

What is The Competitor Rx Co-Pay Card?

This program is designed to educate you on the use of generic and other low-cost brand name drugs.

This program is designed to help you find medications within the same therapeutic class as a drug you may be currently taking. Most of all, **this program is designed to save you money on your prescription drug costs.**

THE FIRST TIER

The first tier is generic drugs that will be available to you for a **\$10 co-pay**.

THE SECOND TIER

The second tier is brand name drugs and select generic drugs that will be available to you for a **\$20 co-pay**.

THE THIRD TIER

The third tier is brand name drugs that have a negotiated **special discount price for you**.

To get the most out of this program you should ask your doctor to prescribe a drug within the first two tiers, if possible. Often drugs within the same therapeutic class can be prescribed in place of an expensive brand name drug. Of course if you choose the higher price brand name drug, we have negotiated a substantial discount to you.

Our knowledgeable Help Desk and Customer Service staff ensures that all physician, member and pharmacy calls are responded to swiftly and accurately. Our prompt customer service Help Desk is available toll free at 866-866-2382 Monday through Friday – 9 a.m. to 4 p.m. (Eastern Standard Time).

Satisfaction guarantee

If you are not completely satisfied with this plan for any reason and have not used your membership, you may return the Rx Co-Pay Card within 10 days and receive a full refund of the cost of the card.



About the Administrator

HPA is a fully licensed, full-service Third Party Administrator transacting business worldwide. Established in 1939, HPA is a third generation company providing state-of-the-art industry leading insurance services, including customer service, claims payment, billing and reporting. HPA's specialty products division was founded by Michael Kosloske who now serves as company president.

About the Pharmacy Benefits Manager

Founded in 2002, Rx Options develops innovative pharmacy benefit designs and programs to address increasing drug costs among employers and health plans. Rx Options is a new, highly experienced pharmacy benefits management company that offers a variety of pharmacy benefits and leads the way in introducing novel programs for employers and healthcare providers. Rx Options is a next generation benefits management company that will provide high quality, innovative products and services to its business partners and customers with the goal of exceeding their expectations.

1-800-277-3323

www.hpa-inc.com

This brochure provides a brief description of The Competitor Rx Co-pay card. Plan may not include all drugs. The drug list is subject to change with additions or deletions without notice. The Pharmacy Benefits Manager is Rx Options. **This plan is not an insurance plan.**

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Rx03/04



The Competitor

Rx Co-Pay Card

SPECIAL FEATURES

- Prescription Drugs: \$10 Generic Co-Pay and \$20 Preferred Brand Name Co-Pay
- Available nationwide at over 42,000 pharmacies
- Convenient Internet enrollment for instant coverage
- Automatic Acceptance – no underwriting or health questions
- No time limits for pre-existing conditions
- No monthly or annual maximums
- Available up to age 65



Administered by: Health Plan Administrators, Inc., Rockford, IL
Marketed by:

Frequently Asked Questions

What is a generic drug?

Once a patent on a brand name drug expires, other drug companies may make a generic version of the drug, with the approval of the Food and Drug Administration (FDA). The FDA's standards for quality are the same for all manufacturers. This means the generic drug contains the same active ingredients as the brand name whose patent has expired, and that it's safe, potent and effective.

How can I keep my prescription drug costs down?

The use of generic prescription drugs, whenever available, is most cost effective. Don't be shy – discuss your prescription options with your doctor. Ask whether an alternative, less expensive option would work for your condition.

How will I know if a generic equivalent is available?

Simply ask your local pharmacist or call the customer service department to find out about generic equivalents for your prescription. Also ask your doctor to prescribe generics whenever possible and appropriate. (Your new member packet will include helpful materials you can share with your doctor.)

What is the difference between brand name and generic drugs?

The brand name is the trade name under which the product is advertised and sold, and is protected by patents so that it can only be produced by one manufacturer for a predetermined number of years. Once a patent expires, other companies may manufacture a generic equivalent, providing they follow stringent FDA regulations for safety.

Generic drugs are drugs for which the patent has expired, allowing other manufacturers to produce and distribute the product under a generic name. Generics are essentially a chemical copy of their brand name equivalents. The color or shape may be different, but

the active ingredients must be the same for both. The preferred drug list contains only FDA-approved generic medications.

What is a preferred drug list?

A preferred drug list is a list of recommended prescription medications that is created, reviewed and continually updated by a team of physicians and pharmacists. The preferred drug list contains a wide range of generic and brand name preferred products that have been approved by the Food and Drug Administration (FDA). Your doctor can use this list to select medications for your health care needs, while helping you maximize your prescription drug benefit. A medication becomes a preferred drug based on safety and efficacy, then on cost-effectiveness.

What is the difference between a preferred brand name drug versus a non-preferred brand name drug?

