

Introducing Our New Pharmacy Benefit Manager — Innoviant

On April 1, 2010, Innoviant will begin administering all aspects of the prescription drug program under the Select EPO and Combined Plan PPO medical plans. Innoviant has a proven track record of providing high quality pharmacy management services to plan members throughout the Sutter Health system and we are pleased to be able to offer their services through our medical plans.

Your Prescription Drug Benefits

The Select EPO and Combined Plan PPO will continue to have the same three-tier copayment structure for generic, preferred brand name and non-preferred brand name drugs as follows:

Prescription Drug Copayments	
Retail Pharmacy (up to 30-day supply)	
Generic	\$5 copay
Preferred brand name	\$10 copay
Non-preferred brand name	\$25 copay
Peralta Outpatient Pharmacy (up to 60-day supply)	
Generic	No copay
Preferred brand name	\$5 copay
Non-preferred brand name	\$10 copay
Mail Order Pharmacy (up to 90-day supply)	
Generic	\$10 copay
Preferred brand name	\$20 copay
Non-preferred brand name	\$50 copay

Medical plan members who are diabetic or pre-diabetic will receive diabetes-related medications and supplies free of all copays.

The Innoviant Pharmacy Network

Innoviant is a leading pharmacy benefit manager whose network includes more than 58,000 independent and retail chain pharmacies nationwide, including Walgreens, CVS/Longs, RiteAid and our own Peralta Outpatient Pharmacy.

To find out if your current pharmacy is in the Innoviant network, visit the website at: www.innoviant.com. Click on [Find a Pharmacy](#) under Quick Links and enter your zip code to see a list of participating pharmacies near you.

You can also call Innoviant at (877) 559-2955. Customer Service Representatives are available 24-hours a day, 7 days a week.



Sutter East Bay Hospitals




A Sutter Health Affiliate

Alta Bates Summit Medical Center

New ID Cards

Select EPO and Combined Plan PPO medical plan members will receive new ID Cards before April 1, 2010. This card will include information on your Innoviant pharmacy benefits and will replace your old medical plan ID card. **Remember to present your new ID card to your pharmacy the first time you have a prescription filled after April 1, 2010.**

Your new pharmacy information is located on the front of your ID card

 Alta Bates Summit Medical Center A Sutter Health Affiliate	 brms Benefit & Risk Management Services
PLAN 040: Select EPO Plan	
BRMS Group #: 6060 Prudent Buyer Plan®	
Anthem Blue Cross Group: 170254M0001	
MEMBER ID:	E23456789
MEMBER NAME:	JOHN DOE
RxBin: 610127	
RxPCN: 02330000	
RxGrp: 02330103	
Customer Service: 1-877-559-2955	
 Innoviant® <small>A Prescription Start/Save Company</small>	

If you do not receive a new ID card by April 1, contact BRMS Customer Service at: (888) 326-2555

This is your employer group medical program identification card. Present it to the provider of health care when you receive services. See your summary plan document for a description of all benefits, limitations and exclusions. Possession or use of this card does not guarantee payment.

OFFICE VISIT COPAY: All Sutter Affiliates and Children's Hospital - \$10.00
ABSMC SELECT EPO Providers: Sutter Health Network, Children's Hospital, Sutter Medical Groups and Aligned Independent Physician Associates and Hill Physicians.

FOR MENTAL HEALTH SERVICES: Call United Behavioral Health at (866)248-4099.
Submit Mental Health Claims to:
United Behavioral Health
P.O. Box 30755
Salt Lake City, UT 84130-0755

**UNITED
BEHAVIORAL HEALTH**

FOR CUSTOMER SERVICE: Call BRMS at (888) 326-2555
Submit Medical Claims to:
BRMS
P.O. Box 2140
Folsom, CA 95763

For Inpatient Pre-Authorization or Pre-Service Review Providers Call: (800) 368-0767

Anthem Blue Cross provides no administrative or claims payment services and does not assume any financial risk or obligation with respect to claims. No network access is available from Blue Cross and/or Blue Shield plans outside Anthem Blue Cross service area. Anthem Blue Cross is the trade name of Blue Cross of California.
Independent licensees of the Blue Cross Association

Preferred Brand Name Drugs

Generic and preferred brand name drugs are provided at the lowest copayment levels, so it is important to know how your prescriptions will be filled. Please be sure to review Innoviant's Preferred Products List (PPL) included with this newsletter. A copy of the PPL is also posted on the Vbas website: www.vbas.com/sutter in the Document Library under the Resources tab. You may also conduct a search on the Innoviant website: www.innoviant.com to see if your medication is a preferred product.

