



BlueCross of Northeastern Pennsylvania

Independent Licensee of the Blue Cross and Blue Shield Association
®Registered Mark of the Blue Cross and Blue Shield Association

19 North Main Street, Wilkes-Barre, Pennsylvania 18711-0302

May 2008

Re: BlueCare® HMO Plus Prescription Drug Coverage – Tier Zero

Dear Group Administrator:

You and your employees deserve the best value for your health care dollar. That’s why we are enhancing our multi-tiered prescription drug program, effective July 1, 2008, with Tier Zero, a fourth prescription drug copayment tier.

Tier Zero is designed to encourage the use of certain generic drugs over brand-name drugs and incorporates the concept of pairing high cost chronic diseases like diabetes, high blood pressure, heart disease, osteoporosis and gastric reflux with the most effective generic drugs to treat them.

Tier Zero has no impact on your premium at this time. Tier Zero is designed to increase your prescription drug generic fill rate and improve your employees’ medication adherence – goals which will help both you and your employees save money over time. Our research indicates that each 1% increase in the generic fill rate contributes to 1.25% in pharmacy benefit cost savings. Studies further indicate that increased use of cost effective generic drugs can help employees and their dependents stay healthier by staying on their drug therapies.

Attached are endorsements to your group contract reflecting the addition of Tier Zero. Please keep this notification and the endorsements with your contract. You will receive an updated declaration page and your employees will receive updated contractual documents upon your next annual renewal on or after July 1.

You and your employees can visit our website at www.bcnepa.com and click on “Prescription Drug Benefits” for more information on Tier Zero, including the list of applicable drugs.

If you have questions regarding your prescription drug benefits, call Express Scripts Customer Service anytime at 1-877-603-8399 or (TTY) 1-800-899-2114. You can also call your Blue Cross of Northeastern Pennsylvania sales professional, weekdays from 8 a.m. to 5 p.m.

We value your business and hope that you’ll choose us as your health care partner year after year.

Sincerely,

Eric L. Dove
Vice President, Account Advocacy
Blue Cross of Northeastern Pennsylvania



HMO OF NORTHEASTERN PENNSYLVANIA, INC.
d/b/a FIRST PRIORITY HEALTH
19 North Main Street
Wilkes-Barre, PA 18711

ENDORSEMENT

Effective July 1, 2008, the BlueCare HMO Plus Master Contract, Form No. BLC-POS-07, is hereby amended in the following respects:

SECTION DB – DESCRIPTION OF BENEFITS, Subsection Y. DIABETES EDUCATION/EQUIPMENT/SUPPLIES, the Diabetic Equipment and Supplies paragraph is amended by deleting the second bulleted item of the **paragraph** and replacing it with the following:

- If the Member's coverage does not include Prescription Drug coverage, there is a **\$0 Tier 0, \$10 Tier 1, \$25 Tier 2, and \$45 Tier 3** Prescription Drug Copayment payable by the Member directly to the Participating Pharmacy for each Prescription; there is a **\$0 Tier 0, \$20 Tier 1, \$55 Tier 2, and \$135 Tier 3** mail order Prescription Drug Copayment payable by the Member directly to the Participating Mail Order Pharmacy Provider.

SECTION Rx – PRESCRIPTION DRUG COVERAGE, Subsection A. Definitions, is amended by deleting **paragraph 12, Preferred Prescription Drug** and replacing it with the following:

- 12. PREFERRED PRESCRIPTION DRUG** – Any Prescription Drug, which is listed in the Drug Formulary and preferred by First Priority Health. Preferred Prescription Drugs are those listed in Tier 0, Tier 1 or Tier 2 of the Drug Formulary.

All other terms and conditions set forth in the BlueCare HMO Plus Master Contract shall remain in effect.



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19 North Main Street, Wilkes-Barre, Pennsylvania 18711-0302

May 2008

Re: BlueCare® Qualified High Deductible PPO Prescription Drug Coverage – Tier Zero

Dear Group Administrator:

You and your employees deserve the best value for your health care dollar. That's why we are enhancing our multi-tiered prescription drug program, effective July 1, 2008, with Tier Zero, a fourth prescription drug copayment tier.

Tier Zero is designed to encourage the use of certain generic drugs over brand-name drugs and incorporates the concept of pairing high cost chronic diseases like diabetes, high blood pressure, heart disease, osteoporosis and gastric reflux with the most effective generic drugs to treat them.

