



Dear IBEW Local 269 Health and Welfare Fund Participant:

As you know, effective July 1, 2008 IBEW Local 269 will make a few enhancements to your prescription drug benefit. A letter detailing the new formulary, copayment structure, and convenient mail order option was sent in early April 2008. If you have not received the letter go to <http://www.ibew269.com/benefits-office.asp> to download a copy.

McKesson Specialty Pharmacy

EnvisionRxOptions administers the specialty drug program available through McKesson Specialty Pharmacy. Specialty drugs are used to treat chronic and sometimes rare conditions that require the use of high-cost drug therapies.

IBEW Local 269 will continue to cover these medications for its membership, however there will be a change in copayment structure effective July 1, 2008.

The copayment structure of \$20 for specialty drugs will become 20% of the total cost of the medication with a maximum member responsibility per prescription of \$250. Below you will find two examples of the copayment change based upon two of the most commonly dispensed drugs. To obtain information specific to your current treatment and estimated copayment contact EnvisionRxOptions at 1-800-361-4542, **select option 3 then dial extension 2615.**

Specialty Drug	Qty.	Old Copayment	Drug Cost*	Your Estimated Copayment **
HUMIRA KIT 40MG/0.8	4.00	\$20.00	\$ 2,839.10	\$ 250.00
PROCRIT INJ 10000/ML	4.00	\$20.00	\$ 538.33	\$ 107.67

*Drug Costs are contingent on market price fluctuations and can change without notice.

**Your Estimated Copayment calculates 20% of the total drug cost with a maximum member responsibility of \$250.

As a reminder, effective July 1, 2008, the new individual annual cap provided for the prescription drug benefit under IBEW Local 269 will increase from \$10,000 per calendar year to \$20,000 per calendar year. Any dollar amount accrued toward your annual cap from January 1, 2008 to June 30, 2008 will automatically roll into your new \$20,000 cap on July 1, 2008.

Should you have any questions regarding the new specialty pharmacy copayment structure change or to find out what your estimated copayment will be for current prescriptions, call EnvisionRxOptions at **1-800-361-4542, select option 3 then dial extension 2615.** We will return your call promptly with the information requested. If you have any additional questions regarding these prescription benefit changes, please do not hesitate to call the Fund office or the EnvisionRxOptions Helpdesk at 1-800-361-4542.

Sincerely,

**IBEW Local 269 Health and Welfare Fund &
 EnvisionRxOptions**