



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

DATE: October 1, 2015

TO: Eligible Participants, Retirees, and Beneficiaries

FROM: Board of Trustees

SUBJECT: Fox Valley Laborers Health and Welfare Plan
Summary of Material Modifications

BOARD OF TRUSTEES WELFARE FUND

Management:
Michael Shales, Chairman
John P. Bryan
Al Orosz

Union:
Corey R. Johnson, Secretary

Vernon Bauman
David B. Sheahan

PENSION FUND

Management:
Michael Shales, Chairman

John P. Bryan
Al Orosz

Union:
Vernon Bauman, Secretary

Martin D. Dwyer
Corey R. Johnson

Please read this letter carefully and keep it with your copy of Summary Plan Description booklet. The letter contains information on new programs and clarification of existing plan provisions provided by your Health and Welfare Plan. If you have any questions, please contact the Fund Office at 1-847-742-0900.

Mental Disorder Treatment

The Plan provides benefits for mental disorder treatment. Allowable charges incurred for mental disorder treatment will be paid at 90% (80% if outside of the PPO Network) after the annual deductible for each eligible participant or eligible dependent each calendar year. Allowable mental disorder treatment charges count towards satisfaction of the Out-of-Pocket limit and are then paid in accordance with that provision. Charges for mental disorder treatment are covered when provided by a licensed psychiatrist or Doctor of Medicine. Treatment may be covered when provided by a clinical psychologist, licensed clinical professional counselor, or a licensed social worker if the treatment is prescribed by and under the ongoing supervision of a licensed psychiatrist or Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.).

A mental disorder treatment is any illness:

- identified in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. For the purpose of this benefit, it excludes psychological and/or physiological dependence or addiction to alcohol or psychoactive drugs or medications, regardless of any underlying physical or organic cause (treatment for these may be covered under the substance abuse benefit); and,
- where the psychotherapy or other psychotherapeutic methods are the primary sources of treatment.

All inpatient services given by a mental health facility or area of a hospital that provides mental health or substance abuse treatment for an illness identified in the DSM are covered by the Plan.

Detoxification services, adjustment reactions, developmental delays, and marriage and family counseling are not considered under this Plan to be mental disorder treatment.

Immunizations – Participant and Spouse

The Plan provides benefits for charges for immunizations rendered to an eligible participant or an eligible spouse. Payment is 100% of the allowable charges. The individual annual deductible does not need to be satisfied before receiving benefits.

The Plan provides benefits for charges for Hepatitis B inoculations rendered to an eligible participant. Payment is 100% of the allowable charge. The individual annual deductible does not need to be satisfied before receiving benefits.

Immunizations – Dependent Children

The Plan provides benefits for charges for vaccinations, immunizations, and laboratory tests that are required by the school for children in the school system and mandated by the Board of Education for eligible dependent children. Payment is 100% of the allowable charges. The individual annual deductible does not need to be satisfied before receiving benefits.

Prescription Drug Clinical Management Programs

The prescription drug vendor (CVS/Caremark) provides certain programs to help determine the appropriateness of the prescribed drug therapy, including specialty medications. Examples of these programs that are currently already in place include Prior Authorization and Specialty Guideline Management. These programs evaluate the appropriateness of certain therapies according to evidence-based guidelines both before the initiation of the therapy and on an ongoing basis. These types of clinical programs help ensure patient safety, efficacy and optimal therapeutic benefit. These programs are periodically reviewed and adjusted. A description of additional clinical management programs which may apply to you follows:

Generic Step Therapy: Generic Step Therapy is required for certain brand name drugs effective March 1, 2015. Two generic drugs must be tried before the brand name drug is covered. Examples of conditions subject to generic step therapy are high cholesterol, acne, high blood pressure. If you or your eligible dependent is currently taking a brand name drug that is included in the Generic Step Therapy program, you will receive a letter from CVS/Caremark explaining the generic alternatives for that specific brand name drug. If you need to take a new prescription that is part of this program, please ask your doctor to prescribe the generic first. If you are prescribed a

brand drug and the prescription rejects at the pharmacy, please contact your doctor and ask the office to send a prescription for the generic to the pharmacy. If you or your dependent has a unique medical situation that requires you to keep taking the brand name drug, your doctor can contact CVS/Caremark to request a prior authorization for the brand name drug. If you or your dependent requests a brand name drug when a generic substitution is required, you will pay the copayment for the brand name drug and the difference between the contracted price of the brand name drug less the remaining contracted price of the generic substituted drug.

Compound Drugs: A compound drug is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized drug that is not otherwise commercially available. Compound drugs generally require prior authorization effective November 1, 2014. If you or your eligible dependent are prescribed a drug that requires compounding by the pharmacy, CVS/Caremark will conduct a prior authorization review and provide authorization to your doctor before the drug is covered by the Plan. Coverage will be denied for any compound drug, including patches or creams, that includes a component that is not FDA approved for that use, such as certain bulk powders.

