

Share a Clear View



PHARMACY BENEFIT





NAVITUS CUSTOMER CARE

HOURS:

24 Hours a Day | 7 Days a Week

1-866-333-2757 (toll-free)

TTY (toll-free) 711

MAILING ADDRESS:

Navitus Health Solutions

P.O. Box 999 | Appleton, WI 54912-0999

WEBSITE:

www.navitus.com

YOUR PHARMACY BENEFIT

Welcome to Navitus Health Solutions, the pharmacy benefit manager for ARUP Laboratories, Inc. We're committed to lowering drug costs, improving health and delivering superior service. This booklet contains important information about your pharmacy benefit.

We look forward to serving you!

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PHARMACY BENEFIT SCHEDULE

Benefit Effective Date

January 1, 2020

Benefit Type

4 Tier Pharmacy Benefit

Days' Supply Dispensed

Participating Pharmacy	Up to 90 Days
Mail Order	Up to 90 Days

Benefit Structure

Tier Level	1-30 Day Supply	31-60 Day Supply	61-90 Day Supply	Mail Order	Specialty 1-30 Day Supply
Tier 0	\$0	\$0	\$0	\$0	
Tier 1	\$5	\$10	\$15	\$12.50	Mandatory Specialty 35% Max \$145
Tier 2	\$30	\$60	\$90	\$75	
Tier 3	35% Max \$145	35% Max \$290	35% Max \$435	35% Max \$375	

Annual Out-of-Pocket Maximum

Individual Maximum	\$4,000
Family Maximum	\$8,000

90-Day at Retail Program

This program is part of your pharmacy benefit. It is **voluntary**. The 90-Day at Retail program allows you to receive a 90-day supply of most drugs at participating retail pharmacies. If you get a prescription filled on a regular, recurring basis, talk to your doctor about writing a prescription for a 90-day supply.

Mail Order Service

The Mail Order Services allows you to receive a 90-day supply of maintenance medications. This program is part of your pharmacy benefit and is **voluntary**.

RxCents (Savings Enabled Tablet Splitting)

Through this program, members pay only one-half of their usual copayment on a select group of prescription drugs. This program is part of your pharmacy benefit and is **voluntary**.

Specialty Pharmacy

Navitus SpecialtyRx can help if you are taking medications for chronic illnesses or complex diseases. They provide services that offer convenience and support. This program is part of pharmacy benefit. It is **mandatory**.

Vaccine Program

Through this program, members will be able to obtain vaccines through their local pharmacy at no cost. This program is a part of your pharmacy benefit and is **voluntary**.

Exclusions

- Coverage for prescription drug products for the amount dispensed (days' supply or quantity limit) that exceeds the supply limit
- Drugs that are prescribed, dispensed or intended for use while you are an inpatient in a hospital, skilled nursing facility, or alternate facility
- Experimental, investigational or unproven services and medications; drugs used for experimental indications and/or dosage regimens
- Infertility and fertility medications
- Prescription drug products furnished by the local, state or federal government

FILLING YOUR PRESCRIPTION



Filling Your Prescription at a Network Pharmacy

The first step to filling your prescription is deciding on a participating pharmacy. In most cases, you can still use your current pharmacy. There is a complete list on the member website. Information on how to access the member website can be found in the Frequently Asked Questions section of this booklet.

Using Your Medical Benefit ID Card

You will not need a separate pharmacy benefit ID card. Your medical benefit card also contains information about your pharmacy benefit. Please present your medical benefit card to the pharmacy when you refill your prescription. To determine your copayment before going to the pharmacy, call customer care toll-free.

Receiving Your Medications Through Mail Order

Our mail order service offers an easy way for you to get your long-term or maintenance medications. Your prescriptions are delivered to your door, saving you a trip to the pharmacy. For more information on how to start our mail order service visit your member website or go to the Mail Order section of this booklet.

Submitting a Claim

In an emergency, you may need to request reimbursement for prescriptions that you have filled and paid for yourself. To submit a claim, you must provide specific information about the prescription, the reason you are requesting reimbursement, and any payments made by primary insurers. Complete the appropriate claim form and mail it along with the receipt to:

Navitus Health Solutions
Operations Division - Claims
P.O. Box 999,
Appleton, WI 54912-0999

Claim forms are available on the member website or by calling customer care.

FORMULARY FACTS

About Drug Formularies

The formulary is a comprehensive list of preferred drugs chosen based on quality and efficacy by a committee of physicians and pharmacists. The drug formulary serves as a guide for the provider community by identifying which drugs are covered. It is updated regularly and includes brand name and generic drugs.