A preferred brand name drug is a medication that has been reviewed and approved by a group of physicians and pharmacists, and has been selected for preferred status based on its proven clinical and cost effectiveness.

A non-preferred brand name drug is a medication that has been reviewed by the same team of physicians and pharmacists who determined that an alternative drug that is clinically equivalent and most cost effective is available. These designations may change as new clinical information becomes available.

What drugs are considered preferred (formulary) on Discount Plans?

The Competitor Rx product guide contains certain brand drugs for which the member's price is the scheduled amount listed. Drugs that are chemically or therapeutically similar to drugs listed on the product guide are not discounted. Prices are subject to change due to manufacturer price changes to pharmacies. On these drugs, the participant enjoys two distinct discounts, one through the Competitor Rx pharmacy network and the second through the manufacturer.

What if the brand drug I am taking is not discounted?

If you are currently taking a medication that has similar active ingredients or is used to treat the same conditions as the preferred brand drugs on the Competitor Rx Co-Pay product guide, it will still be discounted. You will pay the Competitor Rx negotiated price for that drug. To take advantage of the potential program savings on listed preferred drugs, you should ask your pharmacist (where regulations permit) or a doctor to change your medication, where medically appropriate, to a less expensive product listed in the product guide.



The Competitor Rx Co-Pay Enrollment Form for HPA, Inc.

A. TELL US ABOUT YOURSELF

Applicant Name _____

Date of Birth ____ / ____ / ____ Age ____ Sex ____

Social Security # ____ - ____ - ____ Telephone (____) ____ - ____

Occupation _____

Street Address _____

City _____ State _____ Zip _____

Billing Address (if different) _____

City _____ State _____ Zip _____

Email* _____

**You must list an email address since your Rx Co-Pay fulfillment kit and i.d. card are sent to you via email.*

Complete if spouse and/or children will also be covered:

Spouse's Name _____

Date of Birth ____ / ____ / ____

Child's Name _____

Date of Birth ____ / ____ / ____

Child's Name _____

Date of Birth ____ / ____ / ____

Child's Name _____

Date of Birth ____ / ____ / ____

AGENT USE ONLY: Attach the HPA Statement of Understanding Form

Agent Name _____

SS# _____ HPA # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

GA Name _____ GA # _____

MGA Name _____ MGA # _____

B. CHOOSE YOUR DESIRED COVERAGE

Single _____ Single + Spouse _____
 Single + Child(ren) _____ Family _____

C. SELECT YOUR PAYMENT OPTIONS

Total Due (from calculation section on opposite page)

Select your payment plan:

Monthly* _____ Quarterly _____ Annually _____

***IMPORTANT:** If you choose to pay monthly you must pay by electronic bank draft or credit card only.

Select your payment method:

Check or money order. Enclose initial payment to HPA, Inc., with the application.

Credit Card: VISA _____ Mastercard _____
 Account # _____ Expiration _____

I authorize Health Plan Administrators, Inc., to charge the above credit card for the premium listed according to the payment mode selected.

Signature _____ Date _____

Automatic bank withdrawal. Enclose initial payment and a voided check with the application. (Monthly Payment)

Your Rx Co-pay monthly fee will automatically be withdrawn from your checking account.

I request that *(bank name)*, _____
(address) _____

pay and charge my account debits drawn from my account by Health Plan Administrators, Inc., to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may at any time, end this agreement by giving 30 days advanced written notice to me and to Health Plan Administrators, Inc. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my Rx Co-pay membership.

Signature _____ Date _____

Make personal check or money order payable to:

Health Plan Administrators, Inc.

Save time and your postage!

If you pay by credit card just fax the completed, signed & dated application and Rate Calculation Chart **Toll Free:**

1-888-FAX-HPA1(329-4721)

D. SIGN THE ENROLLMENT FORM

I hereby apply for membership enrollment in HPA, Inc. prescription program. I understand that acceptance of this application of membership enrollment is guaranteed, that my enrollment will become effective on the 1st day of the following month in which the application is received. I also understand that by participating in this program external factors may force a change in monthly fee, benefits and/or preferred drug list at any time. I will be entitled to negotiated and funded discounts on eligible prescription drugs purchased from any participating pharmacy.

Upon enrollment you will receive a Member Enrollment Kit including a complete listing of preferred drug list, a personalized plastic identification card and answers to frequently asked questions.

As a member of HPA, Inc. membership program we understand that your trust in us is one of our most important assets. In order to preserve that trust, we want you to understand our information practices and your rights to ask us not to share certain information about you. As a member of this plan we want you to know the following: "THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY."

Rx Options, Inc. will without your consent or authorization submit online pharmacy claim data to manufacturers, with NO member identification, for the payment of the rebates. Online Claims data will also be provided to employers and pharmacies regarding invoicing and payments in the standard NCPDP claims billing format.

