

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING EXECUTION OF AN EMPLOYER ENROLLMENT AGREEMENT BETWEEN THE VILLAGE OF DOWNERS GROVE AND DRUG CARD, INC.

BE IT RESOLVED by the Village Council of the Village of Downers Grove, DuPage County, Illinois, as follows:

1. That the form and substance of a certain Agreement (the “Agreement”), between the Village of Downers Grove (“Employer/Plan Sponsor”) and Drug Card, Inc. (DCI), for an employee prescription program, as set forth in the form of the agreement submitted to this meeting with the recommendation of the Village Manager, is hereby approved.

2. That the Mayor and Village Clerk are hereby respectively authorized and directed for and on behalf of the Village to execute, attest, seal and deliver the Agreement, substantially in the form approved in the foregoing paragraph of this Resolution, together with such changes as the Manager shall deem necessary.

3. That the proper officials, agents and employees of the Village are hereby authorized and directed to take such further action as they may deem necessary or appropriate to perform all obligations and commitments of the Village in accordance with the provisions of the Agreement.

4. That all resolutions or parts of resolutions in conflict with the provisions of this Resolution are hereby repealed.

5. That this Resolution shall be in full force and effect from and after its passage as provided by law.

Mayor

Passed:

Attest: _____

Village Clerk

DRUGCARD, INC.
EMPLOYER ENROLLMENT AGREEMENT

Employer/Plan Sponsor Name: **Village of Downers Grove**
Address: **801 Burlington Avenue**
Downers Grove, Illinois 60515-4776

Contact Name: _____ Phone: **630-434-5000** Fax: **630-434-5484**
Email: **Mary Lalonde** Effective Date: **January 1, 2008** Number of Employees: **484**

CoPayments:

	Store	Mail
Generic	\$10.00	\$25.00
Brand (single source)	\$35.00	\$87.50
Brand – with generic available	DAW 2 \$35 plus the difference in price when the patient chooses the brand drug over available generic	DAW 2 \$86.50 plus the difference in price when the patient chooses the brand drug over available generic

*Self injectables at retail only/34 day supply/25%copayment/\$3,500 Out-of-pocket maximum

Administration Fee: **\$20.00 (484 employees @ \$20.00) \$9,680.00 (Due prior to 1/1/2008)**

Claim Amount Deposit: **\$75,000.00 (Due prior to 1/1/2008)** (to be applied against the money owed DrugCard, Inc. by the Employer/Plan Sponsor for reimbursement of prescription drug claims)

Standard Outpatient Prescription Drug Program

It is understood and agreed that this program may be amended from time to time by mutual consent and through a written agreement between the Employer/Plan Sponsor (E/PS) and DrugCard, Inc. (DCI); that Administrative Fees (as listed above) as determined by DCI will be remitted to DCI by the E/PS prior to the period for which benefits are to be administered; that DCI is not required to give notice of lapse or termination of this agreement/program if such Administrative Fees are not received in advance of the benefit administration period and that no further disbursement of funds to claimants will be made by DCI in such an event; that the Claim Amount Deposit may be adjusted from time to time by DCI upon 30 days advance written notice to the E/PS, that DCI is not required to give notice of lapse or termination of this agreement/program if the additional Claim Amount Deposit funds are not remitted within 30 days of the notice of the change in the Deposit, and that no further disbursement of funds to claimants or providers will be made by DCI in such an event; that the E/PS will have full authority and responsibility for determining which claimants and claims are eligible for reimbursement; that the E/PS will provide to DCI periodically or on request all information pertaining to eligibility or coverage of employees and dependents under its plan, and that DCI will update its records as to eligibility within 4 working hours of notification as specified in the attached Proposal; that DCI and the E/PS will each hold the other harmless with respect to matters pertaining to medications dispensed by any provider or seller of prescription drugs or disbursement of funds except to the extent that any claim, injury, damage, loss, expense (including reasonable attorneys fees), demand or judgment is the result of the other party's negligence or willful misconduct; that DCI will maintain records related to its performance under this Agreement for a period of no less than 6 years during or after the term of this Agreement; and that this program may be terminated by either party at any time and for any reason with 30 days advance written notice to the other.

Dated at _____ this _____ day of, _____ 20 _____

By _____
(Employer) Plan Sponsor

By 
DrugCard, Inc.

DRUGCARD, INC.
Outpatient Prescription Drug Plan

VILLAGE OF DOWNERS GROVE
(Plan Sponsor)

Effective Date: January 1, 2008

Outpatient prescription drugs are reimbursed at 100% of the reasonable and customary charge after a per prescription co-payment. Cash claims received more than three (3) months after dispensing are not covered. Co-payments for medications purchased are listed below:

	Store Co-payments	Mail Co-payments
Generic	\$10.00	\$25.00
Brand (single source)	\$35.00	\$87.50
Brand with generic available	\$35.00 plus the difference in price between brand and generic when the patient chooses the brand drug when generic is available.	\$87.50 plus the difference in price between brand and generic when the patient chooses the brand drug when generic is available.

The Pharmacy By Mail Provider may dispense a minimum 30-day to a maximum 90-day supply of medication for each covered prescription or refill. Medications purchased from any other source (retail or store) may be dispensed in maximum quantities of the lesser of a 34-day supply or 100 units.