Specialty Drugs: All specialty drugs prescribed by your physician **must** be dispensed by CVS Caremark's specialty pharmacy. In addition to dispensing the drugs, the specialty pharmacy provides you with:

- Personalized pharmacy care management services
- Convenient delivery to you, your doctor's office or a local CVS pharmacy
- Medicine and disease-specific education and information
- Ongoing support.

Contact CVS Caremark at 1-800-824-6349 for more information.

Specialty Guideline Management and Specialty Preferred Drug Programs:

Additional specialty drugs are being added to the Specialty Guideline Management program effective August 1, 2015 for therapies such as cardiac disorders, pain management, inflammatory bowel disease, pulmonary arterial hypertension, renal disease, rheumatoid arthritis, alcohol and opioid dependency, etc. This is not a complete list. Contact CVS Caremark at 1-800-824-6349 for more information. If you are currently taking a drug that requires review, CVS/Caremark will work with you and your doctor to assist you through the review process. If a medication that is preferred under the

Specialty Preferred Drug program is an option for the patient but the patient chooses to use a non-preferred drug, that drug may not be covered.

Physical Exam Benefit – Participant and Spouse: The Plan provides benefits for an annual routine physical exam performed by a Medical Doctor (M.D. or D.O.) for an eligible participant and eligible spouse. Benefits include expenses incurred for X-ray and laboratory tests. Payment is 100% of the allowable charges. The individual annual deductible does not need to be satisfied before receiving benefits.

The following expenses are not covered:

- Charges for services or supplies that are covered in whole or in part under any other provisions of the Plan
- Any expense for a physical exam that is not performed by a physician
- Charges that exceed allowable charges
- Any expense incurred in connection with an illness or injury.

Physical Exam Benefit – Dependent Children: The Plan provides benefits for a school physical for athletic participation and school physical required by the school for children in the school system and mandated by the Board of Education for eligible dependent children. Payment is 100% of the allowable charges. The individual annual deductible does not need to be satisfied before receiving benefits.

Well Baby Care

The Plan provides benefits for pediatric visits and related laboratory services incurred by an eligible dependent child during the first 24 months following birth. The individual annual deductible does not need to be satisfied before receiving benefits.

Statement of Grandfathered Plan Status: The Fox Valley Laborers Health and Welfare Fund believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (PPACA). As permitted by PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in PPACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 1-847-742-0900. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

*SUMMARY OF MATERIAL MODIFICATIONS – OCTOBER 2015 – EIN: 36-6219639 – PLAN NO.501
This announcement contains highlights of certain features of the Fox Valley Laborers Health and Welfare Plan. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the language contained in this announcement and the documents that establish the Plan, the document language will govern and control. The Trustees reserve the right to amend, modify or terminate the*



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

DATE: October 1, 2015
TO: Participantes, beneficiarios y jubilados
FROM: Board of Trustees
SUBJECT: Fox Valley Laborers Health and Welfare Plan
Resumen de las modificaciones sustanciales

BOARD OF TRUSTEES WELFARE FUND

Management:
Michael Shales, Chairman
John P. Bryan
Al Orosz

Union:
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Por favor lea esta carta y guardar su copia del folleto Resumen Plan de descripción. La carta contiene información sobre nuevos programas, aclaración de disposiciones vigentes del plan proporcionado por su Plan de bienestar y salud. Si usted tiene alguna pregunta, póngase en contacto con la oficina del fondo en 1-847-742-0900.

Tratamiento trastorno mental

El Plan proporciona beneficios para el tratamiento del trastorno mental. Permitido gastos incurridos para el tratamiento del trastorno mental serán pagados en 90% (80% si fuera de la red de PPO) después el deducible anual para cada participante elegible o dependientes elegibles cada año. Trastorno mental admisible tratamiento contar hacia la satisfacción del límite de su propio bolsillo y luego se pagan con arreglo a esa disposición. Cargos para el tratamiento de trastorno mental están cubiertos cuando suministrado por un psiquiatra licenciado o Doctor en medicina. Tratamiento puede estar cubierto cuando proporcionada por un psicólogo clínico, licenciado consejero profesional clínico o trabajadora social licenciada si el tratamiento es prescrito por y bajo la continua supervisión de un psiquiatra licenciado o Doctor de la medicina (M.D.) o Doctor de Osteopatía (D.O.).

El tratamiento de un trastorno mental es cualquier enfermedad:

- identificados en la edición actual del diagnóstico y Manual estadístico de trastornos mentales (DSM). A los efectos de este beneficio, excluye la dependencia psicológica o fisiológica o adicción al alcohol o drogas psicoactivas o medicamentos, independientemente de cualquier subyacente física u orgánica causan (tratamiento para éstos puede ser cubierto por el beneficio de abuso de sustancias); y,
- donde la psicoterapia u otros métodos psicoterapéuticos son las principales fuentes de tratamiento.

