INTRODUCTION

In July 2003, the Group Insurance Board authorized the Department of Employee Trust Funds (ETF) to contract with a Pharmacy Benefit Manager (PBM) to provide pharmacy benefit services to State of Wisconsin (State) and Wisconsin Public Employer (WPE) group health insurance participants. For 2011 all participants receive their pharmacy benefit from the PBM, Navitus Health Solutions (Navitus) EXCEPT Medicare eligible retirees enrolled in the WPE group health insurance program.

Medicare eligible retirees enrolled in the WPE group health insurance program can receive their benefits from DeanCare Rx, a Medicare Part D prescription drug plan (PDP) provided by Dean Health Insurance, Inc. (DHI), who also contracts with ETF. In addition to the PDP, DHI also provides Wrap coverage that provides benefits to participants when they reach the Medicare Part D “donut hole”. The pharmacy benefit remains subject to the terms and conditions of Uniform Benefits.

PHARMACY BENEFIT LEVELS

A three-level co-payment structure for pharmacy benefits has been implemented, and is as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Co-payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1*</td>
<td>Co-payment per formulary prescription drugs</td>
<td>$5.00</td>
</tr>
<tr>
<td>2**</td>
<td>Co-payment per formulary prescription drugs</td>
<td>$15.00</td>
</tr>
<tr>
<td>3</td>
<td>Co-payment per non-formulary prescription drugs</td>
<td>$35.00</td>
</tr>
</tbody>
</table>

*Level 1 consists of formulary generic and certain low cost brand name drugs.
**Level 2 consists of formulary brand name and certain higher cost generic drugs.

OUT OF POCKET MAXIMUM

(Applies to Level 1 and Level 2 prescription drugs and Insulin)

For 2011 there is an annual out-of-pocket maximum of $410 per individual or $820 per family for all participants EXCEPT State participants enrolled in the Standard Plan. These participants will have a $1,000 per individual or $2,000 per family out-of-pocket maximum. There is no out-of-pocket maximum for WPE participants enrolled in the Standard Plan or State Maintenance Plan (SMP).

Once the out-of-pocket maximum is reached the PBM will pay 100% of the formulary (Level 1 or Level 2) prescription drug costs. Please note that Level 3 co-payments DO NOT apply to the annual out-of-pocket maximum.

IDENTIFICATION CARDS

Participants have two identification (ID) cards, one from their health plan and one from either Navitus, or DeanCare Rx if applicable. When filling prescriptions, participants need to present their Navitus or DeanCare Rx ID card to the pharmacist. To obtain additional ID cards from Navitus or DeanCare Rx, contact their respective customer service representatives. Participants will automatically receive a new ID card from Navitus when they add or delete dependents, have a name change, switch health plans, or their group number changes.

MAIL-ORDER & 90-DAY-AT-RETAIL PROGRAMS

Most prescriptions are filled for a 30-day supply or less, depending on the prescribing doctor’s orders. However, participants also have two options available for receiving a 90-day supply of most maintenance medications. The Mail-Order program uses Prescription Solutions as the mail-order pharmacy. Participants can receive a 90-day supply for only two copayments on many Level 1 and Level 2 drugs. Likewise, participants can also receive a 90-day supply of many Level 1 and Level 2 drugs from their retail pharmacy. However, three copayments are required for the 90-Day-At-Retail program EXCEPT Medicare requires that participants enrolled in DeanCare Rx do have one copayment waived in the 90-Day-At-Retail program. Participants can get more specific information about these two programs, including eligibility and restrictions, by contacting Navitus or DeanCare Rx as applicable.

Frequently asked questions and answers can be found on the ETF and Navitus Web sites
PHARMACY BENEFIT PROGRAMS CONTACT INFORMATION

Navitus can answer questions regarding pharmacy benefits, the formulary, cost savings programs and ID cards. Contact a Navitus customer care representative…

... by phone at (866) 333-2757 (toll free); 24 hours a day, 7 days a week; TTY 1-920-225-7005

... by Mail at: Navitus Health Solutions
5 Innovation Court
Appleton, WI 54912

... on the internet at https://www.navitus.com/Pages/PlanSpecificInfoETF.aspx

For Medicare eligible retirees in the WPE group health insurance program DHI can answer questions related to the DeanCare Rx pharmacy benefits, including Wrap coverage. Contact a DHI customer service representative…

... by phone at (888) 422-3326 (toll free); Monday - Friday, 8:00 a.m.-8:00 p.m.; TTY (877) 733-6456

... by Mail at: Dean Health Insurance, Inc.
1277 Deming Way
Madison, WI 53717

... on the internet at http://www.deancare.com/deancarerx/members/wisPublicEmployees.asp

Department of Employee Trust Funds
P.O. Box 7931, Madison, WI 53707-7931
Internet: http://etf.wi.gov/members/health_ins.htm

PBM PLAN STATISTICS

The following information is based on data provided by Navitus Health Solutions, for the period January 1, 2010, through December 31, 2010. DeanCare Rx data is not included.

Average Number of Participants Eligible to use Prescription Drug Coverage per Month ..........261,776
Average Number of Participants Using Prescription Drug Coverage per Month .................197,080
Total Prescription Claims .............................................................3,980,851
Total Cost of Claims .................................................................$ 269,363,236.89

Prescriptions and Costs based on Pharmacy Type:

<table>
<thead>
<tr>
<th>Prescriptions (Rx) Filled</th>
<th>Mail-Order</th>
<th>Retail</th>
<th>90-Day Retail</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>85,445</td>
<td>3,584,431</td>
<td>307,347</td>
<td>3,628</td>
</tr>
<tr>
<td>Percentage of Total Rx</td>
<td>2.15 %</td>
<td>90.04 %</td>
<td>7.72 %</td>
<td>0.09 %</td>
</tr>
<tr>
<td>Total Cost of Rx Filled</td>
<td>$ 11,900,090.67</td>
<td>$ 219,779,287.34</td>
<td>$ 29,950,226.14</td>
<td>$ 7,733,632.74</td>
</tr>
<tr>
<td>Percentage of Total Cost</td>
<td>4.42 %</td>
<td>81.59 %</td>
<td>11.12 %</td>
<td>2.87 %</td>
</tr>
</tbody>
</table>

Prescriptions and Costs based on Drug Copayment Level:

<table>
<thead>
<tr>
<th>Prescriptions (Rx) Filled</th>
<th>Level 1 ($5)</th>
<th>Level 2 ($15)</th>
<th>Level 3 ($35)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,762,173</td>
<td>1,033,175</td>
<td>185,503</td>
</tr>
<tr>
<td>Percentage of Total Rx</td>
<td>69.39 %</td>
<td>25.95 %</td>
<td>4.66 %</td>
</tr>
<tr>
<td>Total Cost of Rx Filled</td>
<td>$ 48,270,119.53</td>
<td>$ 191,433,260.08</td>
<td>$ 29,659,857.28</td>
</tr>
<tr>
<td>Percentage of Total Cost</td>
<td>17.92 %</td>
<td>71.07 %</td>
<td>11.01 %</td>
</tr>
</tbody>
</table>

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