

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 nationwide..... 45,000
 Days Supply (retail pharmacy) Up to 30 days
 Days Supply (mail order)..... Up to 90 days

ADDITIONAL INFORMATION

Formulary Information	Formulary information is available on the Navitus Web site, www.navitus.com , or you can call Navitus Customer Care toll-free at (866) 333-2757 Monday-Friday 7:00 a.m. - 9:00 p.m. CST.
Changes in Your Information	Changes in your personal information must be reported to your employer, or to ETF if you are an annuitant. 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 two business days of receiving complete information from your physician.
Tablet Splitting (RxCENTS Program)	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 “¢” in the Navitus Formulary. Members may obtain tablet splitting devices at no cost by calling Navitus Customer Care at (866) 333-2757.
Generic Copay Waiver Program	The Generic Copay Waiver 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 Copay Waiver Program are denoted with “GW” 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.

ADDITIONAL INFORMATION

Mail Order	<p>You can obtain your prescriptions through our mail order service, Prescription Solutions. The use of mail order is generally recommended only for maintenance medications, rather than for medications that are only needed on a short-term basis (e.g. antibiotics). Up to 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 1-800-908-9097 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 (For self-injectables and specialty medications)	<p>If you are on a specialty medication, Navitus SpecialtyRx was developed in conjunction with SpecialtyScripts Pharmacy to help members and their health care providers with specialty pharmacy needs (For example: growth hormones and drugs to treat multiple sclerosis and rheumatoid arthritis). 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 Care at (866) 333-2757, to obtain a print copy of this document.</p> <p>To begin receiving your self-injectable and other specialty medications from the specialty pharmacy, please contact Navitus SpecialtyRX toll-free at 1-800-218-1488. 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>
Medicare Part D	<p>After you become eligible for Medicare Part D, you no longer have prescription benefits through Navitus. Instead, your prescription benefits will be through DeanCare Rx, a Medicare Part D Prescription Drug Plan insured by Dean Health Insurance (DHI). Refer to questions #65, #66 and #67 in the "Common Questions and Answers" section of this book for more information.</p>
Coordination of Benefits (COB)	<p>Coordination of benefits applies when you have coverage under another policy and it is determined your other policy is your primary coverage and Navitus is your secondary coverage. This means that all claims need to be submitted to your other policy first. Navitus covers the remaining cost of any covered prescriptions up to the allowed amount under your policy.</p>
On-Line services	<p>Visit our website, www.navitus.com for additional information about the programs and services listed here and more!</p>