Selecting Drugs for Your Formulary

An independent group of physicians and pharmacists meets regularly during the year to review and select drugs for your formulary that will be safe, effective and affordable. The committee assesses drugs based on their therapeutic value, side effects and cost compared to similar medications. Based on the committee's review of new and existing drugs, your formulary is evaluated to ensure it is up to date.

Checking Your Formulary

Your formulary is on the Navitus website through your member portal. You can access your member portal by going to **www.navitus.com > Members > Member Login**. You may search the formulary for a specific drug. You can also browse alphabetically or by category of use. Also included is information about which drug products need prior authorization and/or have quantity limits. The formulary is a condensed list and does not list every covered drug. The coverage or tier for each drug product is noted on the formulary, but the dollar amount you pay for each medication is not listed. See the Pharmacy Benefit Schedule included in this booklet for more information, including the cost share amount you pay for each drug.

Changes to Your Formulary

Your formulary is evaluated on an ongoing basis, and could change. Navitus does not send separate notices if a brand-name drug becomes available as a generic drug. The pharmacist usually tells you this information when you fill your next prescription. If you have more questions about the formulary or your cost share, please contact Navitus Customer Care.

MAIL ORDER



Getting Your Prescriptions Through Mail Order

Navitus Health Solutions partners with Postal Prescription Services (PPS), a subsidiary of The Kroger Co., to offer mail order services. Prescriptions covered as part of your pharmacy benefit are available through mail order. We recommend using mail order for maintenance (long-term) drugs only. We recommend using a retail pharmacy for drugs needed on a short-term basis (e.g., antibiotics for a short-term illness).

It's Easy to Start:

Step 1: Enroll

Complete the mail order enrollment process online at **www.ppsrx.com**. You may also contact PPS Customer Care by phone. They can be reached toll-free at 1-800-552-6694.

Step 2: Fill Your Prescription

Mail the original prescription to PPS with your enrollment form, or have your health care provider send the prescription directly to PPS. Your provider can send the prescription to PPS through the following options:

- **Online:** www.ppsrx.com
- **Call:** 1-800-552-6694
- **Fax:** 1-800-723-9023
- **Mail:** PPS Prescription Services, P.O. Box 2718
Portland, OR 97208-2718
- **E-prescribe:** NABP 3812674

Step 3: Complete Payment

You can make your copayment by phone at 1-800-552-6694 or by mail. PPS accepts personal checks, money orders and most major credit cards.

Obtaining Refills

After receiving your first mail order prescription, you can order refills using any of the following methods:

- **Online:** www.ppsrx.com
- **Call:** 1-800-552-6694

Customer Service hours are Monday-Friday, 6am-6pm PST and Saturday, 9am-2pm PST.

Opt-in to the Refill Reminder Program

You can call PPS to opt-in to the refill reminder program once you have a prescription set up.

- Call PPS at 1-800-552-6694 and tell them that you would like to opt-in to the refill reminder program
- Tell the representative if you prefer text or email notifications
- Once set up, you will receive a refill reminder with the last four digits of the prescription(s) due to be refilled
- Call PPS at 1-800-552-6694 or **visit ppsrx.com** to refill the prescription(s)
- Prescription refills will be shipped within 24-48 hours

Please allow 7-10 days to receive your prescription. Prescriptions cannot be mailed to locations outside of the United States. Exceptions include U.S. territories, protectorates and military installations.

FREQUENTLY ASKED QUESTIONS



What is Navitus?

Navitus Health Solutions is your Pharmacy Benefits Manager (PBM).

What is a Pharmacy Benefit Manager?

A PBM directs prescription drug programs and processes prescription claims by negotiating drug costs with manufacturers, contracting with pharmacies and building and maintaining drug formularies. These cost saving strategies will lower drug costs and promote good member health.

Who do I contact with questions about my pharmacy benefit (such as preferred drug list, claims, participating pharmacies, etc.)?

Your preferred drug list, list of participating pharmacies and other information about your pharmacy benefit can be found on **www.navitus.com > Members > Member Login**. You can also call Navitus Customer Care toll-free at 1-866-333-2757 with questions about your pharmacy benefit.

How do I find information about my benefit online?

Your health comes first, and Navi-Gate can help you with your pharmacy benefit questions and more. Navi-Gate for Members provides you with online access to a wealth of information to help you better understand your prescription drug benefits, add convenience to your life and help identify cost-saving options. Whether it is helping you find a local pharmacy or reviewing your medication profile, Navi-Gate will provide you with the information to take control of

your personal health. You can sign up for Navi-Gate for Members by visiting **www.navitus.com > Members > Member Login**.

Where can I find my formulary?

The list of drugs covered by your benefit is available on our website at **www.navitus.com > Members > Member Login**.

How much will I pay at the pharmacy?