Todos los servicios para pacientes hospitalizados por un área de un hospital o centro de salud mental proporciona salud mental o abuso de sustancias de tratamiento para una enfermedad identificada en el DSM son cubiertos por el Plan.

Servicios de desintoxicación, reacciones de ajuste, retrasos en el desarrollo y el matrimonio y orientación familiar no se consideran en este Plan para ser tratamiento de trastorno mental.

La inmunización, participante y Esposo

El Plan proporciona beneficios para cargos de vacunas a un participante elegible o un cónyuge elegible. Pago es el 100% de los cargos permitidos. El deducible anual individual no necesita ser satisfecho antes de recibir beneficios.

El Plan proporciona beneficios para cargos de vacunas de Hepatitis B a un participante elegible. Pago es el 100% de la carga permitida. El deducible anual individual no necesita ser satisfecho antes de recibir beneficios.

La inmunización de niños dependientes

El Plan proporciona beneficios para gastos de vacunas, inmunizaciones y pruebas de laboratorio que son requeridas por la escuela para los niños en el sistema escolar y el mandato de la Junta de educación para los hijos dependientes elegibles. Pago es el 100% de los cargos permitidos. El deducible anual individual no necesita ser satisfecho antes de recibir beneficios.

Programas de gestión clínica de drogas de prescripción

El vendedor de drogas de prescripción (CVS/Caremark) ofrece programas para ayudar a determinar la conveniencia de la terapia de drogas prescritas, incluyendo medicamentos de especialidad. Estos programas que actualmente ya existen ejemplos de autorización y gestión de pauta de especialidad. Estos programas evaluación la conveniencia de ciertas terapias según pautas evidencia-basadas ambos antes de la iniciación de la terapia y de manera continua. Estos tipos de programas clínicos ayudan a garantizar la seguridad del paciente, eficacia y beneficio terapéutico óptimo. Estos programas son periódicamente revisados y ajustados. Una descripción de programas de gestión clínica adicional que se aplica a lo siguiente:

Terapia paso general: Terapia de paso genérico es necesaria para ciertos fármacos de marca eficaces 01 de marzo de 2015. Dos medicamentos genéricos deben ser juzgados antes de que se cubra el medicamento de marca. Ejemplos de condiciones sujeto a la terapia de paso genérico son colesterol alto, acné, presión arterial alta. Si usted o sus dependientes elegibles está tomando actualmente un medicamento de marca que se incluye en el programa de terapia paso genérico, usted recibirá una carta de CVS/Caremark explicando las alternativas genéricas de ese medicamento de

marca específica. Si usted necesita tomar una nueva receta que forma parte de este programa, por favor pregúntele a su médico a prescribir el genérico primero. Si se prescribe un medicamento de marca y los rechazos de la prescripción en la farmacia, por favor comuníquese con su médico y preguntar a la oficina para enviar una receta para el genérico a la farmacia. Si usted o su dependiente tiene una única situación médica que necesita seguir tomando el medicamento de marca, su médico puede contactar con CVS/Caremark para solicitar una autorización previa para....

Medicamentos compuestos: Un medicamento compuesto es aquel que es hecho por combinar, mezclar o alterar, en respuesta a una receta, los ingredientes para crear un medicamento personalizado que no es de otra manera disponible en el mercado. Medicamentos compuestos generalmente requieren autorización efectiva 01 de noviembre de 2014. Si usted o sus dependientes elegibles prescriben un medicamento que requiere la composición de la farmacia, CVS/Caremark llevará a cabo una revisión de la autorización previa y autorizar a su médico antes de que el medicamento está cubierto por el Plan. Cobertura se negará cualquier medicamento compuesto, incluyendo parches o cremas, que incluye un componente que no es FDA aprobada para ese uso, como ciertos polvos a granel.

Drogas Especialidad: Deben dispensar todos los medicamentos de especialidad prescritos por su médico por farmacia de especialidades de CVS Caremark. Además de dispensar los medicamentos, la farmacia de especialidades te ofrece:

- Servicios de gestión de atención personalizada farmacia
- Entrega conveniente para usted, el consultorio de su médico o una Farmacia CVS
- Información y educación específica de la enfermedad y medicina Apoyo continuo.

CVS Caremark en 1-800-824-6349 de contacto para obtener más información.

Especialidad gestión de pauta y de la especialidad preferían programas contra las drogas: Medicamentos de especialidad adicionales están siendo agregado al programa de especialidad orientación gestión eficaz 01 de agosto de 2015 para terapias tales como trastornos cardíacos, manejo del dolor, la enfermedad inflamatoria intestinal, hipertensión arterial pulmonar, enfermedad renal, artritis reumatoide, alcohol y dependencia de opiáceos, etc.. Esta no es una lista completa. Para obtener más información, póngase en contacto con CVS Caremark en 1-800-824-6349. Si usted está tomando un

medicamento que requiere revisión, CVS/Caremark trabajará con usted y su médico para ayudarlo a través del proceso de revisión. Si un medicamento que se prefiere bajo el programa de especialidad medicina preferida es una opción para el paciente pero el paciente decide utilizar un medicamento no preferido, esa droga puede no estar cubierta

Examen físico, participante y Esposo: El Plan proporciona beneficios para un examen físico de rutina anual realizada por un médico (M.D. o D.O.) para un participante elegible y elegible cónyuge. Los beneficios incluyen gastos para pruebas de laboratorio y rayos x. Pago es el 100% de los cargos permitidos. El deducible anual individual no necesita ser satisfecho antes de recibir beneficios.

