



School District Health Plans Provide Free Generic Drugs

Generic prescription drugs are free for all District Blue Cross Blue Shield (BCBS) health plans beginning April 1, 2008. This new benefit applies to both retail and mail-order generic prescriptions. The District's Insurance Task Force recommended this plan enhancement with the goal of improving the health and well-being of plan members and of delivering more cost-effective healthcare. Free generic drugs will also help offset the recent increase in health plan premiums.

Since the announcement about the free generic drug program, a number of employees have asked about the difference between generic and brand drugs. The main difference between the two is brand drugs have no generic counterpart while they are under patent. Drug companies who develop new drugs are given a patent to sell the drug for a specified period of time during which no other company can sell a copy of that drug. They are granted the patent because of the very high cost of research and development required to bring a new drug to market.

Once the patent has expired, however, other pharmaceutical companies can apply to the Food and Drug Administration (FDA) for the right to manufacture a generic copy of the brand-name drug. A generic drug is the same as the brand-name drug in dosage, strength, quality, performance, and intended usage.

Generic drugs are just as safe and effective as their brand-name counterparts. In fact, brand-name pharmaceutical companies manufacture an estimated 50% of generic drugs. Generic manufacturers use the same active ingredients and the FDA requires generic drugs to have the same strength, purity, and stability as brand-name drugs. The FDA conducts approximately 3,500 inspections annually to ensure the quality of generic drugs.

Generic drugs are less expensive because generic drug manufacturers do not have the investment costs required to develop a new drug. Because they do not incur the high cost of research, development, and advertising; generic manufacturers can sell their drugs at substantially lower costs. Competition among multiple manufacturers also helps drive down the cost of generic drugs.

Generic drugs look different than brand-name drugs because the FDA does not allow them to look exactly like their brand-name counterparts. Differences may include color, flavor, shape, and certain inactive ingredients; however, a generic drug must duplicate all active ingredients.

Because a brand-name drug does not have a generic counterpart during the patent period, if you are taking a brand-name drug that is still under



SPRING 2008 ISSUE

In This Issue

Page 1:

School District Health Plans Provide Free Generic Drugs

Page 2:

2008 Open Enrollment Recap

Page 3:

Generic Drug Q & A's

Quest Labs Offer Earlier Hours

Page 4:

Benefit Directory

2008 Open Enrollment Statistics



Generic Drug Co-Pay Waived *(continued from page 1)*

patent, you would not be able to get a free generic substitute for that drug. However, if you want to take advantage of the free generic drug benefit, you could ask your doctor if there is a generic drug in the same therapeutic class as the brand-name drug you are currently taking.

If your doctor feels there is an effective generic drug in the therapeutic class of your current brand-name drug, you could ask him/her to write you a new prescription so you could get that medication for free under the District's new \$0 co-pay generic drug benefit. You can also consult with a pharmacist, as they are extremely knowledgeable in this area and are usually willing to discuss alternatives with your doctor.

For example, if you take Lipitor, which is in the therapeutic class of cholesterol lowering medications, there is no generic substitute because Lipitor is still under patent. However; Mevacor, Pravacol, and Zocor are brand-name drugs in the same therapeutic class as Lipitor (cholesterol lowering medications) and all three have generic substitutes (lovastatin, pravastatin, and simvastatin) which would be free.

BCBS has notified its network pharmacies, both retail and mail-order, about the School District's free generic drug program and they will be ready to dispense your generic prescription medications at no cost to you beginning April 1st.



2008 Open Enrollment Recap

Enrollment in the BCBS 706 Plan Increases Dramatically

The 2008 Open Enrollment was the busiest Open Enrollment ever, with Insurance & Benefits staff processing thousands of enrollment and change forms. Our daily email notifications, Open Enrollment video, Open Enrollment packet, and the Benefit Revue helped facilitate the process and we received positive feedback for the concise communications we provided.

