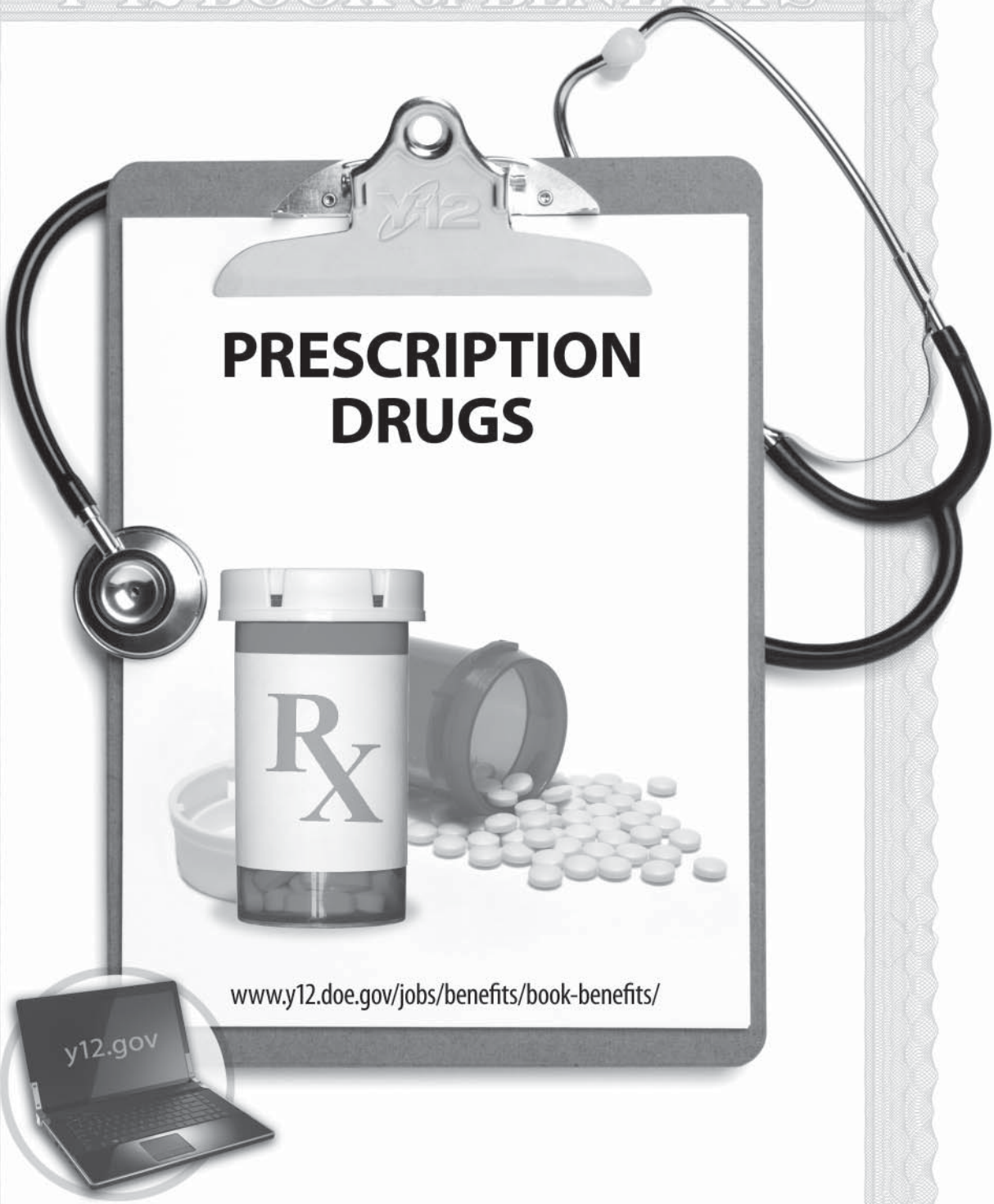
PRESCRIPTION DRUGS



www.y12.doe.gov/jobs/benefits/book-benefits/

YOUR BOOK OF BENEFITS—ACTIVE EMPLOYEES

Y-12 BOOK OF BENEFITS

PRESCRIPTION DRUGS

The self-funded prescription drug plan is administered by Medco, who also administers and manages the network of pharmacies. Your out-of-pocket costs will be higher if you fill your prescription at a pharmacy that is not in the Medco pharmacy network.