No están cubiertos los siguientes gastos:

- Cargos por servicios o suministros que son cubiertos en su totalidad o en parte bajo otras disposiciones del Plan de
- Cualquier gasto para un examen físico que no se realiza por un médico
- Cargos que excedan los cargos permitidos por
- Cualquier gasto incurrido en relación con una enfermedad o lesión.

Examen físico, hijos a cargo: El Plan proporciona beneficios para una escuela de física para participación atlética y escuela física requerida por la escuela para los niños en el sistema escolar y el mandato de la Junta de educación para los hijos dependientes elegibles. Pago es el 100% de los cargos permitidos. El deducible anual individual no necesita ser satisfecho antes de recibir beneficios.

Bien cuidados del bebé

El Plan contempla beneficios visitas pediátricas y servicios de laboratorio relacionados incurridos por un niño dependiente elegible durante los primeros 24 meses después del nacimiento. El deducible anual individual no necesita ser satisfecho antes de recibir beneficios.

Declaración del Plan Grandfathered Status: El zorro Valle trabajadores salud y fondo de bienestar cree que este plan es un "plan de salud grandfathered" bajo la protección del paciente y ley de atención asequible (PPACA). Lo permitido por la PPACA, un plan de salud grandfathered puede conservar cierta cobertura de salud básica que ya estaba en efecto cuando la ley fue promulgada. Ser que un plan de salud grandfathered significa que su plan no puede incluir cierta protección al consumidor de PPACA que se aplican a otros planes, por ejemplo, el requisito para la prestación de salud preventiva servicios sin cualquier costo compartido. Sin embargo, bisabuelos

planes deben cumplir con ciertas otras protecciones al consumidor en PPACA, por ejemplo, la eliminación de los límites de por vida sobre los beneficios de salud.

Preguntas que aplican protecciones que protecciones no se aplican a un plan de salud grandfathered y qué puede hacer un plan para cambiar de grandfathered health plan y estado pueden ser dirigidas al administrador del Plan al 1-847-742-0900. También puede comunicarse con la administración de seguridad de beneficios de empleado, Departamento de trabajo de E.U. al 1-866-444-3272 o www.dol.gov/ebsa/healthreform. Este sitio web tiene una tabla que resume que las protecciones y no se aplican a los planes de salud grandfathered.

*SUMMARY OF MATERIAL MODIFICATIONS – OCTOBER 2015 – EIN: 36-6219639 – PLAN NO.501
Este anuncio contiene destacados de ciertas características del Fox Valley trabajadores salud y Plan de bienestar. Todos los detalles están contenidos en los documentos que establecen las disposiciones del Plan. Si hay una discrepancia entre la lengua contenida en este anuncio y los documentos que establecen el Plan, la lengua de documento gobernar y controlar. Los administradores reservan el derecho de enmendar, modificar o cancelar el Plan en cualquier momento. Recepción de este anuncio no garantiza elegibilidad.*

Brand Medications Requiring Use of Generic(s) First

You can save money by using safe, effective generic medications when possible. According to your prescription benefit plan, you will have to try one or two generic medication(s) first* before certain brand-name medications will be covered. The chart below shows you which drugs require the use of generics first. This chart only provides a sample list of generic drug options and may not include all drugs available.

Drug Class <i>Condition Treated**</i>	Step 1: You may have to try one or two* of these generic medications first:	Step 2: Before you can try one of these brand-name drugs:
ACE Inhibitors/Angiotensin II Receptor Antagonists (ARBs)/ Direct Renin Inhibitors/ Combinations <i>High Blood Pressure</i> <i>*Please note. A member's Plan determines whether one or two generics must be tried first.</i>	amlodipine-benazepril benazepril/benazepril HCTZ candesartan/candesartan HCTZ captopril/captopril HCTZ enalapril/enalapril HCTZ eprosartan fosinopril/fosinopril HCTZ irbesartan/irbesartan HCTZ lisinopril/lisinopril HCTZ losartan/losartan HCTZ moexipril/moexipril HCTZ quinapril/quinapril HCTZ ramipril telmisartan/telmisartan HCTZ trandolapril trandolapril-verapamil ext-rel valsartan/valsartan HCTZ	Benicar/Benicar HCT Tekturna/Tekturna HCT
Acne/Topical <i>Skin</i>	benzoyl peroxide clindamycin solution clindamycin-benzoyl peroxide erythromycin solution erythromycin-benzoyl peroxide sodium sulfacetamide sulfacetamide-sulfur	Acanya Azelex
Benign Prostatic Hyperplasia- Alpha Blockers <i>Prostate</i>	alfuzosin ext-rel doxazosin tamsulosin terazosin	Cardura XL Rapaflo
Benign Prostatic Hyperplasia- 5 Alpha Reductase Inhibitors/Combinations <i>Prostate</i>	finasteride	Avodart
Bisphosphonates/Combinations <i>Osteoporosis</i>	alendronate ibandronate risedronate 150 mg	Atelvia Binosto Fosamax Plus D

