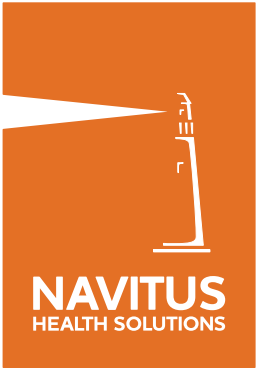


Share a Clear View



Oakland County Michigan

PHARMACY BENEFIT

Printed on:



Share a Clear View



NAVITUS CUSTOMER CARE

HOURS:

24 Hours a Day | 7 Days a Week

866-333-2757 (toll-free)

TTY (toll-free) 711

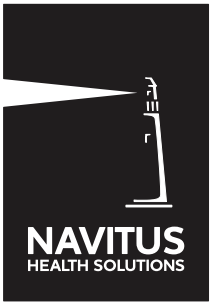
MAILING ADDRESS:

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 Oakland County, Michigan. 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!

Pharmacy Benefit Schedule	1
Your Pharmacy Benefits	3
Filling Your Prescription	5
Formulary Facts	7
Mail Order Service	9
Frequently Asked Questions	11
Common Terms	15

PHARMACY BENEFIT SCHEDULE

BENEFIT EFFECTIVE DATE

January 1, 2015

BENEFIT TYPE

Three-Tier Pharmacy Benefit

DAYS SUPPLY DISPENSED

Participating Pharmacy	Up to 34 or 90 Days
Mail Order	Up to 90 Days

BENEFIT STRUCTURE

Tier Level	Retail Pharmacy	90 Day at Retail	Mail Order
Tier 1	\$5 copay	\$5 copay	\$5 copay
Tier 2	\$20 copay	\$20 copay	\$20 copay
Tier 3	\$40 copay	\$40 copay	\$40 copay

ANNUAL MAXIMUM OUT-OF-POCKET

Individual Maximum	\$3,000
Family Maximum	\$4,500

MAIL ORDER SERVICE

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

SPECIALTY PHARMACY

Navitus SpecialtyRx helps members who are taking medications for certain chronic illnesses or complex diseases by providing services that offer convenience and support. This program is part of your pharmacy benefit.

OVER-THE-COUNTER

Some over-the-counter drugs are included in your benefit. Please review your formulary online at navitus.com and look for drugs labelled OTC.

GENERIC COPAY WAIVER PROGRAM

The Generic Copay Waiver Program is designed to allow members to “try out” certain generic medications as an alternative to using high cost, brand name counterparts. 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**.

COPAY LEVELS

Knowing the copay level for your prescription medication is easy and can save you money. Tier 1 is your lowest cost option, including many generic medications and a few brand-name drugs. Tier 2 offers more brand-name options, including preferred brands and some generics. Tier 3 is the most costly option, with non-preferred brand and generic medications. If your drug falls in Tier 3, you should review the formulary to determine if other comparable drugs are available. For most people, Tier 1 and Tier 2 drugs are as safe and therapeutic as the Tier 3 drugs and they cost less. Discuss other options with your pharmacist or physician to determine if an alternative, less expensive medication in Tier 1 or 2 is appropriate for you.

90 DAY AT RETAIL

The 90 day at Retail program allows you the convenience of receiving up to a 90 day supply of most medications 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. A list of pharmacies participating in the 90 Day at Retail program can be found at www.navitus.com.

YOUR NAVITUS PHARMACY BENEFIT



How the Navitus Pharmacy Program Works

1. You will receive a pharmacy ID card from Navitus prior to your effective date for pharmacy benefits.
2. Show your pharmacy ID card each time you fill a prescription at a Navitus network pharmacy.
3. The pharmacist will submit your claim electronically to Navitus.
4. The pharmacist will collect the appropriate copayment/coinsurance for the drug(s) dispensed to you.

The Navitus Pharmacy Network

Navitus network pharmacies are pharmacies that have signed an agreement to participate in your pharmacy benefit program. In most cases, you can still use your current pharmacy. There is a list of network pharmacies on our Web site, **www.navitus.com**.

**If Your Preferred
Pharmacy is
not a part of the
Navitus Network of
Pharmacies...**

Ask your preferred pharmacy to call Navitus at 866-333-2757 to obtain information about joining our participating pharmacy network. If the pharmacy agrees to the terms of our pharmacy contract, it may join our pharmacy network and begin processing your prescriptions.

**The Navitus Drug
Formulary**

Navitus covers almost all medications with a few exceptions. For questions about your formulary, call Navitus Customer Care toll-free at 866-333-2757.

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 our website, **www.navitus.com**.

Using Your Pharmacy Benefit ID Card

Your new pharmacy benefit ID cards are included on the back cover of this booklet. Remove and retain your ID cards for use at the pharmacy. You'll need them each time you fill your prescriptions. The cards contain information the pharmacy needs to process your prescription. To determine your copay before going to the pharmacy, consult your Pharmacy Benefit Schedule or call Navitus Customer Care.

Receiving Your Medications through Mail Order

Our mail order service offers an easy way for you to get a 90-day supply of 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 please see the mail order form in the center of this booklet, or visit www.navitus.com > Members > Member Login or contact Navitus Customer Care

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 at www.navitus.com or by calling Navitus Customer Care.

FORMULARY FACTS



About Drug Formularies

The formulary is a comprehensive list of preferred drugs chosen on the basis of 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.

How to Order New Medication

Step 1: *Enroll* — Complete the mail order enrollment form.

Step 2: *Fill Your Prescription* — Mail the original prescription to NoviXus with your enrollment form, or have your health care provider send the prescription directly to NoviXus. Your provider can send the prescription to NoviXus through the following options:

- Call: 1-888-240-2211.
- E-prescribe
- Fax: 1-877-395-4836
- Mail: P.O. Box 8004, Novi, MI 48376

Please print your member ID on each prescription.

Step 3: *Complete Payment* — Make your copayment by phone at 1-888-240-2211 or by mail. NoviXus accepts major credit cards or checks.

Quality

Your prescription order will be shipped using US Mail. Some items may be shipped by expedited courier. Refrigerated items are shipped in accordance with FDA and manufacturers specifications. For your security, some controlled substances may require a signature.

How to Order Refills

Refills can be ordered using any of the following methods:

ONLINE www.novixus.com
CALL 1-888-240-2211, 24-7

Refill orders should be placed three weeks prior to when the medication will be needed.

Prescriptions cannot legally be mailed from a mail order pharmacy (or any other pharmacy operating within the United States) to locations outside of the United States, with the exception of U.S. territories, protectorates and military installations.

Generic Medications

Where appropriate, NoviXus uses generic medications to fill your prescriptions. The FDA requires that all drugs be safe and effective. Since generics use the same active ingredients and are shown to work the same way in the body, they have the same risks and benefits as their brand name counterparts.

NoviXus Mail Order Enrollment Form

Please complete and mail this form with all prescriptions. Please print or type. Please list all insurance applicable.

Last Name First Name M.I. Date of Birth

Home Address City State ZIP

Shipping/Billing Address* City State ZIP
*If Shipping and Billing Addresses are different, please provide both addresses.

Primary Phone Secondary Phone

E-mail Address

Group Name (Primary) Group ID# Member ID#

Group Name (Secondary) Group ID# