

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 plan cost.



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 Manager

Founded in 2002, Advance Benefits develops innovative benefit designs and programs to meet the varying needs of employers and health plans. Advance Benefits is an experienced benefits management company that offers a variety of pharmacy benefits and leads the way in introducing novel programs for employers and healthcare providers.

PLEASE NOTE: Not all FDA approved Generic, Preferred or Brand name drugs are included in Tiers 1, 2 or 3. A complete list of all drugs included in this plan are listed at www.hpa-inc.com. Pricing and Tier Position are subject to change without notice. Tier position and pricing is only for quantities stated, additional quantities may result in higher costs. This is not an insured product.

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 Benefit Manager is Advance Benefits. This plan is not an insurance plan.

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Rx04/04

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The Competitor Rx Co-Pay Card

SAVE MONEY ON PRESCRIPTION DRUGS

- Available at over 42,000 pharmacies nationwide
- Automatic acceptance — no health questions
- Generic Drugs: up to \$10
Preferred Brand & Select Generic: up to \$20
Brand Name: up to 45% off retail cost
- No pre-existing conditions limitation
- No deductible and no monthly or annual maximums
- No age limits

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

THIS IS NOT AN INSURANCE PRODUCT.

What is The Competitor Rx Co-Pay Card?

This program is designed save you money on prescription drug costs! We will help you find low-cost medications within the same therapeutic class as a drug you may currently be taking.

THE FIRST TIER: Generic Drugs

You pay up to \$10

SECOND TIER: Brand Name and Select Generic Drugs

You pay up to \$20

THIRD TIER: Brand Name Drugs - You pay up to \$50

* We have negotiated special discount prices. Savings range as high as 45% off the retail cost. * Tier Four

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.

Contact the pharmacy benefit manager's Help Desk and Customer Service Department toll free at 866-866-2382 Monday through Friday from 9 a.m. to 4 p.m. Eastern Standard Time.

Frequently Asked Questions

When can I begin saving on my prescriptions?

The effective date is the day after HPA's administrative office receives your application and your first month's payment. Your identification card will be mailed to you. The Member Enrollment Kit will be sent to you via email. A complete drug list is available at www.hpa-inc.com.

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 is 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 list contains a wide range of generic and brand name preferred products that have been approved by the FDA.

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 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 a clinically equivalent alternative drug that is 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.

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.

Calculate Your Monthly Cost*

Eligible Single and/or Spouse ages 18 through 64 years old:

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

*Eligible Single and/or Spouse ages 65 years and older:

Single: **\$21.99** Single+Child(ren): **\$30.99**
 Single+Spouse: **\$30.99** Family: **\$36.99**

* If either the single or spouse is age 65 years or older, you must pay the age 65+ monthly cost.

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 Generic Drugs		\$20 Brand Name and Select Generic	
	Doses		Doses
Ibuprofen 600mg	100	Colchicine 0.6mg	30
Naproxen 250mg	60	Ketoprofen 75mg	30
Piroxicam 20mg	30	Naproxen 500mg	60
Amoxicillin 250mg	40	Amoxicillin 875mg	20
Penicillin VK Tab	40	Ampicillin 500mg	30
Tetracycline 500mg	60	Dicloxacillin 250mg	30
Amoxapine 25mg	30	Trimethoprim 100mg	30
Doxepin 10mg	30	Dapsone 100mg	60
Trazodone 100mg	30	E.E.S. 400 Tabs	40
Fluocinolone Acetonide	1%, 60gm	Macrodantin 25mg	20
Hydrocortisone	1% Cream	Maprotiline 50mg	30
Triamcinolone Acetonide	1%, 80gm	Aristocort A	1% Cr, 15 gm
Loratidine 10mg	20	Aquatab D	20
Chlorpropamide 100mg	30	Glyburide 2.5mg	30
Glyburide 1.25mg	30	Glucotrol XL 2.5mg	30

Discount Pricing for Brand Name Non-Preferred Drugs					
Allerx	Bactrim DS	Cordran	Enbrel	Lodine XL	Tolectin
Anaprox	Bextra	Doryx	Finevin	Mobic	Topicort
Aventyl	Cefadroxil	Dymelor	Geocillin	Orudis	Triavil
Augmentin	Cipro	Dynacin	Indocin	Relafen	Vioux
Azelex	Cloecin	Elavil	Locoid	Sarafem	Zolof

*\$50.00 for brand name & select generic drugs listed in Tier 3. For the drugs not listed in Tier 1, 2 or 3, members pay the network negotiated price

- Select your plan monthly cost from the chart = \$ _____
(semi-annual = x6 or annually = x12)
- If you are prepaying more than 1 month, multiply the number of months by the monthly rate (quarterly = x3; semi-annual = x6 or annually = x12) x# \$ _____
- Add the one-time enrollment fee + \$ 15.00

TOTAL \$ _____

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 are included:

Spouse's Name _____ Date of Birth ____/____/____

Child's Name _____ Date of Birth ____/____/____

Child's Name _____ Date of Birth ____/____/____

Child's Name _____ Date of Birth ____/____/____

B. CHOOSE YOUR DESIRED COVERAGE

Single Single + Spouse

Single + Child(ren) Family

SOLICITOR USE ONLY: Attach the HPA Statement of Understanding Form

Solicitor Name _____

SS# _____ HPA # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

GA Name _____ GA Number _____

MGA Name _____ MGA Number _____

Mail your enrollment form and initial payment to: **HPA, Inc., P.O. Box 15250, Rockford, IL 61132-5250.** Make personal check or money order payable to: **Health Plan Administrators, Inc.**

Save time and postage by paying with a credit card and faxing toll free the completed, signed & dated application and rate and calculation chart to: **1-888-FAX-HPA1 (329-4721)**

HPARxEnroll- 04/04

C. SELECT YOUR PAYMENT OPTIONS

Total Due (from calculation section on opposite page) \$ _____

Select your payment plan:

Monthly Quarterly Semi-annually 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.

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 _____

D. SIGN THE ENROLLMENT FORM

I hereby apply for membership enrollment in HPA, Inc. prescription program. I understand that acceptance of this enrollment for membership is guaranteed. I understand that the earliest my enrollment can become effective is the day after HPA's receipt of the completed enrollment form and the first month's payment. 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. 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.