

# Puget Sound Electrical Workers Trust Funds

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Administered by  
Welfare & Pension Administration Service, Inc.

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TO: ALL ELIGIBLE PLAN PARTICIPANTS  
PUGET SOUND ELECTRICAL WORKERS HEALTH AND WELFARE TRUST

*This letter describes upcoming changes to your health plan. Please be sure that you and your family read it carefully. Keep this notice with your benefit booklet or insurance records.*

## CHANGE OF PREAUTHORIZATION & CASE MANAGEMENT CARRIER – Effective October 1, 2006

The Board of Trustees selected Qualis Health for Inpatient Utilization Management (for preauthorization of any inpatient admission) and Case Management Services replacing First Choice for those services. First Choice remains however, the Preferred Provider Health Network.

The Plan's hospital preauthorization requirements have not changed. **For hospital preauthorization requests for inpatient admissions occurring on or after October 1, 2006, you must contact Qualis Health at (800) 783-8606.** Please note: Any inpatient hospital stays commencing on or after October 1, 2006 that have already been preauthorized by First Choice will be honored by the Trust.

## CHANGE OF PRESCRIPTION DRUG BENEFIT MANAGER – Effective October 1, 2006

The Board of Trustees is pleased to announce that it has been successful in contracting with Costco to provide you and your eligible dependents with additional discounts on your prescription drugs. This new program will be administered by Envision Rx Options, Inc. This letter serves as an introduction to your new prescription benefit program. Within a week to 10 days you will be receiving your **new combination Health and Prescription Drug Identification (ID) cards** along with additional information explaining the new program.

### Overview of Pharmacy Benefit Changes

**Formulary** - The Envision Rx Options Plan will feature a new formulary drug list **effective October 1, 2006**. A formulary is a list of medications covered by the Plan based on safety, effectiveness and cost. Enclosed is a pocket formulary for you to refer to which lists the most frequently prescribed medications. For a full listing of medications on the new formulary, you may visit Envision Rx Options website at: [www.envisionrx.com](http://www.envisionrx.com) and then click on Preferred Drug Listing. *See the reverse side of this letter for more detail on the formulary changes.*

**Co-Payments** – Effective **October 1, 2006**, all generic prescriptions purchased at a Costco Pharmacy or ordered through the Costco mail order program will have a \$0 co-payment. Co-payments are outlined below:

30-Day Retail Co-Payments		
Most Generics	Preferred Brands	Non-Preferred Brands
\$0 at Costco Retail \$10 all other Retail Pharmacies	\$20	\$40
90-day Costco Mail Order Co-Payments		
Most Generics	Preferred Brands	Non-Preferred Brands
\$0	\$40	\$80

**Note:** If your prescription is for a Brand Name drug that has a Generic equivalent available, you will need to pay the difference between its cost and the cost of the Generic drug **plus** the appropriate co-payment.

**Costco Mail Order** - Your new mail order program will be through Costco Mail Order Service, and is designed to save both you and the Trust money. You will be receiving a Costco Mail Order brochure and more detailed information with your new ID cards.

**Important Note:** If you currently have mail order prescriptions with refills through SavRx, those prescriptions **will not be transferred** to Costco Mail Order Service. Call your doctor's office to request a new prescription(s) for a 90-day supply.

There are a few differences in formulary coverage that we wish to make you aware. There may be an occasion where you were taking a drug that was previously a Preferred Brand drug and it will now be treated as a Non-Preferred Brand drug with a higher co-payment. The following table lists commonly utilized non-formulary drugs from the Envision/Rx Options formulary listing. These drugs will be treated as preferred (with the Preferred Brands co-payment) for 3 months, until **December 31, 2006**. This will give you time to talk to your doctor about switching to a drug that is preferred on the Envision/Rx Options formulary. After each drug is the suggested formulary alternative. We recommend that you discuss your situation with your physician to see if switching to one of the recommended formulary drugs is appropriate for you. **Please note**, not all drugs will be treated as preferred drugs for 3 months.

Drug Name	Formulary Alternative
Aldara	Prior Auth required. Formulary for genital warts
AndroGel	Use Androderm
Azmacort	Use Pulmicort
Benicar/Benicar HCT	Use Atacand or Diovan or Atacand HCT or Diovan HCT
Clarinet	Use Allegra or Zyrtec
Cozaar	Use Atacand or Diovan
Duac	Use Benzaclin
Estratest	Use Prempro or Premphase
Femhrt	Use Prempro or Premphase
Fosamax	Use Actonel
Humalog/Humulin	Use Novolog/Novolin Products
Hyzaar	Use Atacand HCT, Diovan HCT, or Micardis HCT
Inderal LA	Use Innopran XL
Maxair	Use Albuterol Inhaler or Proventil HFA
Maxalt	Use Imitrex, Zomig or Relpax
Provigil	Use Methylphenidate
Rhinocort	Use Nasonex, Nasacort AQ, or Flunisolide
Risperdal	Use Geodon
Softclix Lancets	Use FreeStyle Products*
Sonata	Use Ambien
Trusopt	Use Azopt
Uroxatral	Use Flomax
Welchol	Use Chloestyramine
Zantac	Use Ranitidine
Zymar	Use Ofloxacin or Vigamox

\*Free Meter Replacement program available (more information to follow).

If you have any questions regarding your new prescription benefit, please do not hesitate to call **Envision Rx Options Member Helpdesk** at (800) 361-4542.

**Puget Sound Electrical Workers Health and Welfare Trust**