



Marquette General Hospital Health Plan Prescription Drug Benefit

Welcome to 4D! Who we are and what we do:

Your health plan has been designed to include a prescription drug benefit plan through the Marquette General Hospital Outpatient Pharmacy with back up coverage through participating retail pharmacies. Our job at 4D is to manage and administer your drug plan and provide you with quality service. We have provided this handbook so that you can understand your prescription drug benefit. Please take some time to familiarize yourself with this handbook, as it will also help you properly utilize your new 4D prescription drug card.

Pharmacy benefit questions?

If you have any questions about your prescription drug coverage please call our member service hotline.

4D Member Services: 1-877-647-4026
Business hours: Monday-Friday 8:30am – 6pm EST

Your prescription drug benefit utilizes a “closed formulary”

A closed formulary is a specific list of prescription medications and doses generally determined to be cost effective and medically effective available at the MGH O/P Pharmacy and when you use a retail pharmacy. See the back of this sheet for a listing of the restricted drug classes in the formulary. This list shows those drug categories where certain drugs are covered- mostly generics, with the brand names in parentheses. The parentheses show the brand name only for reference (they are not covered) to identify what brand the generic is based on. This is **NOT** a complete list of the drugs available on the formulary. If you have a question about a prescription medication you take please contact your prescribing physician. Your physician is best prepared to review your medical information and most likely is familiar with the MGH O/P Pharmacy formulary. If your medications are not available on the formulary, your physician may suggest possible alternatives if medically appropriate or complete a Prior Authorization and fax it to 4D for review. ***Certain categories of drugs including Growth Hormones, Multiple Sclerosis, Rheumatoid Arthritis and Hepatitis C may require special handling. If you need access to these drugs, a Prior Authorization needs to be completed by your physician and the MGH O/P Pharmacy contacted immediately.*** Prior Authorization forms are available at www.mgh.org on the Physician page and can be faxed to 4D at 877-323-7026.

Generic Drugs Facts

- Generic drugs are identical to brand name drugs.
- Generic drugs contain the same active ingredients, in the same amounts and dosages as their brand name counterparts.
- Generic drugs are just as effective as brand name drugs.

- Generic drugs will look different than brand name drugs because they contain different inactive ingredients. Inactive ingredients affect the color, size, and shape – but do not alter the effectiveness of the drug.
- Generic drugs are tested and approved for safety and efficacy by the FDA.
- Although generic drugs are chemically identical to their branded counterparts, they are typically less expensive.

For more information about generic drugs you can visit this website: <http://www.fda.gov/cder/ogd/index.htm>

Filling a prescription

If you need to fill a prescription for a covered drug, you have 2 options:

1. **Marquette General Hospital Outpatient (MGH O/P) Pharmacy-** The prescription drug benefit is designed to utilize the MGH O/P Pharmacy. For employees not located in the Marquette County area, MGH has courier service for most of their outlying locations. When the courier service cannot be utilized, MGH will mail the medications to you. Please provide the MGH O/P Pharmacy with a 14-21 day lead-time for maintenance medication refills to provide time for shipping. MGH will pick up the cost of shipping via the most economical method. If an employee requests an alternative form of shipping, they would be responsible for the shipping costs.
COST: \$5 deductible and 30% co-pay.
2. **Retail Pharmacy** – Available when the MGH O/P Pharmacy is not an option. Simply present your 4D prescription drug card along with your prescription. The program will allow you a **one-time** 31-day maximum fill per prescription. Remember, because there is only a **one-time** fill at a retail pharmacy per prescription, if you have refills on your prescription make arrangements at the time it is filled to transfer it to the MGH O/P Pharmacy.
COST: \$10 deductible and 40% co-pay.

Traveling away from home

If you need to fill a prescription while you are traveling call the member service hotline at **1-877-647-4026**. They will help you find the nearest retail pharmacy that will accept your prescription coverage.

The 4D pharmacy network includes major pharmacy chains and most independent pharmacies in 50 states. Here is a sample of some national chain pharmacies that participate in our network:

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| Albertsons Pharmacy | Phar-Mor |
| Costco Pharmacy | Publix Pharmacy |
| CVS Pharmacy | Rite Aid Pharmacy |
| CVS ProCare Pharmacy | Sams Club Pharmacy |
| K-Mart Pharmacy | Shopko Pharmacy |
| Kroger Pharmacy | Target Pharmacy |
| Medicine Shoppe Pcy | Walgreens Drugs |
| Meijer Pharmacy | Wal-Mart |
| Pharmerica | Winn Dixie Pharmacy |

There are many more pharmacies (national chains, local chains, and independent pharmacies) that participate in the 4D Pharmacy Network.