City of Henderson
In vs. Out of Network Claims Comparison
Paid Claims 1/1/2013 - 8/31/2013

$ Claims	In-Net	Out-Net	TOTALS
Inpatient	$1,084,188.85	$349,678.00	$1,433,866.85
Outpatient	$1,261,034.91	$417,334.05	$1,678,368.96
Physician/All Other	$1,898,019.32	$656,555.03	$2,554,574.35
TOTALS	**$4,243,243.08**	**$1,423,567.08**	**$5,666,810.16**

# Claims	In-Net	Out-Net	TOTALS
Inpatient	780	135	915
Outpatient	1,708	503	2,211
Physician/All Other	18,518	5,186	23,704
TOTALS	**21,006**	**5,824**	**26,830**

# Unique Members *	In-Net	Out-Net
Inpatient	202	60
Outpatient	542	155
Physician/All Other	2,710	945
TOTALS	**3,454**	**1,160**

*

Unique members are only unique to Place of service and Network location (in or out of network)

Largest Components of "All Other" Out of Network Claims

Surgery	$	136,000
Office Visits	$	95,000
Laboratory	$	95,000
Chiropractor	$	58,000
Consultations	$	47,000
Physical Therapy	$	33,000
Diagnostic	$	31,000
Medical Supplies	$	30,000
	$	525,000

2013 Plan Year - Paid Claims Analysis
City of Henderson
Claims Paid thru 8/31/2013

MONTH	YEAR	EES*	Med/Dent/Rx TOTAL AMOUNT PAID	Stop Loss Reimb.
Jan	2013	1,177	$726,298	-$78,782
Feb	2013	1,174	$916,801	$0
Mar	2013	1,171	$985,649	$0
Apr	2013	1,173	$1,270,304	$0
May	2013	1,152	$1,073,092	$0
June	2013	1,150	$976,190	$0
July	2013	1,148	$925,366	$0
Aug	2013	1,152	$874,679	$0

EES* number represents medical lives

GRAND TOTAL - 2013 YTD -	$7,748,379	-$78,782
2013 STOP LOSS REIMBURSEMENTS	-$78,782	
TOTAL NET - 2013 YTD	$7,669,597	
GRAND TOTAL YEAR 2012	$11,095,050	
2012 STOP LOSS REIMBURSEMENTS	-$194,153	
TOTAL NET - 2012	$10,900,897	

Paid Summary

6/1/13 - 8/31/13

MONTH	YEAR	CATEGORY	TOTAL AMOUNT PAID	Stop Loss Reimb.
JUNE	2013	DENTAL	$46,449	
JUNE	2013	MEDICAL	$725,562	
JUNE	2013	PRESCRIPTION	$204,179	
JUNE	**2013**		**$976,190**	**$0**
JULY	2013	DENTAL	$59,353	
JULY	2013	MEDICAL	$643,951	
JULY	2013	PRESCRIPTION	$222,422	
JULY	**2013**		**$925,726**	**$0**
AUGUST	2013	DENTAL	$49,487	
AUGUST	2013	MEDICAL	$661,090	
AUGUST	2013	PRESCRIPTION	$164,101	
AUGUST	**2013**		**$874,679**	**$0**
ROLLING THREE MONTHS			**$2,776,595**	

6/1/12 - 8/31/12

MONTH	YEAR	CATEGORY	TOTAL AMOUNT PAID	Stop Loss Reimb.
JUNE	2012	DENTAL	$62,396	
JUNE	2012	MEDICAL	$463,378	
JUNE	2012	PRESCRIPTION	$201,027	
JUNE	**2012**		**$726,801**	**$0**
JULY	2012	DENTAL	$74,951	
JULY	2012	MEDICAL	$660,742	
JULY	2012	PRESCRIPTION	$233,590	
JULY	**2012**		**$969,283**	**$0**
AUGUST	2012	DENTAL	$56,620	
AUGUST	2012	MEDICAL	$737,290	
AUGUST	2012	PRESCRIPTION	$186,674	
AUGUST	**2012**		**$980,584**	**-$67,753**
ROLLING THREE MONTHS			**$2,676,668**	

City Of Henderson Claims Analysis
1/1/12 - 12/31/12
2012 Plan Year - Paid Claim Basis