If you have signed up for the email online reminders regarding refills of your current medications, emails will be sent to you directly at the email address you list on your enrollment application.

If you wish to revoke the right for us to use your personal health information (PHI), you must do so in writing to HPA, Inc., 3703 N. Main Street, Rockford, IL, 61103-1679. Your request will be processed within 60 days upon receipt. Revoking the right for us to use your personal health information may also terminate your benefit.

Applicant's Signature _____ Date _____

Signature authorizes release of information and enrollment into the program.

The enrollment kit is sent via email. We do not have preprinted materials.

Mail your enrollment form and initial payment to:

HPA, Inc., P.O. Box 15250, Rockford, IL 61132-5250

Pharmacy Network

The Competitor Rx Co-Pay card is accepted at over 42,000 pharmacies throughout the United States. The network includes pharmacy chains, such as, CVS, Rite Aid, Medicine Shoppe, Walgreens, Wal-Mart, and more, as well as thousands of independent pharmacies throughout the country. Some of the chains include

Albertsons	Kroger Pharmacy
Arbor Drug	Long's
Big Bear Pharmacy	Marc's
BI-LO Pharmacy	Medic Discount Drug
Brooks Pharmacy	Medic Drug
Bruno's Pharmacy	Medicap Pharmacy
Costco	Medicine Shoppe, The
Cub Pharmacy	Meijer Drug
CVS Pharmacy	Osco Drug
Dillon Pharmacy	Pamida Pharmacy
Dominick's Pharmacy	Pathmark Pharmacy
Drug Emporium	Price Chopper
Duane Reade	Publix Pharmacy
Eckerd Pharmacy	Rite Aid Pharmacy
Fagen Pharmacy	Safeway Pharmacy
Farmer Jack	Save-On
Food Town Pharmacy	Schnuck's Pharmacy
Fred Meyer	Shop 'N Save
Fruth Pharmacy	Shopko Pharmacy
Geonovese Drug Store	ShopRite Pharmacy
Giant Eagle	Stop & Shop
Grand Union	Target Pharmacy
Harris Teeter	TOPS Pharmacy
Horizon Pharmacy	United Pharmacy
HY-Vee Pharmacy	Von's Pharmacy
Kerr Drug	Wal-Mart Pharmacy
K Mart Pharmacy	Walgreens
Kash N' Karry	Wegman Pharmacy
King Sooper's	Weis Pharmacy
Kinney Drug	Winn Dixie Pharmacy

Sample Drug Prices

A complete Preferred Drug List is available on the HPA website at www.hpa-inc.com and also is included in your new member enrollment packet along with your identification card.

\$10 Preferred Generic Drugs

Ibuprofen 600mg	100 doses
Naproxen 250mg	60 doses
Piroxicam 20mg	30 doses
Amoxicillin 250mg	40 doses
Penicillin VK Tab	40 doses
Tetracycline 500mg	60 doses
Amoxapine 25mg	30 doses
Doxepin 10mg	30 doses
Trazodone 100mg	30 doses
Fluocinolone Acetonide	1% – 60gm
Hydrocortisone	1% Cream
Triamcinolone Acetonide	1% – 80gm
Loratidine 10mg	20 doses
Chlorpropamide 100mg	30 doses
Glyburide 1.25mg	30 doses

\$20 Preferred Brand Name and Generic Drugs

Colchicine 0.6mg	30 doses
Ketoprofen 75mg	30 doses
Naproxen 500mg	60 doses
Amoxicillin 875mg	20 doses
Ampicillin 500mg	30 doses
Dicloxacillin 250mg	30 doses
Trimethoprim 100mg	30 doses
Dapsone 100mg	60 doses
E.E.S. 400 Tabs	40 doses
Macrodantin 25mg	20 doses
Maprotiline 50mg	30 doses
Aristocort A	1% Cream – 15gm
Aquatab D	20 doses
Glyburide 2.5mg	30 doses
Glucotrol XL 2.5mg	30 doses

Non-Preferred Drugs, Discount Pricing

Allerx	Cipro	Finevin	Sarafem
Anaprox	Cloecin	Geocillin	Tolectin
Aventyl	Cordran	Indocin	Topicort
Augmentin	Doryx	Locoid	Triavil
Azelex	Dymelor	Lodine XL	Vioxx
Bactrim DS	Dynacin	Mobic	Zoloft
Bextra	Elavil	Orudis	
Cefadroxil	Enbrel	Relafen	

Calculate Your Cost

Single	+Spouse	+Child(ren)	Family
\$19.99	\$28.99	\$28.99	\$34.99

- Select your type of coverage from the rates listed above \$ _____
- Multiply by the number of months you are pre-paying x # _____
Subtotal \$ _____
- Add the one-time enrollment fee + \$ 15.00

TOTAL \$

