope and mail.
3. For Refills: Place refill slip(s) and copayment(s) in return envelope and mail or call 1-800-892-5119.
4. For Payment: Make all checks or money orders payable to Express Scripts. Do not send cash. If paying by credit card, complete the information under "Credit Card Information."
5. Please select your preference for Safety Caps in the appropriate box.

If you have any questions, please call 1-800-892-5119.
Best times to call are Tuesday through Friday afternoons.

Please clearly print all information.

Did You Remember To?

- Complete all applicable information
- Include your ID number on the patient profile
- Enclose original prescription, patient profile, and appropriate copayment
- Make check or money order payable to Express Scripts®, or include credit card information

Thank you for using our Mail Service Prescription Drug Program.

PATIENT PROFILE

Please complete both sides, detach, and mail this form in the envelope provided

Alpha Prefix (if applicable) | 9-digit Number | 2-digit Member Number

☐☐☐-☐☐☐-☐☐-☐☐☐☐-☐☐

Subscriber ID# (Do not use dependent's Social Security #).

Last name | First name | Middle initial | M or F Sex

Mailing address | Apt. or Suite #

City | State | Zip

( ) ( )

Birthdate (mo/day/yr) | Daytime phone # | Evening phone #

Physician information:

( )

Last name | First name | Phone #

To realize cost savings, we will dispense FDA-approved generic medications when allowed by your physician, subject to the terms outlined by your plan

Credit Card Information

☐ VISA ☐ MasterCard ☐ Discover Card

Credit card number | Expiration date

MAS/

Check all that apply:

Health Conditions

- ☐ Asthma (493.90)
- ☐ Arthritis (716.90)
- ☐ Diabetes (250.0)
- ☐ Depression (311)
- ☐ Glaucoma (365.9)
- ☐ High Cholesterol (272.0)
- ☐ Hypertension (401.90)
- ☐ Thyroid ☐ High (242.9) ☐ Low (244.9)

Drug Allergies

- ☐ None
- ☐ Aspirin (03)
- ☐ Codeine (04)
- ☐ Erythromycin (09)
- ☐ Iodine (29)
- ☐ Penicillin (01)
- ☐ Sulfa (15)

Other health conditions or drug allergies:

Safety Caps ☐ NON-Safety Caps ☐

You authorize release of all information to Blue Cross and Blue Shield of Massachusetts, Inc. and its agents for use in connection with the benefit plan program. Information may also be used for other reporting and analysis purposes without identification of you or your family members.

Signature | Date

Please note: Completing the Patient Profile for all members allows us to process your prescriptions in the most timely manner. **However, it is only mandatory that information be provided for those patients submitting prescriptions at this time.**

Dependent #1 ☐ Spouse ☐ Child

Last name

First name Middle Initial

Birthdate (mo/day/yr) Sex

Health Conditions
- ☐ Asthma (493.90)
- ☐ Arthritis (716.90)
- ☐ Diabetes (250.0)
- ☐ Depression (311)
- ☐ Glaucoma (365.9)
- ☐ High Cholesterol (272.0)
- ☐ Hypertension (401.9)
- ☐ Thyroid ☐ *High (242.9)* ☐ *Low (244.9)*

Drug Allergies
- ☐ None
- ☐ Aspirin (03)
- ☐ Codeine (04)
- ☐ Erythromycin (09)
- ☐ Iodine (29)
- ☐ Penicillin (01)
- ☐ Sulfa (15)

Other health conditions and drug allergies

Physician Information:

Last name First name ( ) Phone #

Dependent #2 ☐ Spouse ☐ Child

Last name

First name Middle Initial

Birthdate (mo/day/yr) Sex

Health Conditions
- ☐ Asthma (493.90)
- ☐ Arthritis (716.90)
- ☐ Diabetes (250.0)
- ☐ Depression (311)
- ☐ Glaucoma (365.9)
- ☐ High Cholesterol (272.0)
- ☐ Hypertension (401.9)
- ☐ Thyroid ☐ *High (242.9)* ☐ *Low (244.9)*