The Medco mail order pharmacy offers a convenient way for you to save money on medication you need on an on-going basis. You can order up to a 90-day supply of a drug at mail order. Order forms are available on the www.medco.com website after you register on the site as a plan participant. You need to mail the completed form with your prescription to Medco. You may also ask your doctor to fax the prescription to Medco. You can register on the Medco website to request refills, or call Medco Customer Service.

Mail: Medco
P. O. Box 650322
Dallas, TX 75265-0322

Fax: Your doctor may fax your prescription to Medco by calling 1-888-327-9791.

Refills: www.medco.com or call 1-800-473-3455. Have your ID card and your refill bottle with the prescription information ready.

Your Prescription Drug Benefits:

There are two prescription drug benefit designs. The design available to you is based on the medical plan in which you are enrolled – the **Point-of-Service**, the **Open Access**, or the **Indemnity Plan**. The prescription design with the Point-of-Service Plan has a 3-tier design structure, and is the same for the retail network or mail pharmacy. The design with the Open Access Plan or the Indemnity Plan is different at retail versus mail order. Regardless of the benefit design that is applicable to your coverage, you can get up to a 30-day supply at a retail network pharmacy, and a 90-day supply at the mail order pharmacy.

When you fill a prescription at a non-network pharmacy, or file a direct claim, you pay a deductible plus a percentage co-insurance, as stated in the Benefit summary table below.

Certain drugs may require a prior authorization in order to receive the prescription or the full quantity your doctor prescribes. For a listing of the brand names or categories that currently require prior authorization you may refer to the Medco website at www.medco.com or contact Medco Member Services at 1-800-685-8869.

A group health may limit or exclude coverage for specific diseases or for specific treatments or drugs. However, any restriction must apply uniformly to all similarly situated individuals and not be directed at individuals based on health factor. For example, prescription drug benefits may be limited to generics, a formulary list, require prior authorization, or deny coverage, and manage cost and quality of care issues. A number of clinical programs are offered by Medco to promote appropriate utilization of drug therapy. All of these programs have been implemented to assist in controlling costs and providing coverage that is clinically appropriate and consistent with the plan's intent. The programs and coverage criteria are subject to change.

The Company reserves the right to amend, terminate, or require cost and utilization management programs, or change the prescription drug plan features to any degree. You will be notified of such changes.

Refer to the "Administrative Information" section for your rights to review and appeal claims decisions.

Summary of Benefits: Prescription Drugs

Prescription Drug Benefit Summary for Point-of-Service Plan

Services Covered	In-Network	Out-of-Network
Retail Pharmacy (up to 30-day supply)	**Generic**: 100% after $5 copayment **Preferred Brand**: 100% after $15 copayment **Non-Preferred Brand**: 100% after $35 copayment	Covered 80% after $200 deductible
Mail Order – Home Delivery (up to 90-day supply)	**Generic**: 100% after $15 copayment **Preferred Brand**: 100% after $45 copayment **Non-Preferred Brand**: 100% after $105 copayment	Not covered

Prescription Drugs Benefit Summary for Open Access and Indemnity Plans

Services Covered	In-Network	Out-of-Network
Retail Prescription Drugs (up to 30-day supply)	$150 deductible, then **Generic**: 20% (minimum $10 copayment) **Brand**: 30% (minimum $10 copayment) If actual cost is under $10, then you pay actual cost	50% of cost after $150 deductible
Mail Order – Home Delivery (up to 90-day supply)	**Generic**: $15 copayment **Brand**: $35 copayment	Not covered

Medco Pharmacy Features

Consultation with a Pharmacist

A Medco pharmacist is available 24/7 for consultation. You also have available to you 24/7, pharmacists that are trained in specific medical conditions such as diabetes or rare and chronic diseases.

To contact a pharmacist, call the member service number on the back of your ID card: 1-800-473-3455.

Disease Management

Clinical support and counseling is available for specific health conditions:

- Asthma
- Cardiac Obstructive Pulmonary Disease
- Congestive Heart Failure
- Diabetes
- Low Back Pain

Mail Order for 90-Day Supply

Mail: Medco
P. O. Box 650322
Dallas, TX 75265-0322

Fax: Have your doctor call 888-327-9791

Web: www.medco.com

Telephone: 1-800-473-3455

Customer Service

1-800-473-3455 or see your ID card