Month	Year	Med Ees	Dent Ees	Medical	Dental	Rx	Totals	Stop Loss Reimb.	Adjusted Total	Avg Cost Med/Rx PEPM	Avg Cost Dent PEPM
Jan	2012	1,162	1,224	650,208	75,056	174,122	899,386	-$135,219	764,167	$593	$61
Feb	2012	1,158	1,220	555,734	76,977	208,047	840,758	-$38,593	802,165	$626	$63
Mar	2012	1,158	1,221	898,583	79,874	225,521	1,203,978	-$6,114	1,197,864	$965	$65
Apr	2012	1,170	1,049	522,098	98,818	244,480	865,396	-$23,304	842,093	$635	$94
May	2012	1,173	1,053	565,029	46,214	191,034	802,277	$0	802,277	$645	$44
June	2012	1,172	1,052	463,378	62,396	201,027	726,801	$0	726,801	$567	$59
July	2012	1,169	1,044	660,742	74,951	233,590	969,283	$0	969,283	$765	$72
Aug	2012	1,173	1,043	737,290	56,620	186,674	980,584	-$67,753	912,832	$730	$54
Sept	2012	1,175	1,044	755,993	51,869	190,366	998,228	-$2,759	995,469	$803	$50
Oct	2012	1,178	1,045	704,882	72,278	219,798	996,958	$26,608	1,023,566	$808	$69
Nov	2012	1,178	1,046	468,947	46,284	201,614	716,845	$49,463	766,308	$611	$44
Dec	2012	1,177	1,046	784,344	86,399	223,812	1,094,555	$3,518	1,098,073	$860	$83
Grand Totals 2012		14,043	13,087	7,767,229	827,737	2,500,084	11,095,050	-$194,153	10,900,897	$717	$63

City Of Henderson Claims Analysis
1/1/13 - 12/31/13
2013 Plan Year - Paid Claim Basis

Month	Year	Med Ees	Dent Ees	Medical	Dental	Rx	Totals	Stop Loss Reimb.	Adjusted Total	Avg Cost Med/Rx PEPM	Avg Cost Dent PEPM
Jan	2013	1,177	1,008	503,226	24,665	198,407	726,298	-$78,782	647,516	$529	$24
Feb	2013	1,174	1,007	710,929	42,897	162,975	916,801	$0	916,801	$744	$43
Mar	2013	1,171	1,003	718,222	75,144	192,283	985,649	$0	985,649	$778	$75
Apr	2013	1,173	1,004	894,106	67,603	308,523	1,270,232	$0	1,270,232	$1,025	$67
May	2013	1,152	984	813,441	56,563	203,088	1,073,092	$0	1,073,092	$882	$57
June	2013	1,150	979	725,561	46,449	204,179	976,189	$0	976,189	$808	$47
July	2013	1,148	970	643,591	59,353	222,422	925,366	$0	925,366	$754	$61
Aug	2013	1,152	977	661,090	49,487	164,101	874,679	$0	874,679	$716	$51
Sept	2013										
Oct	2013										
Nov	2013										
Dec	2013										
Grand Totals 2013		9,297	7,932	5,670,166	422,161	1,655,978	7,748,306	-$78,782	7,669,524	$780	$53

City of Henderson
Large Claim Summary - Claims over $40,000 - Medical Only
Paid: 1/1/2013 thru 8/31/2013

2013 TOTALS	Total Members	Total Paid	PMPY TOTAL
# of claimants > $40,000 - < $100,000	15	$973,083	$64,872
# of claimants > $100,000	3	$489,048	$163,016
GRAND TOTAL	18	$1,462,131	$81,229

Total July Large claim costs - $1,187,427 — 15 total members

Total $ Paid Increase ~~June to July~~ July to August - $274,704 — 18 total members

$0

2013 Monthly Average Length of Stay

City of Henderson	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Yr. avg.	
avg length of stay	3.08	3.73	4.88	10.09	3.36	2.15	14.25	3.17					5.02	
avg daily census	1.29	2.00	2.68	3.70	1.52	0.93	3.68	1.23					1.42	Yr. total
Direct														0
Elective	3	6	9	4	10	8	1	6						47
ER	10	9	8	7	4	5	7	6						56
Observation														0
Obstetrical														0
Pediatric														0
total # admit	13	15	17	11	14	13	8	12						103
total # beddays	40	56	83	111	47	28	114	38						517

Length of Stay Summary

as of 08/31/2013	2008	2009	2010	2011	2012	2013
City of Henderson						
avg length of stay	2.46	3.38	3.29	2.57	3.45	5.02
total # admit	147	136	120	118	149	103
total # beddays	361	489	395	303	513	517