Covered Items:

Legend Drugs that are medically necessary. Medically necessary means that the prescription drug provided by a physician or pharmacy is required to diagnose or treat an illness or injury. We determine whether a prescription drug is medically necessary. According to generally accepted medical practice, the Prescription Drug must be:

1. Consistent with and appropriate for the treatment or diagnosis of the symptoms, illness or injury;
2. Of proven value or usefulness, likely to yield additional information, and not redundant when performed with other procedures;
3. The most appropriate and cost-effective Prescription Drug which can safely be provided to the patient, and;
4. Not chiefly for the convenience of the patient, patient's family or physician or provider.

The fact that a Prescriber has prescribed, ordered, recommended or approved a Prescription Drug, medication, test, device, or supply, does not in itself make it eligible for payment.

DRUGCARD, INC.

Outpatient Prescription Drug Plan

Drug Coverage

Description:	C/E	Notes
Anorexic (Weight Loss Agents)	E	
Contraceptives		
Devices (diaphragms, IUD)	E	
Emergency contraceptives (Plan B, Preven)	C	
Implants (Norplant)	E	
Injectables (Depo Provera / Lunelle)	C	Depo Provera. Up to 90 day supply at retail. Retail copay.
Nuvaring	C	
Oral contraceptives	C	
Seasonale	C	Retail limits = 91 days. 3 copays.
Topical (Ortho-Evra patch)	C	
Dental Products	E	
Diagnostic Agents - All	E	
Diabetic Treatments		
Byetta / Symlin (antidiabetics)	C	
Glucose Test Strips / Lancets	C	
Diabetic Meters / Alcohol swabs	E	
Glucagon Inj / Humalog Inj / Insulin Inj	C	
Insulin syr / Novopen / Novopen Needles	C	
Experimental Drugs (DEA Schedule 1)	E	
Fertility Drugs (Clomid, Serophen, Fertinex Inj, Pergonal Inj)	C	\$15,000 Lifetime max, combined Rx and medical. 25% copay for injectables*
Growth Hormones (Protropin, Humatrope)	E	*
Hair Replacement treatments - Minoxidil / Rogaine / Propecia	E	
Immunization Agents / Vaccines	E	
Immunosuppressants (Sandimmune)	C	
Injectables – Self Administered		
Anakit / Epipen / Epipen Jr. (bee sting kit)	C	
Enbrel / Humira / Kineret (Rheumatoid Arthritis)	E	*
Fuzeon Inj (HIV)	E	*
Intron-A Inj® (Hepatitis C)	E	*
Lovenox (Deep Vein Thrombosis)	E	*
Lupron (Multiple uses)	E	*
Raptiva (Chronic Plaque Psoriasis)	E	*
Rebetron Kit (Hepatitis C)	E	*
Syn Visc (Osteoarthritis of the knee. Must be administered by MD)	E	
Toradol Injectable	E	
Methadone	C	
Migraine Medications		
Imitrex tablets / Imitrex Nasal spray	C	
Imitrex Injection Kit	C	*
Multiple Sclerosis Agents (Avonex Inj, Betaseron Inj, Copaxone Inj)	E	*
OTC - All (does not require a prescription from a physician)	E	
Revatio (Sildenafil Citrate)	E	MD letter must indicate being used to treat PAH
Sexual Dysfunction Treatments		
Caverject Inj / Edex (inj, kit)	E	
Cialis, Levitra, Muse, Viagra, Yocon	E	

DRUGCARD, INC.

Outpatient Prescription Drug Plan

Description:	C/E	Notes
Skin Treatments		
Renova (cosmetic - for wrinkles only)	E	
Tretinoin (Retin A)	C	Up to age 40.
Smoking Deterrents- All (Patches / Gum / Inhalers / Nasal Sprays / Zyban)	C	Rx and OTC. \$300 lifetime maximum
Substance Abuse Treatment		
Alcohol deterrents: Antabuse, Campral	C	
DrugDetox: Dolophine, Methadone, Methadose, Suboxone, etc.	C	
Alcohol & Drug detox: Depade, Naltrexone, Revia	C	
Surgical Supply/ Medical Devices / Ostomy /DME	E	
Syringes – other than Insulin syringes	E	
Vitamins- All	E	
Fluoride	E	
Multiple Vitamins / Mult vit w/Iron	C	Rx only
Multiple Vitamins w/Fluoride	E	
Prenatal Vitamins	C	Rx only

***Self Injectables**

- Letter of medical necessity required
- Covered at retail only / 34 day supply
- 25% copay (greater of 25% or applicable copay)
- \$3500 Out of Pocket maximum, per person, per calendar year, zero copay once max has been met

Fertility meds (inj) – no prior authorization required. 25% copay. Injectables apply to \$3500 Out of Pocket and \$15,000 lifetime max.

Imitrex Inj – no prior authorization required. 25% copay. Applies to \$3500 Out of Pocket max

Exclusions:

- Blood or Blood Plasma, Sera or Biological Agents
- Legend drugs used for non FDA approved indications
- Charges for the administration or injection of any drug
- Drugs requiring a prescription by state, but not Federal Law
- Any prescription refilled in excess of the number specified by the physician, or any refill dispensed after one year from the physician's original order.
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution, or is receiving home health care.
- Prescriptions for which an eligible person is entitled to receive any Worker's Compensation benefits.

By: Plan Sponsor

Date

Arnold J. Bove
By: DrugCard, Inc.

11/2/2008
Date