

# **BAC LOCAL 15 WELFARE AND PENSION FUND**

**OBA Midwest, Ltd.**

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## **Notice of Formulary Change**

### **BAC Local Union 15 Welfare Fund**

The Board of Trustees wishes to advise you that the Formulary listing of preferred drugs will be changing effective October 1, 2003. There are two reasons for this change. First, the Formulary listing will change at least once a year just to keep up with new drugs being approved for sale, former prescription drugs becoming over-the-counter drugs, etc. Second, Managed Pharmacy Benefits (MPB) was acquired by Express Scripts, Inc. earlier this year. As a part of that change, the Fund will begin using Express Scripts' National Preferred Formulary on October 1, 2003.

#### **Drugs Being Removed from the Current Formulary**

The prescription drugs listed below will no longer be on the Formulary starting October 1, 2003. That means that these drugs will be subject to the Level 3 "Non-Formulary" (Non-Preferred Brand Name) co-payments starting October 1. The Fund will still be covering these medications even though they are going to be non-preferred. It just means that if you or one of your dependents is taking any of these, you will possibly pay more to continue taking them.

**Aciphex  
Tricor  
Monopril**

**Protonix  
Zocor  
Monopril HCT**

**Alrex  
Zyrtec  
Jenest**

**Tarka  
Zyrtec-D  
Nasarel**

This letter is intended simply to inform you. No changes have been made to the current prescription records. Only a patient and his/her doctor can decide which medications are appropriate. At your next appointment, or before your next refill, you may want to discuss with your doctor whether any alternatives might be right for you. You may refer to the chart on the back of the enclosed National Preferred Formulary for preferred alternatives.

#### **Mail Order Option**

If you continue taking a medication that will no longer be on the Formulary, you may wish to explore whether the mail order option will save you money.

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### Co-Payments

As a reminder, there are three levels of co-payment. What you pay depends upon the type of prescription drug you are purchasing and how it is being purchased. The co-payment levels are:

<b>Drug Type</b>	<b>Retail (up to 34 day supply)</b>	<b>Mail Order (up to 90 day supply)</b>
Level 1 - Generic	<u>Lesser</u> of \$10 or 100% of cost of drug	<u>Lesser</u> of \$20 or 100% of cost of drug
Level 2 "Formulary"- Preferred Brand Name	<u>Greater</u> of \$25 or 25% of cost of drug	<u>Greater</u> of \$50 or 20% of cost of drug
Level 3 "Non-Formulary" - Non-Preferred Brand Name	<u>Greater</u> of \$40 or 25% of cost of drug	<u>Greater</u> of \$80 or 20% of cost of drug

### Direct Questions to Express Scripts

If you have any questions regarding the prescription drug benefit or have any problems with a purchase at a participating pharmacy, please contact the customer service department at Express Scripts, their toll free number is (877) 870-9545.

### Visit the Website

You will find helpful information, including the ability to compare drug prices, on the Express Scripts website at [www.express-scripts.com](http://www.express-scripts.com).

### Eligibility Questions

Any questions regarding your eligibility should be directed to the Fund Office at (913) 236-5490 or (800) 542-4482. You should also contact the Fund Office if you have a problem that you have been unable to get resolved through Express Scripts.

Board of Trustees  
September 2003