2013 Inpatient Utilization

GROUP NAME: ***City of Henderson***

Facility	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD TOT	YTD AVG
Boulder City Hospital														
Centennial Hills	1												1	1
Desert Springs	1		1										2	1
Healthsouth														
Kindred														
Las Vegas Recovery		1											1	1
Montevista					3								3	3
Mountain View Hospital				1									1	1
North Vista Hospital			1										1	1
Out of Area/Other	1		5	2	3	2	1	5					19	3
Rancho Rehab														
Southern Hills						1							1	1
Spring Mtn Treatment	1	2					1						4	1
Spring Valley Hospital	1	1	1	2				2					7	1
St. Rose Delima	1	2	2		1		2	1					9	2
St. Rose San Martin	2	2		1		2							7	2
St. Rose Siena	4	5	5	4	7	8	4	3					40	5
Summerlin			1	1				1					3	1
Sunrise		1	1										2	1
UCLA														
UMC	1	1											2	1
Valley														
Monthly Total	13	15	17	11	14	13	8	12	0	0	0	0	103	13

UCS Mental Health

Sierra Health Care Options
P.O.Box 15392 Las Vegas, Nv. 89114-5392 Ph: 702.242.7840

SELF-FUNDED HEALTH INSURANCE FUND (FUND 6051)
AS OF AUGUST 31, 2013

	Estimated Year Ended 12/31/12	% of Total Rev	YTD 2012 Jan-Aug	% of Total Rev	Estimated YTD 2013 Jan-Aug	% of Total Rev	Increase/(Decrease) 2012/2013	% Change 2012/2013
Working Capital Beginning of Year	$ 7,859,720		$ 7,859,720		$ 6,570,509		$ (1,289,211)	-16.40%
Revenue:								
Premiums - HPN	$ 538,326	4.44%	$ 347,963	4.32%	$ 411,472	4.73%	$ 63,509 (1)	18.25%
Premiums - Self Funded	10,512,572	86.71%	7,031,180	87.31%	7,622,388	87.63%	591,208 (2)	8.41%
Premiums - Retirees	885,705	7.31%	556,942	6.92%	615,923	7.08%	58,981 (3)	10.59%
Interest Income	178,801	1.47%	108,209	1.34%	47,656	0.55%	(60,553)	-55.96%
Misc-Performance Guarantee	9,014	0.07%	9,014	0.11%	950	0.01%	(8,064)	-
Total Revenue	$ 12,124,418	100.0%	$ 8,053,308	100.0%	$ 8,698,389	100.0%	$ 645,081	8.0%
Expenses:								
Administrative Costs:								
Salaries, wages & benefits	122,195	1.01%	82,639	1.03%	79,264	0.91%	(3,375) (4)	-4.08%
Consulting	44,300	0.37%	35,850	0.45%	39,488	0.45%	3,638 (5)	10.15%
Claims Adjudication	674,214	5.56%	404,748	5.03%	343,257	3.95%	(61,491) (6)	-15.19%
VSP Service Fee	22,767	0.19%	15,121	0.19%	16,346	0.19%	1,225 (7)	8.10%
Actuarial/Professional Costs	99,889	0.82%	73,200	0.91%	63,415	0.73%	(9,785) (8)	-13.37%
Miscellaneous Costs	22,901	0.19%	9,819	0.12%	10,606	0.12%	787 (9)	8.02%
Administrative fee-GF	21,620	0.18%	13,488	0.17%	16,264	0.19%	2,776	20.58%
Total Administrative Costs	1,007,886	8.31%	634,865	7.88%	568,640	6.54%	(66,225)	-10.43%
Fixed Premiums:								
Specific Stop-Loss Premium	655,591	5.41%	435,769	5.41%	499,721	5.74%	63,952 (10)	14.68%
Life Insurance	97,959	0.81%	65,178	0.81%	65,391	0.75%	213	0.33%
AD&D	23,609	0.19%	15,725	0.20%	15,665	0.18%	(60)	-0.38%
HPN Premiums	540,370	4.46%	351,842	4.37%	406,523	4.67%	54,681 (11)	15.54%
Long Term Disability	179,227	1.48%	119,362	1.48%	118,880	1.37%	(482)	-0.40%
Dental	128,344	1.06%	69,222	0.86%	142,782	1.64%	73,560 (12)	-
Total Fixed Premiums	1,625,100	13.40%	1,057,098	13.13%	1,248,962	14.36%	191,864	18.16%
Claims Paid:								
Medical-Net (1)	7,465,534	61.57%	4,798,461	59.58%	6,041,202	69.45%	1,242,741 (13)	25.90%
Prescriptions	2,303,763	19.00%	1,572,405	19.52%	1,569,265	18.04%	(3,140)	-0.20%
Dental	841,817	6.94%	582,329	7.23%	436,884	5.02%	(145,445)	-24.98%
Vision	169,529	1.40%	116,060	1.44%	116,524	1.34%	464	0.40%
Total Claims	10,780,643	88.9%	7,069,255	87.8%	8,163,875	93.9%	$ 1,094,620	15.5%
Total Expenses	$ 13,413,629	110.6%	$ 8,761,218	108.8%	$ 9,981,477	114.8%	$ 1,220,259	13.9%
Income (Loss)	(1,289,211)		(707,910)		(1,283,088)		(575,178)	81.25%
Working Capital Before Reserve	6,570,509		7,151,810		5,287,421		(1,864,389)	-26.07%
Less: Committee Reserve	(2,000,000)		(2,000,000)		(2,000,000)			
Working Capital End of Period	$4,570,509		$5,151,810		$3,287,421		(1,864,389)	-36.19%