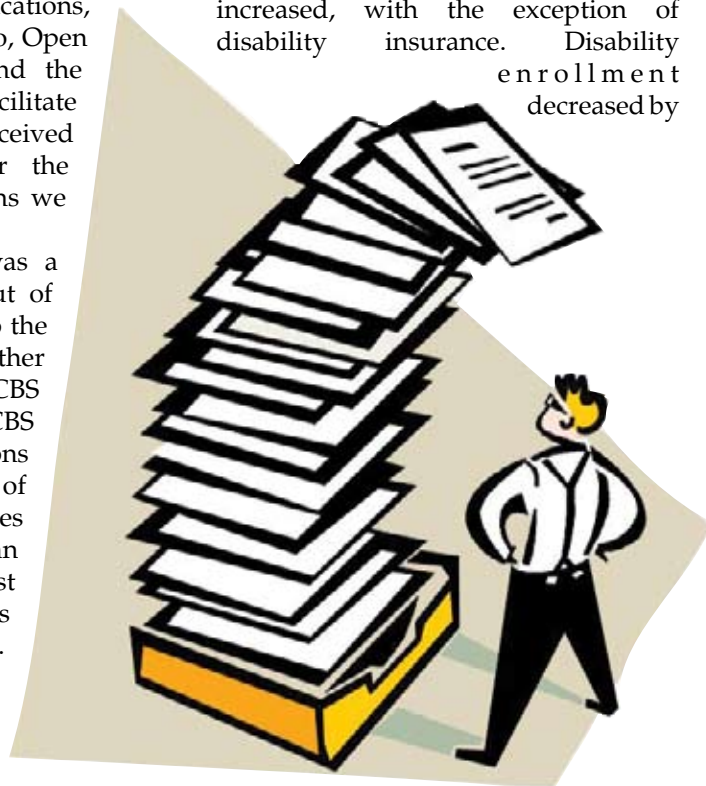
This year there was a dramatic migration out of the BCBS 927 plan into the BCBS 903 plan and another migration out of the BCBS 903 plan into the BCBS 706 plan. The migrations resulted in a net loss of almost 1,500 employees from the BCBS 927 plan and a net increase of just over 1,400 employees into the BCBS 706 plan. There was a modest net decrease in the BCBS 903 plan and a net increase in the BCBS 118 plan.

The significant decrease in BCBS 927 plan membership was caused by the first-time requirement for employees to contribute to their own "employee" health coverage. Most of those folks moved to the BCBS 903 plan because "employee" coverage in the 903 plan was equal to the District's Benefit Bank contribution and required no contribution for "employee" coverage.

Many employees currently enrolled in the BCBS 903 plan switched to the BCBS 706 plan. While the 706 plan was initially established to provide an affordable, yet generous, option for employees who cover dependents; over half of the enrollees in this one-year old plan purchased "employee only" coverage. We think this is a sign that employees have heard positive feedback from their fellow workers who enrolled in the plan last year. Choosing the BCBS 706 plan gave those employees \$50 per paycheck (24-pay employees) to spend on dental,

vision, and/or cancer insurance. As health insurance premiums continue to increase, it is likely the BCBS 706 plan will become even more attractive.

Enrollment in all other benefits increased, with the exception of disability insurance. Disability enrollment decreased by



approximately 50 employees; however, this number may be reduced if some of the pending applications are approved.

Enrollment in Delta Dental's indemnity and DHMO plans both increased, with many employees adding dependents to their coverage. Enrollment also increased significantly in the vision and cancer plans, with many of those employees adding their dependents, too. Enrollment increased modestly in Flex Plan Medical Spending Accounts, but dropped slightly in Dependent Care Spending Accounts.

As always, the Benefit Contacts at your location provided invaluable support to both Insurance & Benefits and to you. Thanks Benefit Contacts! I don't know what we'd do without you. Thanks, too, to the employees in the Payroll Department who entered the thousands of benefit deduction changes into the Payroll system. It was a great team effort.

Quest Labs Offer Earlier Hours

Quest Diagnostic Labs have responded to School District input by opening three of their facilities a half-hour earlier in the morning. The earlier opening times will help employees get to work sooner and will also help those who are required to fast prior to their blood draws.

The new opening times will become effective April 14th. The Quest locations with the new, earlier start times are located at:

- 6:30 A.M. opening
15740 New Hampshire Ct.
Suite A
Fort Myers 33908
267-0716
- 6:30 A.M. opening
1310 Homestead Road
Lehigh Acres, 33936
368-0235
- 6:00 A.M. opening
2721 Del Prado Blvd.
Suite 230 A
Cape Coral 33904
458-6623

Say Goodbye to Long Lines

To reduce wait times, be sure to call Quest Diagnostics at 1-888-277-8772 (24-hours a day, 7 days a week) or log on to questdiagnostics.com/appointment to schedule your appointment.



Frequently Asked Questions About Generic Drugs

1. What are generic drugs?

A generic drug is a copy that is the same as a brand-name drug in dosage, safety, strength, how it is taken, quality, performance and intended use.

2. Are generic drugs as safe as brand-name drugs?

Yes. FDA requires that all drugs be safe and effective. Since generics use the same active ingredients and are shown to work the same way in the body, they have the same risks and benefits as their brand-name counterparts.

3. Are generic drugs as strong as brand-name drugs?

Yes, FDA requires generic drugs to have the same quality, strength, purity and stability as brand-name drugs.

4. Do generic drugs take longer to work in the body?

No. Generic drugs work in the same way and in the same amount of time as brand-name drugs.



5. Why are generic drugs less expensive?

Generic drugs are less expensive because generic manufacturers don't have the investment costs of the developer of a new drug. New drugs are developed under patent protection. The patent protects the investment—including research, development, marketing, and promotion—by giving the company the sole right to sell the drug while it is in effect. As patents near expiration, manufacturers can apply to the FDA to sell generic versions. Because those manufacturers don't have the same development costs, they can sell their product at substantial discounts. Also, once generic drugs are approved, there is greater competition, which keeps the price down. Today, almost half of all prescriptions are filled with generic drugs.

