



PRESCRIPTION DRUG BENEFITS - PPO BUY-UP

A. Pharmacy Drug Charge

Participating *pharmacies* have contracted with the *Plan* to charge *plan participants* reduced fees for covered *prescription drugs*. Navitus Health Solutions is the administrator of the Prescription Drug Benefits portion of this *Plan*.

B. About Your Prescription Benefits

The Prescription Drug Benefits are separate from the Medical Benefits and are administered by Navitus Health Solutions (Navitus). This program allows you to use your Navitus *prescription drug* card at a nationwide *network* of participating *pharmacies* to purchase your prescriptions.

If you purchase your *prescription drugs* from a *non-network pharmacy*, you will have to pay the full price of the prescription minus the *network* price of the prescription. When the *prescription drug* is purchased from a *network pharmacy*, when the *plan participant's* ID card is not used, the amount payable in excess of the amounts shown in the Schedule of Prescription Drug Benefits - EPO Plan will be the contracted ingredient cost and contracted dispensing fee.

Claims for reimbursement of *prescription drugs* are to be submitted to Navitus Health Solutions at:

Navitus Health Solutions
Attn: Manual Claims
PO Box 999
Appleton, WI 54912

C. Out-of-Pocket Limit

Prescription drug covered charges are payable at the amounts shown each *benefit year* until the *out-of-pocket maximum* shown in the Schedule of Prescription Drug Benefits - EPO Plan is reached. Then, *prescription drug covered charges incurred* by a *plan participant* will be payable at 100% (except for the excluded charges) for the rest of the *benefit year*.

When a *family unit* reaches the *prescription drug out-of-pocket limit*, covered *prescription drug* charges for that *family unit* will be payable at 100% (except for the charges excluded) for the rest of the *benefit year*.

The *prescription drug out-of-pocket limit* includes *prescription drug co-payments*.

D. Co-Payments

The *co-payment* is applied to each covered *pharmacy drug* or mail order drug charge and is shown in the Schedule of Prescription Drug Benefits - EPO Plan. The *co-payment* amount applies to the *prescription drug out-of-pocket limit*. Any one (1) *pharmacy* prescription is limited to a thirty (30) day supply or a ninety (90) day supply at participating '90-Day at Retail' *pharmacies*. Any one (1) mail order prescription is limited to a ninety (90) day supply.

E. Mail Order Drug Benefit Option

The mail order drug benefit option is available for maintenance medications; those medications that are taken for long periods of time (such as drugs sometimes prescribed for heart disease, high blood pressure, asthma, etc.). Because of volume buying, WellDyne Rx, the mail order *pharmacy*, is able to offer *plan participants* significant savings on their prescriptions.

F. Specialty Pharmacy Program

The Navitus Specialty Pharmacy Program (SpecialtyRx) is a specialty pharmacy program which covers some limited expensive drugs, such as specialty injectables, cancer drugs, and certain respiratory therapies used to treat various chronic conditions. SpecialtyRx program also provides personalized

support, education, a proactive refill process, free delivery, as well as information about health care needs related to the chronic *disease*.

To start using SpecialtyRx, call toll free at 1-800-218-1488 or visit www.navitus.com.

G. Pharmacoadherence Program

This program identifies *plan participants* who are non-adherent to any medication used for a chronic condition. Some of these conditions include CHD, Diabetes, Depression, ADHD, Schizophrenia, Alzheimer's, Multiple Sclerosis, and HIV. If a *plan participant* is identified as non-adherent, Navitus will send a letter to the *plan participant* suggesting how to improve adherence. A letter is also sent to the *plan participant's physician* as well.

Adhering to your medication can improve your overall quality of life, so take care to adhere to your prescribed medication regimen. Talk to your *physician* or pharmacist about other tools that can help you better adhere to your medication regimen.

H. Tablet Splitting

The tablet splitting program, which is optional for *plan participants*, has identified medications which are taken once daily. The price for a low or high dose tablet is on average the same. Because of this flat pricing of dosage strengths, splitting a tablet of a higher strength to get the desired dose lowers the cost of the medication by up to 50%. In these cases the *co-payment* amount would be reduced by up to 50%.

I. Step Therapy Program

Step therapy is a program where you first try a proven, cost-effective medication (called a 'prerequisite drug' in this document) before moving to a more costly drug treatment option. With this program, trying one (1) or more prerequisite drugs is required before a certain prescription medication will be covered under your *pharmacy* benefits plan. Prerequisite drugs are FDA approved and treat the same condition as the corresponding step therapy drugs. Step therapy promotes the appropriate use of equally effective but lower-cost drugs first. You, your *physician*, or the person you appoint to manage your care can ask for an exception if it is *medically necessary* for you to use a more expensive drug on the step therapy list. If the request is approved, Navitus will notify you or your *physician*. The medication will then be covered at the applicable *co-insurance/co-payment* under your *Plan*. You will also be notified of approvals where states require it. If the request is denied, Navitus will notify you and your *physician*. For information on which drugs are part of the step therapy program under your *Plan* call the Navitus Customer Service number on your ID card.

J. Medicare Part D Prescription Drug Plans for Medicare Eligible Participants

Plan participants enrolled in either Part A or Part B of *Medicare* are also eligible for *Medicare* Part D Prescription Drug benefits. It has been determined that the *prescription drug* coverage provided in this *Plan* is *creditable coverage*. Because this *Plan's prescription drug* coverage is *creditable coverage*, you do not need to enroll in *Medicare* Part D to avoid a late penalty under *Medicare*. If you enroll in *Medicare* Part D while covered under this *Plan*, payment under this *Plan* will coordinate benefit payment with *Medicare*. Refer to the Coordination of Benefits section for information on how this *Plan* will coordinate benefit payment.