Tier Zero has no impact on your premium at this time. Tier Zero is designed to increase your prescription drug generic fill rate and improve your employees' medication adherence – goals which will help both you and your employees save money over time. Our research indicates that each 1% increase in the generic fill rate contributes to 1.25% in pharmacy benefit cost savings. Studies further indicate that increased use of cost effective generic drugs can help employees and their dependents stay healthier by staying on their drug therapies.

Attached are endorsements to your group contract reflecting the addition of Tier Zero. Please keep this notification and the endorsements with your contract. You will receive an updated declaration page and your employees will receive updated contractual documents upon your next annual renewal on or after July 1.

You and your employees can visit our website at www.bcnepa.com and click on "Prescription Drug Benefits" for more information on Tier Zero, including the list of applicable drugs.

If you have questions regarding your prescription drug benefits, call Express Scripts Customer Service anytime at 1-877-603-8399 or (TTY) 1-800-899-2114. You can also call your Blue Cross of Northeastern Pennsylvania sales professional, weekdays from 8 a.m. to 5 p.m.

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Eric L. Dove
Vice President, Account Advocacy
Blue Cross of Northeastern Pennsylvania



BlueCare

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Security • Cooperative • Major Medical • Student
Plans from Blue Cross of Northeastern Pennsylvania
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HMO • POS • HMO Individual Conversion
Plans from First Priority Health
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FIRST PRIORITY LIFE INSURANCE COMPANY, INC.

19 North Main Street
Wilkes-Barre, PA 18711

ENDORSEMENT

Effective July 1, 2008, the BlueCare Qualified High Deductible PPO Comprehensive Major Medical Master Policy, Form No.FP-17-QHDHP, is hereby amended in the following respect:

SECTION DE – DEFINITIONS, Subsection 91, Preferred Prescription Drug is deleted and replaced by the following:

- 91. PREFERRED PRESCRIPTION DRUG** – Any Prescription Drug, which is listed in the Drug Formulary and preferred by First Priority Life. Preferred Prescription Drugs are those listed in Tier 0, Tier 1 or Tier 2 of the Drug Formulary.

All other terms and conditions set forth in the BlueCare Qualified High Deductible PPO Comprehensive Major Medical Master Policy shall remain in effect.



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May 2008

Re: BlueCare® PPO Prescription Drug Coverage – Tier Zero

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You and your employees can visit our website at www.bcnepa.com and click on “Prescription Drug Benefits” for more information on Tier Zero, including the list of applicable drugs.

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Eric L. Dove
Vice President, Account Advocacy
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HMO • POS • HMO Individual Conversion Plans from First Priority Health
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®Registered Marks of the Blue Cross and Blue Shield Association

FIRST PRIORITY LIFE INSURANCE COMPANY, INC.

19 North Main Street
Wilkes-Barre, PA 18711

ENDORSEMENT

Effective July 1, 2008, the BlueCare PPO Comprehensive Major Medical Master Policy, Form No.FP-17-PPO, is hereby amended in the following respects:

SECTION DB – DESCRIPTION OF BENEFITS, Subsection X. Diabetes Education/Equipment/Supplies, paragraph Diabetic Equipment and Supplies is amended by deleting the second sentence of the third sub-paragraph and replacing it with the following:

If the Group does not have Prescription Drug coverage provided, there is a **\$0 Tier 0, \$10 Tier 1, \$25 Tier 2, and \$45 Tier 3** Prescription Drug Copayment payable by the Insured directly to the Participating Pharmacy for each Prescription; there is a **\$0 Tier 0, \$20 Tier 1, \$55 Tier 2, and \$135 Tier 3** mail order Prescription Drug Copayment payable by the Insured directly to the Participating Mail Order Pharmacy Provider.

SECTION Rx – PRESCRIPTION DRUG COVERAGE, Subsection A. Definitions is amended by deleting **paragraph 12, Preferred Prescription Drug** and replacing it with the following:

12. PREFERRED PRESCRIPTION DRUG – Any Prescription Drug, which is listed in the Drug Formulary and preferred by First Priority Life. Preferred Prescription Drugs are those listed in Tier 0, Tier 1 or Tier 2 of the Drug Formulary.

All other terms and conditions set forth in the BlueCare PPO Comprehensive Major Medical Master Policy shall remain in effect.