

FOR YOUR Benefit

A PUBLICATION FOR THE CUSTOMERS OF TRUSTMARK'S GROUP DIVISION

April 2002

Trustmark Fine Tunes Prescription Drug Plan to Help You Control Costs

Many pharmaceutical companies are digging deep into marketing budgets to advertise new and costly prescription drugs on television and in magazines. Generic drugs which perform the same functions are often available, but a rising trend across America finds consumers demanding their doctors prescribe the advertised drugs.

To help steady your insurance costs in an environment of high prescription drug use, Trustmark has changed the features available within group plans with an effective date of April to better manage utilization of medically necessary drugs. Most changes are based on aligning benefits with new industry standards.

New changes to many groups' prescription drug plans include:

- Exclusion of anti-obesity drugs.
- Coinsurance:
 - Required for retail and mail order two-tier plans with option of 100%/80% or 100%/70%
 - Optional for retail and mail order three-tier plans with options of 100%/100%/100%, 100%/80%/80%, 100%/80%/70% or 100%/70%/70%
 - \$100 retail/\$200 mail order coinsurance out-of-pocket maximum per prescription standard for all groups with coinsurance. Only coinsurance dollars apply toward the drug out-of-pocket maximum.
- Retail drug dispensing limit changes from 34-day supply or 100 pills, whichever is less, to a 30-day flat supply.

- The new standard maximum allowable cost (MAC) for prescription drugs will be MAC-A. Generic drugs will be dispensed when available, or the insured pays the difference between the generic and brand-name drug, even if the doctor writes Dispense as Written (DAW) on the prescription. If no generic is available, the insured member pays the brand deductible/copayment/coinsurance only. Approximately 50 percent of drugs have no generic equivalent. Groups will have the option to choose MAC B.
- Stand-alone mail order only benefit: Coinsurance and deductible option will be available for this benefit.
- Mandatory \$50 deductible on two-tier copayment plans in states where coinsurance is not available. Other deductible options include \$75, \$100, \$200 and \$250 which is in addition to copayment. This deductible is also in addition to the comprehensive medical deductible, per family, per year.
- New formulary which helps manage high cost drugs by requiring more patient cost sharing and encouraging the use of generic or preferred drugs. Some prescriptions currently in the 2nd tier are moving to the 3rd tier.
- Prior authorization is required for certain types of drugs which may be expensive, used for off-label indications, or may be subject to misuse. It also helps control cost of new drugs and considers safety and clinical issues.
- Managed Drug Limitation (MDL) - The MDL programs offer two

important benefits: improved management of drug costs and flexible drug coverage controls.

- Step therapy will be effective this summer. It requires use of a less costly and equally effective drug before dispensing a more expensive drug. If the doctor doesn't authorize the less expensive drug, the insured pays the difference between the generic copayment and/or the less costly brand-name drug.

AdvancePCS will send letters to only those insureds affected by the new formulary, prior authorization and MDL.

The above changes affect groups in the following states: AL, AR, AZ, CA, CO, DC, DE, FL, GA, IA, IL, MA, ME, MI, MO, MS, MT, NE, NV, OH, PA, SC, SD, TN, TX, VA, WA, WI, WV and WY.

If you have questions or need more information, please contact your Trustmark representative.

Premium Customer Service— Extended Hours

The Group Premium Customer Service line, 800-351-2526, is now staffed between 7:00 a.m. and 5:00 p.m. (Central Time), Monday through Friday. As always, group administrators and brokers can call this toll-free customer service number for billing and eligibility assistance. The customer service team looks forward to providing you with accessible service.

Trustmark

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CobraServ Makes COBRA Administration Easier for You

New fully insured, minimum premium, and ASO flex groups are automatically enrolled for this service upon their effective dates. Shortly after a group receives its first Trustmark billing statement, it will receive an administration kit and an installation telephone call from CobraServ. The CobraServ representative will explain CobraServ's services and forms and answer any questions the group might have.

On an ongoing basis, group administrators will need to update CobraServ as employees and dependents have COBRA qualifying events by using a paper form, or through CobraServ's WebQE form available on its Internet site. Since group administrators also need to keep Trustmark updated on these status changes, link to CobraServ's site directly from Trustmark's ACE site. After CobraServ receives and processes the qualifying event form, it will make a COBRA continued coverage offer directly to your member or his or her dependent, and will set up monthly direct billing to the continuant for all elected coverages. The continuant pays monthly premiums to

CobraServ and, in turn, CobraServ sends the monthly premium to the group, along with a participant update report. Group administrators remit this premium along with the regular monthly premium to Trustmark.

Approximately two months prior to its renewal date, a group receives a renewal rate request form directly from CobraServ. It is important that each group complete this form and return it to CobraServ as soon as new rates are confirmed. This allows CobraServ to begin billing continuants at new rates, as appropriate.

CobraServ administrative services are available to Trustmark-administered, self-funded groups, at the group's cost. Please contact your Trustmark sales representative for additional details. Trustmark's Group Premium customer service unit is also able to assist with CobraServ questions, and can be reached at 800-351-2526.

Beat the Mail

Because recent events and Post Office Staff reductions have resulted in increases of mail delays, it may be time for your group to think of alternate means of premium payment.

While we cannot predict future delays, we can suggest alternative premium payment methods such as Automatic Payment Withdrawal (APW) or ACH/Wire. Because premium payments are payable on or before each premium due date, a switch to either method avoids the mail and assures funds are deposited directly to Trustmark's premium receipt account on a pre-specified date. If you're interested, please contact our Customer Service team (800-351-2526) or your Trustmark Sales Representative for additional details on APW and ACH/Wire.

For Your Benefit is a bi-monthly newsletter for Trustmark group policyholders and producers. It presents the latest information about your contract and benefits, wellness topics and healthcare issues. Open the newsletter and post the inside wellness section for your employees.

If you have any story ideas, please contact Beth Bonner at bbonner@trustmarkins.com.