Drug Class <i>Condition Treated**</i>	Step 1: You may have to try one or two* of these generic medications first:	Step 2: Before you can try one of these brand-name drugs:
COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/Combinations <i>Pain and Inflammation</i> <small>*Please note. A member's Plan determines whether one or two generics must be tried first.</small>	celecoxib diclofenac sodium/misoprostol diclofenac sodium diclofenac sodium solution ibuprofen meloxicam naproxen (Additional generic NSAIDs available)	Cambia Nalfon Voltaren Gel Zipsor Zorvolex
Fibrates <i>High Triglycerides</i>	fenofibrate fenofibric acid gemfibrozil	Fenoglide Triglide
HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations <i>High Cholesterol</i>	amlodipine-atorvastatin atorvastatin fluvastatin lovastatin niacin ext-rel pravastatin simvastatin	Crestor (excluding 40 mg) Simcor Vytorin
Nasal Steroids <i>Allergies</i>	budesonide flunisolide fluticasone triamcinolone	Nasonex
Ophthalmic/Prostaglandins <i>Glaucoma</i>	latanoprost travoprost	Travatan Z Zioptan
Proton Pump Inhibitors (PPIs) <i>Stomach Acid</i> <small>*Please note. A member's Plan determines whether one or two generics must be tried first.</small>	lansoprazole omeprazole omeprazole-sodium bicarbonate pantoprazole rabeprazole	Dexilant Nexium Prilosec Packets Zegerid Powder for Oral Susp
Selective Serotonin Agonists/Combinations <i>Migraine</i>	naratriptan rizatriptan sumatriptan zolmitriptan	Alsuma Axert Frova Relpax Sumavel Dosepro Treximet
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) <i>Depression</i>	duloxetine venlafaxine/venlafaxine ext-rel	Fetzima Khedezla Pristiq
Selective Serotonin Reuptake Inhibitors (SSRIs) <i>Depression</i>	citalopram escitalopram fluoxetine fluvoxamine/fluvoxamine ext-rel paroxetine/paroxetine rext-rel sertraline	Brintellix Pexeva Viibryd

Drug Class <i>Condition Treated**</i>	Step 1: You may have to try one or two* of these generic medications first:	Step 2: Before you can try one of these brand-name drugs:
Sleeping Agents <i>Insomnia/Sleep Problems</i>	eszopiclone zaleplon zolpidem/zolpidem ext-rel	Edluar Silenor Zolpimist
Urinary Antispasmodics <i>Overactive Bladder/Incontinence</i> <i>*Please note. A member's Plan determines whether one or two generics must be tried first.</i>	oxybutynin/oxybutynin ext-rel tolterodine/tolterodine ext-rel trospium/trospium ext-rel	Enablex Gelnique Myrbetriq Vesicare

*Please note. A member's Plan determines whether the member must try one or two generics before a brand-name drug is allowed in select drug classes.

**This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. Brand-name drugs not listed here may be covered by your plan without the use of a generic first. Information provided here is not a substitute for medical advice or treatment. Discuss this information with your doctor or health care provider. CVS/caremark™ assumes no liability for the information provided or for any diagnosis or treatment made in reliance thereon, nor is it responsible for the reliability of the content.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS/caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Targeted therapeutic classes and specific drug targets are subject to change based on new generic drug launches, product approvals, drug withdrawals and other market changes.

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Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from your plan's formulary. This list is effective January 1, 2016. If you continue using one of the drugs listed below and identified as a Formulary Drug Removal after this date, you may be required to pay the full cost.

If you are currently using one of the formulary drug removals, ask your doctor to choose one of the generic or brand formulary options listed below.

Bolded products represent formulary drug removals that are new for the 2016 plan year.