You can use the pharmacy benefit information in this booklet to find out how much you will pay for different medications at the pharmacy. If you have questions about how to get this information, please contact Navitus Customer Care toll-free at 1-866-333-2757.

Are OTC (Over-the-Counter) products covered?

Drugs that are included on the Navitus OTC list will be covered under your prescription benefit. You will still be required to obtain a prescription for covered products from your doctor. Please reference your prescription benefit formulary to see which OTC products are covered.

How do I fill a prescription when I travel for business or vacation?

If you are traveling for less than one month, any Navitus Network Pharmacy can arrange in advance for you to take an extra one-month supply. A copayment will apply.

Visit **www.navitus.com** for complete instructions on filling prescriptions while traveling, or contact Customer Care toll-free at 1-866-333-2757.

If you are traveling for more than one month, you can request that your pharmacy transfer your prescription order to another network pharmacy located in the area where you will be traveling.

Can prescriptions be mailed to me if I'm outside of the United States?

Prescriptions cannot legally be mailed from the mail order pharmacy or any pharmacy in the United States to locations outside of the country, except for U.S. territories, protectorates and military installations.

How do I use the Navitus SpecialtyRx program?

Navitus SpecialtyRx works with our specialty partner to offer services with the highest standard of care. You will get one-on-one

service with skilled pharmacists. They will answer questions about side effects and give advice to help you stay on course with your treatment. With Navitus SpecialtyRx, delivery of your specialty medications is free, and right to your door or prescriber's office via FedEx. Local courier service is available for emergency, same day medication needs. To start using Navitus SpecialtyRx, please call toll-free 1-855-847-3553. We will work with your prescriber for current or new specialty prescriptions.

How does the RxCENTS (Tablet Splitting) program work?

The Tablet Splitting program saves you money by breaking a higher-strength tablet in half to provide the needed dose. You will receive the same medication and dosage while purchasing fewer tablets and saving on your copay.

There are two ways to get started with the Tablet Splitting program:

1. Call your doctor and ask about the RxCENTS program. He or she can update your prescription with your pharmacy.
2. Ask your pharmacist to help change your prescription to one that can be split through the Navitus Tablet Splitting program.

Tablet splitting is not required by Navitus, but is simply offered to you as a way to help control costs. If you have any questions, or would like to receive a tablet splitter, please contact Navitus Customer Care toll-free at 1-866-333-2757.

How do I make a complaint or file an appeal?

When you have a concern about a benefit, claim or other service, please call Navitus Customer Care toll-free at 1-866-333-2757. Our Customer Care Specialists will answer your questions and resolve your concerns quickly.

If your issue or concern is not resolved by calling Customer Care, you have the right to file a written appeal with Navitus. Please send this appeal, along with related information from your doctor, to:

MAIL

Navitus Health Solutions
Attn: Appeals Department
P.O. Box 999
Appleton, WI 54912-0999

FAX

Navitus Health Solutions
1-855-673-6507
Attn: Appeals Department

COMMON TERMS

Brand Drug

A drug with a proprietary, trademarked name, protected by a patent by the U.S. Food and Drug Administration (FDA). The patent allows the drug company to exclusively market and sell the drug for a period of time. When the patent expires, other drug companies can make and sell a generic version of the brand-name drug.

Copayment/Coinsurance

Refers to that portion of the total prescription cost that the member must pay

Deductible

Member pays 100% of the cost of each prescription up to a pre-specified dollar amount, at which point the prescription drug benefit takes effect

Formulary

A list of drugs that are covered under your benefit plan

Generic Drugs

Prescription drugs that have the same active ingredients, same dosage form and same strength as their brand-name counterparts

Out-of-Pocket Maximum

The maximum dollar amount the member can pay per contract year

Over-the-Counter Medication

A drug you can buy without a prescription

Prescription Drug

Any drug you can get by prescription only

Prior Authorization

Approval from Navitus for coverage of a prescription drug

Specialty Drug

Drugs, such as self-injectables and biologics, typically used to treat patients with chronic illnesses or complex diseases

Therapeutic Equivalent

Similar drug in the same drug classification used to treat the same condition



Voice your feedback, concerns, or complaints, or report errors regarding your prescription drug benefit. by calling the number below. We welcome your input and want to hear and act on this information with a polite and quick response. Ensuring quality and safe care, correcting errors, and preventing future issues are our top priorities.

For a copy of your member rights and responsibilities, please visit your member website or call the customer care number listed below.

Navitus does not discriminate on the basis of disability in the provision of programs, services or activities. If you need this printed material interpreted or in an alternative format, or need assistance using any of our services, please contact Navitus Customer Care at 1-866-333-2757 (toll-free) or 711 (TTY).