

2012 Senior Plans: What's changing?

Change #1: We're enhancing your prescription drug coverage.

The most immediate change you'll notice is that you'll pay **lower copays** for generic prescriptions filled at either a retail pharmacy or through mail order. Please review the enclosed benefit summary to see your specific benefits.

➤ **What do I need to do as a result of this change?**

- **Watch for new ID cards.** You'll receive new ID cards for your Senior or Senior Plus plan for 2012. You will need to present this card to your pharmacist before you fill a prescription in 2012.
- **Review your benefit summary to understand the new coverage zones.** Though there will be few changes that directly impact you, your prescription drug coverage is transitioning to a Part D plan with the three coverage zones. Each month, you will receive an Explanation of Benefits (EOB) from Medco detailing the prior month's prescriptions. You will not receive an EOB if you haven't filled a prescription. This EOB will have a running summary of your prescription drug spending and show where you are in the three zones. You do not need to take action - this EOB is sent to you to help you better understand your benefit.

Unlike most Part D programs, **you have coverage for both generics and brand name drugs in the coverage gap** (sometimes called a "donut hole"). You will continue to pay your applicable copays through the first two coverage zones.

The third and final zone – called the "catastrophic zone" kicks in once the **total** of member copays **plus** 50% of the cost of covered brand name drugs reaches \$4,700 for the year. In this zone, you will never pay more than your copay – and in some instances may pay less.

Below are listed your costs in the new catastrophic zone:

- **Senior Plus Plan:** You pay the lesser of 5% of drug cost or applicable copay, with a per-prescription minimum of \$2.60 for generics and \$6.50 for brand name.
- **Senior Plan:** For generics, you'll pay the lesser of 5% of drug cost or applicable copay, with a minimum of \$2.60 per prescription. For brand name drugs, you'll pay 5% of drug cost, with a minimum of \$6.50 per prescription.
- **Refill prescriptions to ensure an uninterrupted supply.** If you are currently taking medication, you should get a refill of your prescription(s) prior to the beginning of the year and/or allow for additional time to fill the first prescription in 2012.

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- **Be aware of new drug classifications.** There may be changes to the way drugs are classified under the new benefit. This is important because the way your drug is classified affects the copayment you'll be charged for that prescription. For example, a drug that was classified as a "preferred" drug may now be classified as a "non-preferred" drug, or vice versa. If you'd like to know how much your medications will cost in 2012, you can call a Medco customer service representative at 1-866-544-2976 or 1-800-716-3231 (TTY/TDD), 24 hours a day, 7 days a week. **After November 1, 2011**, you may also price your medications online by visiting www.medco.com/seniorplans.
- **Take note of changing Prior Authorization requirements.** Prior Authorization affects a small number of drugs. Under the new benefit, the list of drugs requiring prior authorization will change. Because of this, some drugs that did not previously require prior authorization in 2011 will require it going forward, whereas some that did require it will not require it any longer. To prevent first-of-the-year delays in filling maintenance and current prescriptions, we suggest participants get a refill of their prescriptions prior to the beginning of 2012. Doing so will allow additional time should you need to complete the prior authorization process and helps ensure an uninterrupted supply of your medication.

Change #2: Beginning in 2012, rates will no longer be based on whether an employee is actively working or retired.

Beginning in 2012, there will be a single monthly rate for both actively-working and retired participants for each respective plan.

Note: Federal regulations require highly-compensated individuals to pay an additional Part D premium over and above the amount charged by GuideStone. Individuals earning over \$85,000 annually or couples earning over \$170,000 annually may see this premium amount deducted from any Social Security benefit they receive or billed directly to them by the Social Security Administration.

Benefit reminder:

Get your preventive care! Eligible services are covered at 100%.

For those who are enrolled in Medicare Part B, Medicare pays 100% of costs for recommended preventive care services (including an annual wellness visit), per *Your Guide to Medicare Preventive Services*. You may find a copy of this guide at www.medicare.gov.