(1) Medical Claims-Net	7,465,534	4,798,461	6,041,202	1,242,741
Stop loss claims payments received	343,133	260,785	116,929	(143,856)
Medical Claims-Gross	7,808,667	- 5,059,246	6,158,131	1,098,885
(2) Prescription Claims-Net	2,303,763	1,572,405	1,569,265	(3,140)
Prescription Rebates	208,875	102,642	90,456	(12,186)
Stop loss claims payments received	8,205	8,205	-	(8,205)
Prescription Claims-Gross	2,518,843	1,683,252	1,659,721	(23,531)

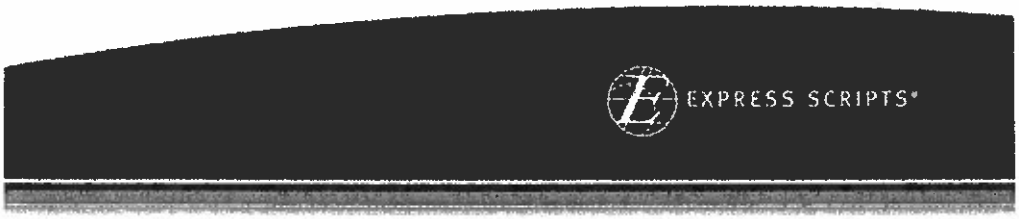
Comments:

1. Rate and subscriber increase in 2013
2. Rate increase in 2013 and VESP agreements
3. Increase due to the number of retirees. (VESP)
4. 2013 decrease in OPEB/GASB45 and Comp Abs
5. Quarterly Consulting fee for Gallagher was being split between Consultant and Professional Costs-starting July 2013 the total base quarterly consulting fee is no longer being split and will only be charged to Consulting.
6. Adjudication fees for August are included with medical-waiting for Loomis to provide detail of Adjudication Fees in order to do a reclass from Medical to Adjudication.
7. 2012 includes GASB 45 actuarial study fees
8. Dues and Membership for IFEBP increased by $350 and $218 fee for Web Benefit Ins Page, Postage increase of $830, Training & Tuition increased by $840
9. FY12 based on salaries at .04% and FY13 based on FTE's .05%
10. Rate increase in 2013
11. Combination of rate increase in 2013 and 9 employees switching to HPN
12. Delta Dental started in April '12
13. Medical claims include IBNR (2012: $188,060 2013: $608,309)