Category * Drug Class	Formulary Drug Removals	Formulary Options
<i>Allergic Reaction (Anaphylaxis) Treatment *</i>	ADRENACLICK	AUVI-Q, EPIPEN, EPIPEN JR
<i>Allergies * Nasal Steroids / Combinations</i>	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>
	DYMISTA	<i>flunisolide spray, fluticasone spray, triamcinolone spray or NASONEX WITH azelastine spray or olopatadine spray</i>
<i>Allergies * Ophthalmic</i>	LASTACFT	<i>azelastine, cromolyn sodium, PATADAY, PATANOL</i>
<i>Anti-infectives, Antivirals * Cytomegalovirus Agents</i>	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals * Hepatitis C Agents</i>	VIEKIRA PAK	HARVONI
<i>Anti-infectives, Antivirals * Herpes Agents</i>	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Anti-obesity Agents * Newer Agents</i>	QSYMIA	BELVIQ, CONTRAVE, SAXENDA
<i>Asthma * Beta Agonists, Short-Acting</i>	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA
<i>Asthma * Steroid Inhalants</i>	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations</i>	SYMBICORT	ADVAIR, DULERA
<i>Attention Deficit Hyperactivity Disorder Agents *</i>	ADDERALL XR INTUNIV	<i>amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, DAYTRANA, QUILLIVANT XR, STRATTERA, VYVANSE</i>

Category * Drug Class	Formulary Drug Removals	Formulary Options
Cardiovascular Antilipemics * Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
Cardiovascular Antilipemics * HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations	ADVICOR ALTOPREV LESCOL XL LIPITOR LIPTRUZET LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	CYMBALTA	<i>duloxetine, venlafaxine, venlafaxine ext-rel, KHEDEZLA, PRISTIQ</i>
Depression * Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
Depression *, Schizophrenia * Antipsychotics, Atypicals	ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR</i>
Dermatology Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil soln, imiquimod, PICATO, ZYCLARA</i>
Dermatology Rosacea*	NORITATE	<i>metronidazole, sulfacetamide-sulfur, FINACEA, SOOLANTRA</i>
Dermatology Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
Diabetes * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENİ	JANUMET, JANUMET XR, JENTADUETO
Diabetes* Injectable Incretin Mimetics	BYDUREON BYETTA	TRULICITY, VICTOZA

Category * Drug Class	Formulary Drug Removals	Formulary Options
Diabetes * Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ¹	NOVOLIN 70/30
	HUMULIN N ¹	NOVOLIN N
	HUMULIN R ¹	NOVOLIN R
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
Diabetes * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET	XIGDUO XR
Diabetes * Supplies ^{2,3}	ACCU-CHEK STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ⁴ All other test strips that are not ONETOUGH brand	ONETOUGH ULTRA STRIPS AND KITS ² ONETOUGH VERIO STRIPS AND KITS ²
Erectile Dysfunction * Phosphodiesterase Inhibitors	LEVITRA VIAGRA	CIALIS
Gastrointestinal Agents * Irritable Bowel Disease – Constipation Predominant	AMITIZA	LINZESS
Gastrointestinal Agents * Opioid-induced Constipation	RELISTOR	MOVANTIK
Gastrointestinal Agents * Proton Pump Inhibitors (PPIs)	PREVACID PROTONIX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM</i>
Glaucoma * Prostaglandin Analogs	LUMIGAN	<i>latanoprost, travoprost, TRAVATAN Z, ZIOPTAN</i>
Growth Hormones *	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN	HUMATROPE, NORDITROPIN

Category * Drug Class	Formulary Drug Removals	Formulary Options
<i>Hematologic *</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel</i> , BRILINTA, EFFIENT
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonists	ATACAND DIOVAN EDARBI TEVETEN	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan</i> , BENICAR
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT DIOVAN HCT EDARBYCLOR TEVETEN HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i> , BENICAR HCT
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-telmisartan, amlodipine-valsartan</i> , AZOR
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide</i> , TRIBENZOR
<i>High Blood Pressure *</i> Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (includes generic Cardizem LA) Matzim LA	<i>diltiazem ext-rel</i> (except generic of Cardizem LA)
<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis *</i> Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, budesonide capsule, sulfasalazine, sulfasalazine delayed-rel</i> , APRISO, LIALDA, PENTASA, UCERIS
<i>Kidney Disease *</i> Phosphate Binders	FOSRENOL	<i>calcium acetate</i> , PHOSLYRA, RENVELA, VELPHORO
<i>Multiple Sclerosis Agents *</i>	AVONEX EXTAVIA PLEGRIDY	AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF
<i>Musculoskeletal Agents *</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Opioid Dependence Agents *</i>	ZUBSOLV	<i>buprenorphine-naloxone sublingual tablet</i> , SUBOXONE FILM
<i>Osteoarthritis*</i> Viscosupplements	EUFLEXXA MONOVISC ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA OXYTROL TOVIAZ	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel</i> , GELNIQUE, MYRBETRIQ, VESICARE
<i>Pain and Inflammation *</i> Corticosteroids	RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>

Category * Drug Class	Formulary Drug Removals	Formulary Options
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC DUEXIS VIMOVO	<i>celecoxib; diclofenac, meloxicam or naproxen WITH lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT or NEXIUM</i>
	PENNSAID	<i>diclofenac, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	NAPRELAN	<i>celecoxib, diclofenac, meloxicam, naproxen</i>
Prostate Condition * Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>finasteride or AVODART WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO</i>
Sleep * Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, SILENOR</i>
Testosterone Replacement * Androgens	<i>testosterone gel 1%⁵</i> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON
Transplant * Immunosuppressants, Calcineurin Inhibitors	<i>Hecloria</i>	<i>tacrolimus</i>

Category * Drug Class	Formulary Options
New-to-Market Agents ⁴	New-to-market products and new variations of products already in the marketplace will be excluded from [or "will not be added to"] the formulary until the product has been evaluated, determined to be clinically appropriate and cost effective, and approved by the CVS/caremark™ Pharmacy and Therapeutics Committee (or other appropriate reviewing body).
Specialty	As new specialty products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed.
Hepatitis C *	As new Hepatitis C products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed.