K. Covered Prescription Drug Charges

1. **Compounded Prescription Drugs.** All compounded prescriptions dispensed by a participating retail *pharmacy* and containing at least one (1) prescription ingredient covered on the drug *formulary* in a therapeutic quantity.
2. **Diabetic.** Insulin and other *formulary* diabetic supplies (excluding insulin pumps and pump supplies) when prescribed by a *physician*.
3. **Growth Hormones.** Pre-authorization is required.
4. **Injectable Drugs.** Self-administered *formulary* injectable drugs or any prescription directing administration by injection.

5. **Prescribed by Physician.** All drugs prescribed by a *physician* that require a prescription either by federal or state law, subject to the drug *formulary* and excluding any drugs stated as not covered under this *Plan*.
6. **Prescription Drugs Mandated Under the Patient Protection and Affordable Care Act.** Certain preventive care medications (including contraceptives) received by a *network pharmacy* are covered at 100% and subject to the following limitations:
 - a. Tier 1 *preventive care* medications are covered at 100%, and the *deductible/co-payment/co-insurance* (if applicable) is waived.
 - b. If no Tier 1 is available, then the Tier 2 will be covered at 100% and the *deductible/co-payment/co-insurance* (if applicable) is waived.

This provision includes, but is not limited to, the following categories of drugs (In order for these medications to be covered at 100%, a prescription is required from your *physician*, including over-the-counter drugs.):

- a. **Breast Cancer Risk-Reducing Medications.** Medications such as tamoxifen or raloxifene for women who are at increased risk for breast cancer and at low risk for adverse medication effects.
- b. **Contraceptives.** Women's contraceptives including, but not limited to: oral contraceptives, transdermal contraceptives (i.e., Ortho-EVRAZ), vaginal rings (i.e., Unvarying), implantable contraceptive devices, injectable contraceptives, and emergency contraception.
- c. **Tobacco Cessation Products,** such as nicotine gum, smoking deterrent patches, or generic tobacco cessation medications. These drugs are payable without cost sharing up to two (2), ninety (90)-day courses of treatment per *benefit year*, which applies to all products. Thereafter, tobacco cessation products are not covered under the *Plan*.

Please refer to the following websites for information on other types of payable *preventive care* medications <https://www.healthcare.gov/coverage/preventive-care-benefits/> or <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>.

L. Limits to This Benefit

This benefit applies only when a *plan participant* incurs a covered *prescription drug* charge. The covered drug charge for any one (1) prescription will be limited to:

1. refills only up to the number of times specified by a *physician*
2. refills up to one (1) year from the date of order by a *physician*
3. *plan participants* must use 75% of their retail *pharmacy prescription drug* (70% of their mail order *prescription drug*) before being eligible to refill

M. Dispense As Written (DAW) Program

The *Plan* requires that retail *pharmacies* dispense generic drugs when available. Should a *plan participant* choose a formulary brand or non-formulary drug rather than the generic equivalent, the *plan participant* will be responsible for the cost difference between the generic and formulary brand or non-formulary in addition to the formulary brand or non-preferred formulary drug *co-payment*. The *plan participant's* share of this *prescription drug* cost difference does not apply toward the *Plan's out-of-pocket limit*.

N. Prescription Drug Plan Exclusions

This benefit will not cover a charge for any of the following.

1. Administration of a covered medication.
2. Biological serums.
3. Certain categories of injectable medications.
4. Charges for injectable medications requiring administration or supervision by a qualified *provider* or licensed/certified health professional, except for self-administered injectable medications authorized by Navitus.
5. Charges for *prescription drugs* which require prior authorization unless approved by Navitus.
6. Charges for spilled, stolen, lost, or forgotten *prescription drugs*.

7. Compounded medications obtained from a mail order *pharmacy*.
8. Drugs recently approved by the FDA may be excluded, until reviewed and approved by Navitus' Pharmacy and Therapeutics Committee, which determines the therapeutic advantage of the drug and the medically appropriate application.
9. Medication delivery implants.
10. Medications designated as clinic packs.
11. Medications designed for weight gain or loss, including but not limited to, Xenical® and Meridio®, regardless of the condition for which it is prescribed.
12. Medications dispensed to a *plan participant* who is an *inpatient* in any facility.
13. Medications for athletic performance.
14. Medications for lifestyle enhancement.
15. Medications labeled "Caution: Federal law prohibits dispensing without prescription", or words to that effect, and any *experimental* medications, except as stated in this *Plan*.
16. Medications packaged with one (1) other or multiple other prescription products.
17. Medications packaged with Over-the-Counter (OTC) medications, supplies, medical foods, vitamins, or other excluded products, except as stated in the Covered Prescription Drugs subsection.
18. Medications to improve or achieve fertility or treat *infertility*.
19. Medications used for any *cosmetic* purpose.
20. Medications used to treat a condition not covered under this *Plan*.
21. Medications with primary therapeutic ingredients that are sold Over-the-Counter in any form, strength, packaging or name, except as stated in the Covered Prescription Drugs subsection or covered on the drug *formulary*.
22. Medications, devices, equipment, and supplies lawfully obtainable without a prescription, except as stated in the Covered Prescription Drugs subsection.
23. Nasal corticosteroids.
24. Non-FDA approved prescriptions, including compounded estrogen, progesterone, or testosterone products, except as authorized by Navitus.
25. *Prescription drugs* treating any condition, physical *sickness*, *injury*, or mental *illness* arising out of, or while, employment for which benefits are available under any Workers' Compensation law, property and casualty law, or similar law.
26. Prescription refills for medications that are lost, stolen, spilled, spoiled, or damaged.
27. Proton pump inhibitors.
28. Unit dose medication, including bubble pack or pre-packaged medications, except for medication that are unavailable in any other dose or packaging.