Type of Service	Current HPN HMO G-X with 5/25/45 Rx	CUSTOM HPN Solutions HMO 10 with 5/25/45 Rx	CUSTOM HPN Solutions HMO 10 - 0 with 5/25/45 Rx
Medical Benefits			
Deductible	Not applicable	Not applicable	Not applicable
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Out-of-Pocket Limit (individual/family)	$5,700 per member	$6,000/$12,000	$6,000/$12,000
Deductibles/Copayments/Rx included in OOP	No	Yes	Yes
Primary Care Office Visit	$10 copayment	$10 copayment	$10 copayment
Extender/Convenient Care/NowClinic Copayment	$10 copayment	$5 copayment	$5 copayment
Specialist Care office Visit	$10 copayment	$15 copayment	$10 copayment
Preventive Care	$0 copayment	$0 copayment	$0 copayment
Lab tests	$0 copayment	$10 copayment	$0 copayment
X-ray	$0 copayment	$20 copayment	$0 copayment
Inpatient Hospital	$0 copayment	$200 per admission	$0 copayment
Outpatient Surgical Facility	$0 copayment	$50 per admission	$0 copayment
Outpatient Surgery at Inpatient Facility	$0 copayment	$100 per admission	$0 copayment
Physician Surgical Services - Inpatient	$0 copayment	$100 copayment	$0 copayment
Physician Surgical Services - Outpatient	$0 copayment	$50 copayment	$0 copayment
Emergency Room	$75 copayment	$150 copayment	$150 copayment
Urgent Care within the Service Area	$15 copayment	$20 copayment	$15 copayment
Mental Health/Substance Abuse - Inpatient	$0 copayment	$200 per admission	$0 copayment
Mental Health/Substance Abuse - Outpatient	$10 copayment	$10 copayment	$0 copayment
Prescription Benefits			
Tier I Retail- 30 day supply	$5 copayment	$5 copayment	$5 copayment
Tier II Retail - 30 day supply	$25 copayment	$25 copayment	$25 copayment
Tier III Retail - 30 day supply	$45 copayment	$45 copayment	$45 copayment
Tier I Mail Order - 90 day supply	$10 copayment	$12.50 copayment	$12.50 copayment
Tier II Mail Order - 90 day supply	$20 copayment	$62.50 copayment	$62.50 copayment
Tier III Mail Order - 90 day supply	Not covered	$112.50 copayment	$112.50 copayment
Specialty Drug	Applicable tier	Applicable tier	Applicable tier
Rates			
EE Only	$356.64	$361.12	$390.11
EE + Spouse	$731.11	$740.30	$799.73
EE + Child(ren)	$641.96	$650.03	$702.21
EE + Family	$1,016.43	$1,029.21	$1,111.82
	% change from current	**1.26%**	**9.39%**

Alysa Neilson

From: Important Communications <ImportantComm@Express-Scripts.com>
Sent: Wednesday, August 28, 2013 9:13 AM
To: Alysa Neilson
Cc: Olivarez, Cyndi (TEM)
Subject: Changes to Express Scripts 2014 National/Preferred Prescriptions Formulary -FCS-



» Changes to Express Scripts 2014 National/Preferred Prescriptions Formulary

City of Henderson
Alysa Neilson

Dear Alysa:

With generic utilization reaching an all-time high, the promotion of brand-name traditional drugs is becoming more aggressive. At the same time, pharmaceutical companies are focusing more efforts on discovering, developing and marketing high-cost specialty drugs.

That is why there has never been a more important time for smart formulary management: it controls costs and sustains the pharmacy benefit while protecting member health. Express Scripts' national formulary offers access to safe and effective medications in all therapy classes based upon guidance from an independent group of expert health professionals. However, drug choices in some classes are larger than ever with many products costing more with no additional health benefit.

We regularly review formulary options to look for ways to help drive savings for you. **Starting Jan. 1, 2014**, a select group of 48 products will be removed from our National Preferred Formulary **(also called Preferred Prescriptions)** and will no longer be covered on this formulary. The manufacturers of these products use copayment cards and coupons to promote their products to consumers, which drive up plan costs unnecessarily. Because you have adopted our formulary for your plan, members who attempt to obtain medications no longer covered will experience a claim reject at the point of sale and will be required to pay 100% of the full, nondiscounted cost of the medication. Some products also will move from preferred to nonpreferred status.

Our National Preferred Formulary will continue to provide access to a broad list of medications used widely by your plan members. Only 1% of the 4,000+ currently covered traditional and specialty products will not be covered, which we anticipate will affect 2.6% of current Express Scripts members who are on our National Preferred Formulary **(see lists linked below).**

- 48 products and alternatives

- Abbreviated National Preferred Drug List
- Frequently Asked Questions

Starting in October, we will launch a comprehensive communication plan for members, physicians and pharmacists to ensure a smooth transition. For members, these include:

1. Notifications to impacted members. These will be issued prior to Jan. 1, 2014, and will include a list of alternatives and information for facilitating prescription changes.
2. Reminder communications and ongoing support for members who attempt to fill noncovered medications. These will be provided prior to and throughout 2014.
3. Alerts on Express-Scripts.com and the mobile app. These will appear prior to and after Jan. 1 when members refill noncovered medications. Members can access cost-savings tools that provide pricing and coverage information for specific medications. Estimated pricing is based on each client's plan design. Note: AWP unit prices may vary on a drug-by-drug basis. I can provide more information if needed.