The listed formulary options are subject to change.

List of Formulary Drug Removals - Carryover from 2015

<p>ACCU-CHEK STRIPS AND KITS ³ ACTOS ADDERALL XR ADRENACLICK ADVICOR AEROSPAN ALTOPREV ALVESCO AMRIX ANDROGEL APEXICON E APIDRA ARTHROTEC ASACOL HD ATACAND ATACAND HCT BECONASE AQ BREEZE 2 STRIPS AND KITS ³ BYETTA CONTOUR NEXT STRIPS AND KITS ³ CONTOUR STRIPS AND KITS ³ DELZICOL DETROL LA DIOVAN HCT DUEXIS DYMISTA EDARBI EDARBYCLOR EUFLEXA FORTAMET FREESTYLE STRIPS AND KITS ^{3,4} GENOTROPIN</p>	<p>GLUMETZA <i>Hecoria</i> HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 ¹ HUMULIN N ¹ HUMULIN R ¹ INTERMEZZO JALYN KAZANO KOMBIGLYZE XR LASTACAFT LESCOL XL LEVITRA LIPITOR LIPTRUZET LIVALO LUMIGAN LUNESTA NAPRELAN NATESTO NESINA NORVASC NUTROPIN AQ OLEPTRO OLUX-E OMNARIS OMNITROPE ONGLYZA ORTHOVISC OSENI</p>	<p>OXYTROL PENNSAID PLAVIX PREVACID PROTONIX PROVENTIL HFA QNASL RAYOS RHINOCORT AQUA RIOMET ROZEREM SAIZEN SYMBICORT TESTIM <i>testosterone gel 1% ⁵</i> TEVETEN TEVETEN HCT TEV-TROPIN TOVIAZ TRICOR TUDORZA VALTREX VENTOLIN HFA VERAMYST VIEKIRA PAK VIMOVO VOGELXO XOPENEX HFA ZETONNA</p>
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List of Formulary Drug Removals - New for 2016

<p>ABILIFY AMITIZA AVONEX BYDUREON CARAC CARDIZEM CARDIZEM CD CARDIZEM LA (includes generic Cardizem LA) <i>clobetasol spray</i> CLOBEX SPRAY CYMBALTA</p>	<p>DIOVAN EXFORGE EXFORGE HCT EXTAVIA <i>fluorouracil cream 0.5%</i> FORTESTA FOSRENOL INCRUSE ELLIPTA INTUNIV INVOKAMET</p>	<p>INVOKANA <i>Matzim LA</i> MONOVISC NORITATE PLEGRIDY QSYMIA RELISTOR VALCYTE VIAGRA ZUBSOLV</p>
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This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Log in to www.caremark.com to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS/caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change. There may be additional plan restrictions. Please consult your plan for further information.

Subject to applicable laws and regulations.

* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

¹ Listing includes Relion Insulin products.

² A OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than OneTouch. For more information on how to obtain a blood glucose meter, call toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy™ benefits to qualify.

³ OneTouch brand test strips are the only preferred options.

⁴ An exception process is in place for specific clinical circumstances that may require continued coverage for Freestyle diabetic test strips. If your doctor believes you have a specific clinical need for this product, he or she should fax an exception request toll-free to: 1-888-487-9257. Your plan may choose to provide an exception process for additional medications on this list and new to market agents.

⁵ Listing reflects the authorized generics for Testim and Vogelxo.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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Blue Care Connection[®]

Helping You Live a Healthier Life

Sometimes managing your health requires more than doctor visits, lab tests and prescriptions. Blue Cross and Blue Shield of Illinois, a division of Health Care Service Corporation, offers the following resources through Blue Care Connection, a program to help you and your covered family members reach your health and wellness goals.

Blue Access for MembersSM

For personalized information about your health care benefits and coverage, log in to Blue Access for Members at bcbsil.com.

