

Navitus™ Health Solutions



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Type of Plan.....Pharmacy Benefits Manager (PBM)
 Total Number of Members.....500,000
 Number of Pharmacies in Wisconsin.....1,200
 Number of Pharmacies nationwide45,000
 Days Supply (retail pharmacy)30 days
 Days Supply (mail order).....90 days

ADDITIONAL INFORMATION

Formulary Information	Formulary information is available on the Navitus Web site, www.navitus.com , or you can call Navitus Customer Service toll-free at (866) 333-2757.
Changes in Your Information	Changes in your personal information must be reported to your employer. Changes include, but are not limited to: <ul style="list-style-type: none"> • Name change • Address change • Adding or deleting dependents from your policy (including change in student status) • Other insurance coverage
Prior Authorization Requirements	Drugs which the Navitus Pharmacy and Therapeutics (P&T) Committee determines to have medical appropriateness for a selected group of patients will require authorization before coverage is approved. Prior Authorization is initiated by the prescribing physician on behalf of the member. More information about which medications require prior authorizations, as well as the prior authorization process is available on the Navitus Web site, www.navitus.com . Medications that require prior authorization for coverage can be identified on the Navitus Drug Formulary by a notation of "PA" Navitus will review the prior authorization request within 48 hours of receiving complete information from your physician
Tablet Splitting	Through this program, you pay up to one-half of your usual cost for a select group of prescription medications. Medications included in the Navitus Tablet Splitting Program are denoted with "TS" in the Navitus Formulary. Members may obtain tablet splitting devices at no cost by calling Navitus Customer Service.
Generic Sampling	The Generic Sampling Program is designed to allow you to sample a select group of medications as alternatives to using high cost, brand name counterparts. Medications included in the Navitus Generic Sampling Program are denoted with "GS" in the Navitus Formulary. Your physician needs only to write a prescription for one of the program medications – if this is the first time you are filling a prescription for the medication, you will receive the medication at no cost from your pharmacist.
Mail Order	You can obtain your prescriptions through our mail order service. The use of mail

	<p>order is generally recommended only for maintenance medications, rather than for medications that are only needed on a short-term basis (e.g. antibiotics). A 90-day supply can be purchased for only two copayments for Level 1 and Level 2 medications.</p> <p>To register for mail order service or to order refills once mail order service is in place you can:</p> <ul style="list-style-type: none"> • Complete the mail order service enrollment form provided with your enrollment materials. • Call Prescription Solutions Customer Service at 1-800-562-6223 Monday through Friday, 8:00 AM - 11:00 PM CST and 9:00 AM to 9:00 PM CST on weekends. If you are hearing impaired, you can call 1-800-498-5428. • Refills may be requested electronically through the Prescription Solutions Web site, www.rxsolutions.com.
Specialty Drug Program	<p>If you are on a specialty medication, Navitus has arranged for Priority Healthcare, a specialty pharmacy experienced in handling injectable drugs and specialty medications, to provide services to persons who use these medications. Medications available through this program are denoted with “SP” in the Navitus Formulary. The Specialty Pharmacy Products List includes additional detail about the medications included in this program. This list may be accessed via the “Programs and Services” section of the Navitus Web site, www.navitus.com, or contact Navitus Customer Service to obtain a print copy of this document. This program is voluntary.</p> <p>To begin receiving your self-injectable and other specialty medications from the specialty pharmacy, please contact Priority Healthcare toll-free at 1-877-357-7461. Once you have contacted them, they will take care of calling your health care provider and initiating or transferring your prescription.</p>
Diabetic Supply Coverage	<p>Diabetic supplies and glucometers are covered with a 20% coinsurance. This coinsurance applies to your out-of-pocket maximum, unless other coverage picks up the 20% coinsurance.</p>
On-Line services	<p>Visit our website, www.navitus.com for additional information about the programs and services listed here and more!</p>