6. Are brand-name drugs made in more modern facilities than generic drugs?

No. Both brand-name and generic drug facilities must meet the same standards of good manufacturing practices. FDA won't permit drugs to be made in substandard facilities. FDA conducts about 3,500 inspections a year to ensure standards are met. Generic firms have facilities comparable to those of brand-name firms. In fact, brand-name firms are linked to an estimated 50 percent of generic drug production. They frequently make copies of their own or other brand-name drugs but sell them without the brand name.

7. If brand-name drugs and generic drugs have the same active ingredients, why do they look different?

In the United States, trademark laws do not allow a generic drug to look exactly like the brand-name drug. However, a generic drug must duplicate the active ingredients. Colors, flavors, and certain other inactive ingredients may be different.

8. Does every brand-name drug have a generic counterpart?

No. Brand-name drugs are generally given patent protection for 20 years from the date of submission of the patent. This provides protection for the innovator who laid out the initial costs (including research, development, and marketing expenses) to develop the new drug. However, when the patent expires, other drug companies can introduce competitive generic versions, but only after they have been thoroughly tested by the manufacturer and approved by the FDA.

Source: **WebMD**. Frequently Asked Questions About Generic Drugs.

Benefit Directory

Cancer Insurance:

Hartford Life/AIG
1-800-880-2776

Dental Insurance:

Delta Dental DPO
1-888-858-5252
DeltaCare DHMO
1-800-422-4234

Disability Insurance:

UNUM
General Information
1-800-633-7479
Claims (local) 337-8155

Employee Assistance Program:

EAP Consultants
(local) 433-1211

Flex Spending Accounts:

Cornerstone
(local) 337-8318
(fax) 337-8666

Health Insurance:

Blue Cross Blue Shield
(claim information and
new ID cards)
1-800-945-3676

On-site CSR (Insurance &
Benefits Management)
(local) 335-1403

Insurance & Benefits Management:

General Information
(local) 337-8321

Life Insurance:

Minnesota Life
(local) 335-1402

Mail-Order Prescription Drugs:

PrimeMail Pharmacy
Customer Service
1-888-849-7865, TTY 711

Vision Insurance:

VisionCare Plan
1-800-865-3676

Workers' Comp. (Johns Eastern):

1-800-749-3044

2008 Open Enrollment Statistics

Benefit	Before	After	Change
BCBS 927 PPO health plan			
Employee only	1694	382	(1312)
Employee + Spouse	87	27	(60)
Employee + Child	92	27	(65)
Employee + Children	20	7	(13)
Employee + Family	<u>21</u>	<u>10</u>	<u>(11)</u>
Total	1914	453	(1461)
BCBS 903 PPO health plan			
Employee only	5971	6433	462
Employee + Spouse	352	212	(140)
Employee + Child	690	422	(268)
Employee + Children	166	86	(80)
Employee + Family	<u>210</u>	<u>113</u>	<u>(97)</u>
Total	7389	7266	(123)
BCBS 706 PPO health plan			
Employee	69	848	779
Employee + Spouse	74	222	148
Employee + Child	117	416	299
Employee + Children	40	129	89
Employee + Family	<u>58</u>	<u>149</u>	<u>91</u>
Total	358	1764	1406
BCBS 118 PPO health plan			
Employee	36	34	(2)
Employee + Spouse	87	130	43
Employee + Child	82	105	23
Employee + Children	60	75	15
Employee + Family	<u>109</u>	<u>143</u>	<u>34</u>
Total	374	487	113
Delta Dental indemnity plan			
Employee only	4413	4264	(149)
Employee + Spouse	963	1015	52
Employee + Children	1022	1086	64
Employee + Family	<u>783</u>	<u>829</u>	<u>46</u>
Total	7181	7626	99
DeltaCare DHMO plan			
Employee only	178	223	45
Employee + Spouse	46	59	13
Employee + Children	49	53	4
Employee + Family	<u>73</u>	<u>97</u>	<u>24</u>
Total	346	432	86
VisionCare plan			
Employee only	3520	3645	125
Employee + Spouse	849	925	76
Employee + Children	521	629	108
Employee + Family	<u>618</u>	<u>618</u>	<u>0</u>
Total	5508	5817	309
AIG cancer plan*			
Employee only	1490	1785	295
Employee + Family	<u>518</u>	<u>650</u>	<u>132</u>
Total	2008	2435	427
UNUM disability insurance*			
Short term only	435	432	(3)
Short & long term	2453	2426	(27)
Long term only	<u>646</u>	<u>623</u>	<u>(23)</u>
Total	3534	3481	(53)
Medical spending accounts			
	1085	1184	99
Dependent spending accounts			
	61	73	(12)

*Pending applications will increase final enrollment