Express Scripts is also updating its standard coverage review process to include Express Scripts' Standard Formulary exception criteria, which allows exceptions when medically necessary.

Given our communications time frame, if you choose to opt out of the 2014 National Preferred Formulary, you must notify me by **Sept. 30, 2013**. Adopting the alternative, which is the Express Scripts Basic Formulary, is your choice, but this will result in a rebate adjustment and possible increased plan costs over the longer term.

Please contact me if you have questions or choose to opt out of the National Preferred Formulary. Otherwise, no action on your part is required. We greatly value our relationship and look forward to continuing to serve you and your members.

Sincerely,

Cynthia Olivarez
Sr Account Executive

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EXPRESS SCRIPTS®

2014 Preferred Drug List Exclusions

As of Jan. 1, 2014, the excluded medications shown below are not covered on the Express Scripts drug list.* In most cases, if you fill a prescription for one of these drugs after Jan. 1, you will pay the full retail price.

Take action to avoid paying full price.

If you are currently using one of the excluded medications, please ask your doctor to consider writing a new prescription for one of the following safe and effective covered alternatives.

Drug Class	Excluded Medications	Covered Alternatives
ANTINEOPLASTIC/ IMMUNOSUPPRESSANT Biologics – Injectable Tumor Necrosis Factor Antagonists and Other Drugs for Inflammatory Conditions	Cimzia, Simponi, Stelara, Xeljanz	Enbrel, Humira
AUTONOMIC & CENTRAL NERVOUS SYSTEM Interferon Beta Medications for Multiple Sclerosis	Betaseron	Avonex, Extavia, Rebif
Long-Acting Opioid Oral Analgesics	Avinza, Exalgo, Kadian	morphine sulfate ER, oxymorphone ER, Nucynta ER, Opana ER, Oxycontin
CARDIOVASCULAR Angiotensin II Receptor Antagonists + Diuretic Combinations	Edarbi/Edarbyclor, Micardis/Micardis HCT, Teveten/Teveten HCT	candesartan/hydrochlorothiazide (HCTZ), irbesartan/HCTZ, losartan/HCTZ, valsartan/HCTZ, Benicar/HCT
DIABETES Blood Glucose Meters & Strips	Abbott (Freestyle, Precision), Bayer (Breeze, Contour), Nipro (TRUEtrack, TRUEtest), Roche (Accu-Chek)	LifeScan (OneTouch)
Dipeptidyl Peptidase-IV Inhibitors & Combos	Jentadueto, Kazano, Nesina, Tradjenta	Janumet, Janumet XR, Januvia, Kombiglyze, Onglyza
Incretin Mimetics (Glucagon-Like Peptide-1 Agonists)	Victoza	Bydureon, Byetta
Insulins	Novolin	Humulin
	Apidra, NovoLog	Humalog
EAR/NOSE Nasal Steroids	Beconase AQ, Omnaris, Rhinocort Aqua, Veramyst, Zetonna	flunisolide, fluticasone propionate, triamcinolone acetonide, Nasonex, Qnasl
ENDOCRINE (OTHER) Androgen Drugs (Topical Testosterone Products)	Fortesta, Testim	Androgel, Axiron
Growth Hormones	Nutropin/Nutropin AQ, Omnitrope, Saizen, Tev-Tropin	Genotropin, Humatrope, Norditropin

*These changes apply to most Express Scripts national drug lists; does not apply to Medicare plans.