- **Health Assessment (HA)** – Complete the online, confidential HA and then you can receive a personal report that helps you understand your current health status and risks
- **Fitness Program** – Take advantage of a discounted gym membership to a nationwide network of fitness centers
- **24/7 Nurseline** – Around the clock, toll-free access to registered nurses for health information
- **Lifestyle Management Programs** – Provide tools and information which may help you lose weight, quit smoking or reduce your risk for developing heart disease, stroke or diabetes
- **Utilization Management** – You and your doctor can obtain information about your benefits and easily navigate the health care system to help you maximize your benefits for covered services
- **CCEISM Care Coordination and Early Intervention** – If you are in the hospital, a care management specialist may call to help coordinate special care you might need when you get home
- **Condition Management** – Blue Care[®] Advisors (registered nurses and other health care professionals) work with you and your doctor to provide education, coaching and monitoring if you are at risk for or already have a chronic condition
- **Health Education and Support** – There are tutorials on more than 170 health topics available online or by mobile device through your Blue Care Advisor. Many tutorials are available in Spanish as well
- **Healthy Tips by Text** – Receive secure text messages on such topics as diabetes prescription drug reminders, blood sugar reminders, coronary artery disease care management and diet tips, as well as exercise and fitness tips
- **Special Beginnings[®]** – Maternity program offering expectant mothers ongoing support and education from prenatal to postpartum care, including convenient online and mobile tools and educational materials
- **Case Management** – Case managers, registered nurses with specialized training and clinical experience, help you navigate complex medical situations and access the services you need
- **Behavioral Health** – Licensed behavioral health professionals help you access services and offer support with co-existing medical conditions and disorders such as anxiety, depression, etc.





CCEISM Care Coordination and Early Intervention

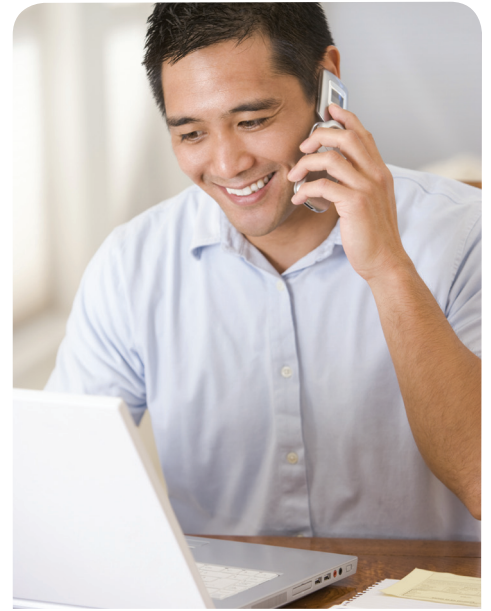
CCEI is a program designed to help you get the care you need to stay healthier. If you are in the hospital or recently visited the emergency room, a care management specialist may call to help coordinate special care you might need.

The care management specialist will work with you to make sure that you have what you need to care for yourself and follow your doctor's instructions. There is no additional cost for this service and it is up to you if you want to participate.

Care management specialists can:

- Help you understand your condition and treatment
- Include you in the decision making process
- Make sure you get the care your doctor recommends
- Explain your health care benefits, if needed

We hope you will take advantage of this useful benefit to help you get and stay well.



Blue Access MobileSM

New Healthy Tips by Text offer a variety of convenient and secure reminders and tips to help you improve your health, including:

- Diabetes prescription reminders
- Diabetes diet tips
- Coronary artery disease diet and basic care management tips
- Fitness and exercise tips

To use texting features, you must be registered for Blue Access for MembersSM (BAM) and elect to participate through your BAM User Profile.

Visit bcbsil.com/mobile for more information.



bcbsil.com



A Nurse May Contact You



Are you aware of all the services and programs that are part of your Blue Cross and Blue Shield of Illinois (BCBSIL) benefit plan?



When one of our nurses (or another health care professional) contacts you, it's because we want to help. Our nurses can offer valuable assistance if you:

- Have a complex medical situation, such as a major accident, organ transplant or cancer
- Have a chronic health condition, such as asthma, diabetes, low back pain or heart disease
- Have an upcoming surgery scheduled
- Have a high-risk pregnancy
- State in a Health Assessment that you want to make lifestyle improvements, such as quitting tobacco or losing weight



Nurses can suggest a variety of resources and support to:

- Help you better understand a medical condition
- Answer health questions and discuss concerns you and your family have
- Identify resources that can help make your recovery less difficult
- Communicate with your doctors to help ensure you get the right care
- Help you understand your benefits to get the best value



Take advantage of services already included in your health plan:

- If a nurse contacts you, consider taking the call and learning how BCBSIL can help you and your family
- Our nurse services are offered at no additional cost to you if you choose to participate

Find out more by calling Customer Service at the toll-free number on your ID card.

Contact lens benefits made easy



EyeMed members who purchase contact lenses online can now apply their contact lens benefits at ContactsDirect, completing the transaction online, from start to finish.

Ordering contacts online doesn't get any easier!



Go to
www.contactsdirect.com.



Your contact lens allowance will apply right in the shopping cart.



Make your purchase, contact lenses will ship after the prescription is verified.



Shipping is free.*

EyeMed is all about making vision benefits easy

For members who prefer to visit their eye doctor in person to purchase contact lenses, nothing has changed. Members whose prescriptions are more than a year old will need an updated prescription to make an online or in-person purchase using their benefits.