The PPL is similar to a drug formulary as it contains a list of many commonly prescribed generic and preferred brand name medications available through your drug program. It also indicates whether quantity limits apply, if prior authorization is required before your prescription can be filled and whether the medication should be filled through the specialty pharmacy program.

If your medication is not on this list, it may be covered as a non-preferred brand name drug at a higher copayment level. A list of Preferred Alternatives is available for your reference on the Innoviant website and in the Document Library on the Vbas website.



Cost Saving Features

Innoviant understands the high cost of prescription medications and has designed several important cost savings features that are available to you through your drug plan. These voluntary programs include:

Rx OTC Program — If you currently take a prescription medication for stomach acid relief or allergy symptoms, you could save money by taking an over the counter (OTC) product. With a written prescription from your physician for Alavert, cetirizine (generic of Zyrtec), loratadine (generic of Alavert) or Prilosec OTC your pharmacist can process these OTC products under your pharmacy benefits for the generic copay.

Wise Choice Rx – Innoviant's Wise Choice Rx program can help you identify and use money saving options for your prescriptions. This service is available at no cost to you. Wise Choice Rx representatives are available to review your current medications and search for ways you could pay less for them using your prescription benefit program.

To schedule a personalized benefit consultation, call Wise Choice Rx at (877) 809-6996.

Mail Order Pharmacy — If you take prescription medication on a long-term, regular basis, the Innoviant Mail Order Prescription Drug Program may be right for you. The mail order pharmacy program provides convenient postage-paid delivery of your medications right to your door. You can receive up to a 90-day supply for the price of two copays.

More information on each of these cost saving programs is available on the Vbas website in the Document Library or call Innoviant Customer Service at (877) 559-2955.

What You Need to Do Next

The transition to Innoviant should be relatively easy for most plan members. Here's what you need to do:

- To refill a current prescription at a network pharmacy, you do not need a new prescription. Just show your new medical plan ID card at the pharmacy the first time you have a prescription filled after April 1, 2010.
- If your medication is not on the Preferred Products List (PPL), your prescription will be filled as a non-preferred brand name drug. You pay a higher copayment for non-preferred medications. You can review the PPL with your physician to see if a more cost-effective alternative is available. A list of common Preferred Alternatives is posted on the Vbas website: www.vbas.com/sutter in the Document Library under the Resources tab.
- If your medication requires prior authorization from Innoviant, you, your physician or your pharmacist should contact Innoviant Customer Service at (877) 559-2955 to begin the prior authorization process. Even if you previously received prior authorization from US Script, you will need to request a new prior authorization.
- If you are using the current mail order pharmacy program, you will need to submit a new prescription from your physician to Innoviant's mail order pharmacy. More information on the Mail Order Pharmacy is available on the Vbas website: www.vbas.com/sutter in the Document Library under the Resources tab.

Prior Authorization for Prescription Drugs

Certain medications require prior authorization before you can fill a prescription. To learn more about which medications require prior authorization, refer to the Preferred Products List (PPL) or call Innoviant at (877) 559-2955.

You, your doctor or your pharmacist can request prior authorization from Innoviant. A Customer Service Representative will gather the needed information. If requested, the representative can fax a prior authorization form to your prescribing physician. When the physician returns the completed form, a clinical review will be done within two business days. You and your physician will receive letters with the prior authorization decision.

Specialty Pharmacy Program

If you are currently using a high-cost oral or injectable medication for a chronic condition, you may order them quickly and conveniently through the Innoviant Specialty Pharmacy Program (SPP) or through the Peralta Outpatient Pharmacy. You could lower the cost of your medications, and have them delivered to a convenient location, such as your home or doctor's office.

Typically, specialty medications:

- Are very costly
- Require special storage or handling
- Are injected at home or in the physician's office
- Require careful monitoring and management of unwanted side-effects

If you have a condition that qualifies under the Specialty Pharmacy Program, you must use the program to fill prescriptions for that condition. For more information, call Innoviant at (877) 559-2955.