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Continued

Drug Class	Excluded Medications	Covered Alternatives
IMMUNOLOGICAL Interferons	PegIntron	Pegasys
OBSTETRICAL & GYNECOLOGICAL Ovulatory Stimulants (Follitropins)	Bravelle, Follistim AQ	Gonal-f
OPHTHALMIC Antiglaucoma Drugs (Ophthalmic Prostaglandins)	Zioptan	latanoprost, travoprost, Lumigan, Travatan Z
RESPIRATORY Epinephrine Auto-Injector Systems	Auvi-Q	EpiPen, EpiPen Jr
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Flovent Diskus/HFA	Asmanex, Pulmicort Flexhaler, QVAR
Pulmonary Anti-Inflammatory/ Beta Agonist Combination Inhalers	Advair Diskus/HFA, Breo Ellipta	Dulera, Symbicort
Beta-2 Adrenergics (Short-Acting Inhalers)	Maxair Autohaler, Proventil HFA, Xopenex HFA	Proair HFA, Ventolin HFA
UROLOGICAL Erectile Dysfunction Oral Agents	Levitra, Staxyn	Cialis, Viagra

Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to ***Express-Scripts.com/covered*** *to access cost-savings tools that provide pricing and coverage information for specific medications. Other prescription benefit considerations may apply.*

Excluded Medications/Products at a Glance

Abbott Meters & Strips (Freestyle, Precision)
Advair Diskus/HFA
Alvesco
Apidra
Auvi-Q
Avinza
Bayer Meters & Strips (Breeze, Contour)
Beconase AQ
Betaseron
Bravelle
Breo Ellipta
Cimzia
Edarbi/Edarbyclor
Exalgo
Flovent Diskus/HFA
Follistim AQ
Fortesta
Jentadueto
Kadian
Kazano
Levitra
Maxair Autohaler
Micardis/Micardis HCT
Nesina
Nipro Meters & Strips (TRUEtrack, TRUEtest)
Novolin
NovoLog
Nutropin/Nutropin AQ
Omnaris
Omnitrope
PegIntron
Proventil HFA
Rhinocort Aqua
Roche Meters & Strips (Accu-Chek)
Saizen
Simponi
Staxyn
Stelara
Testim
Teveten/Teveten HCT
Tev-Tropin
Tradjenta
Veramyst
Victoza
Xeljanz
Xopenex HFA
Zetonna
Zioptan

If you have any questions, please call the number on your member ID card.

Express Scripts manages your prescription benefit for your employer, plan sponsor or health plan.

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City of Henderson Prescription Service Dates: 03/2013 - 07/2013

Disruption Report (produced by ESI) - Preferred Drugs moving to Not Covered

Members with term date <= 12/31/2013 are excluded

Member	Drug Name	Most Common Indication	Rx Count
Member 1	ACCU-CHEK AVIVA PLUS	DIABETES	2
Member 2	ACCU-CHEK AVIVA PLUS	DIABETES	1
Member 3	ACCU-CHEK COMPACT	DIABETES	4
Member 4	ACCU-CHEK COMPACT	DIABETES	4
Member 5	ADVAIR DISKUS	ASTHMA	5
Member 6	ADVAIR DISKUS	ASTHMA	2
Member 7	ADVAIR DISKUS	ASTHMA	1
Member 8	ADVAIR DISKUS	ASTHMA	3
Member 9	ADVAIR DISKUS	ASTHMA	1
Member 10	ADVAIR DISKUS	ASTHMA	3
Member 11	ADVAIR DISKUS	ASTHMA	5
Member 12	ADVAIR DISKUS	ASTHMA	4
Member 13	ADVAIR DISKUS	ASTHMA	3
Member 14	ADVAIR DISKUS	ASTHMA	1
Member 15	ADVAIR DISKUS	ASTHMA	2
Member 16	ADVAIR DISKUS	ASTHMA	3
Member 17	ADVAIR DISKUS	ASTHMA	3
Member 18	ADVAIR DISKUS	ASTHMA	3
Member 19	ADVAIR DISKUS	ASTHMA	4
Member 20	ADVAIR DISKUS	ASTHMA	1
Member 21	ADVAIR DISKUS	ASTHMA	3
Member 22	ADVAIR DISKUS	ASTHMA	2
Member 23	ADVAIR HFA	ASTHMA	2
Member 24	ADVAIR HFA	ASTHMA	2
Member 25	ADVAIR HFA	ASTHMA	1
Member 26	ADVAIR HFA	ASTHMA	1
Member 27	ADVAIR HFA	ASTHMA	2
Member 28	ADVAIR HFA	ASTHMA	2
Member 29	NOVOLOG	DIABETES	4
Member 30	NOVOLOG	DIABETES	1
Member 31	NOVOLOG	DIABETES	1
Member 32	NOVOLOG FLEXPEN	DIABETES	2
Member 33	NOVOLOG FLEXPEN	DIABETES	1
Member 34	NOVOLOG FLEXPEN	DIABETES	1
Member 35	NOVOLOG FLEXPEN	DIABETES	2
Member 36	NOVOLOG FLEXPEN	DIABETES	1
Member 37	NOVOLOG FLEXPEN	DIABETES	1
Member 38	NOVOLOG FLEXPEN	DIABETES	2
Member 39	TRADJENTA	DIABETES	1
Member 40	VICTOZA 2-PAK	DIABETES	2
Member 41	VICTOZA 3-PAK	DIABETES	4
Member 42	VICTOZA 3-PAK	DIABETES	1
Member 43	VICTOZA 3-PAK	DIABETES	1
		Total	95