Drug Allergies
- ☐ None
- ☐ Aspirin (03)
- ☐ Codeine (04)
- ☐ Erythromycin (09)
- ☐ Iodine (29)
- ☐ Penicillin (01)
- ☐ Sulfa (15)

Other health conditions and drug allergies

Physician Information:

Last name First name ( ) Phone #

Dependent #3 ☐ Spouse ☐ Child

Last name

First name Middle Initial

Birthdate (mo/day/yr) Sex

Health Conditions
- ☐ Asthma (493.90)
- ☐ Arthritis (716.90)
- ☐ Diabetes (250.0)
- ☐ Depression (311)
- ☐ Glaucoma (365.9)
- ☐ High Cholesterol (272.0)
- ☐ Hypertension (401.9)
- ☐ Thyroid ☐ *High (242.9)* ☐ *Low (244.9)*

Drug Allergies
- ☐ None
- ☐ Aspirin (03)
- ☐ Codeine (04)
- ☐ Erythromycin (09)
- ☐ Iodine (29)
- ☐ Penicillin (01)
- ☐ Sulfa (15)

Other health conditions and drug allergies

Physician Information:

Last name First name ( ) Phone #

Dependent #4 ☐ Spouse ☐ Child

Last name

First name Middle Initial

Birthdate (mo/day/yr) Sex

Health Conditions
- ☐ Asthma (493.90)
- ☐ Arthritis (716.90)
- ☐ Diabetes (250.0)
- ☐ Depression (311)
- ☐ Glaucoma (365.9)
- ☐ High Cholesterol (272.0)
- ☐ Hypertension (401.9)
- ☐ Thyroid ☐ *High (242.9)* ☐ *Low (244.9)*

Drug Allergies
- ☐ None
- ☐ Aspirin (03)
- ☐ Codeine (04)
- ☐ Erythromycin (09)
- ☐ Iodine (29)
- ☐ Penicillin (01)
- ☐ Sulfa (15)

Other health conditions and drug allergies

Physician Information:

Last name First name Phone #

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cambridge 2001

CITY OF CAMBRIDGE • EXECUTIVE DEPARTMENT

Robert W. Healy, City Manager *Richard C. Rossi, Deputy City Manager*

October 15, 2001

To The Honorable, The City Council:

In response to Awaiting Report Item No. 01-236, regarding a report on the City's prescription drug program with emphasis on mail order portion or the plan, Personnel Director Michael P. Gardner reports the following:

The attached chart shows the current prescription drug benefits available to our employees and retirees.

Each plan has a list of non-covered drugs, which are typically "lifestyle" drugs or newly approved drugs that have just come on the market. The plans have an appeal or exception process in place for physicians who feel the drug is a medically necessity to his/her patient.

The mail order program is typically for drugs used to treat chronic or long term conditions, or for drugs used to maintain health status over a long period of time.

Harvard Pilgrim, Tufts, and Aetna/US Healthcare have introduced a three-tier co-pay arrangement in recent years, typically charging more for very expensive brand name drugs for which a generic equivalent or less expensive brand alternative usually exists. Blue Cross Blue Shield will be introducing three-tier drug program with the next open enrollment, with changes effective in April 2002.

Attached is a sample informational brochure and application form from Blue Cross Blue Shield for mail order drugs.

Very truly yours,

Robert W. Healy
City Manager

RWH/mec
Attachment

795 Massachusetts Avenue, Cambridge, Massachusetts 02139 Voice: 617.349.4300 Fax: 617.349.4307 TTY: 617.349.4242 Web: www.ci.cambridge.ma.us

3605

Consent Agenda #6

Awaiting Report Item Number 01-236, regarding a report on the City's prescription drug program with emphasis on mail order portion or the plan.

In City Council October 15, 2001

PLACED ON FILE