City of Henderson Prescription Service Dates: 03/2013 - 07/2013

Disruption Report (produced by ESI) - Non-Preferred Drugs moving to Not Covered

Members with term date <= 12/31/2013 are excluded

Member	Drug Name	Most Common Indication	Rx Count
Member 1	PROVENTIL HFA	ASTHMA	1
Member 2	ZETONNA	ALLERGIES	1
Member 3	FREESTYLE LITE METER	DIABETES	1
Member 4	FREESTYLE LITE STRIPS	DIABETES	3
Member 5	RHINOCORT AQUA	ALLERGIES	2
Member 6	MICARDIS HCT	HIGH BLOOD PRESS/HEART DISEASE	3
Member 7	PROVENTIL HFA	ASTHMA	1
Member 8	OMNARIS	ALLERGIES	4
Member 9	ZETONNA	ALLERGIES	4
Member 10	EDARBI	HIGH BLOOD PRESS/HEART DISEASE	2
Member 11	FLOVENT HFA	ASTHMA	1
Member 12	LEVITRA	IMPOTENCE	1
Member 13	ALVESCO	ASTHMA	1
Member 14	PROVENTIL HFA	ASTHMA	1
Member 15	LEVITRA	IMPOTENCE	3
Member 16	FORTESTA	HORMONAL SUPPLEMENTATION	1
Member 17	XOPENEX HFA	ASTHMA	1
Member 18	MICARDIS	HIGH BLOOD PRESS/HEART DISEASE	2
Member 19	FLOVENT HFA	ASTHMA	2
Member 20	VERAMYST	ALLERGIES	3
Member 21	XOPENEX HFA	ASTHMA	1
Member 22	OMNARIS	ALLERGIES	1
Member 23	LEVITRA	IMPOTENCE	4
Member 24	TRUETEST TEST STRIPS	DIABETES	1
Member 25	XOPENEX HFA	ASTHMA	1
Member 26	TESTIM	HORMONAL SUPPLEMENTATION	2
Member 27	PROVENTIL HFA	ASTHMA	1
Member 28	AVINZA	PAIN	6
Member 29	XOPENEX HFA	ASTHMA	1
Member 30	APIDRA SOLOSTAR	DIABETES	2
Member 31	FLOVENT HFA	ASTHMA	2
Member 32	LEVITRA	IMPOTENCE	1
Member 33	PROVENTIL HFA	ASTHMA	1
Member 34	FREESTYLE LITE STRIPS	DIABETES	1
Member 35	FORTESTA	HORMONAL SUPPLEMENTATION	6
Member 36	CONTOUR	DIABETES	1
Member 37	FREESTYLE TEST STRIPS	DIABETES	2
Member 38	FLOVENT HFA	ASTHMA	1
Member 39	FLOVENT HFA	ASTHMA	1
Member 40	OMNARIS	ALLERGIES	1
Member 41	OMNARIS	ALLERGIES	2
Member 42	FORTESTA	HORMONAL SUPPLEMENTATION	2
Member 43	PROVENTIL HFA	ASTHMA	1
Member 44	VERAMYST	ALLERGIES	1
Member 45	VERAMYST	ALLERGIES	1
Member 46	VERAMYST	ALLERGIES	1
Member 47	LEVITRA	IMPOTENCE	2
Member 48	CONTOUR	DIABETES	1
		Total	86

New Business Item L

SPD Current Language:

Dependent Eligibility
An eligible dependent shall mean one or more of the following:

- The lawful spouse of the employee under a legally existing marriage. The term spouse shall mean the person recognized as the covered employee's husband or wife under the laws of the state where the covered employee lives. The Plan Administrator may require documentation proving a legal marital relationship.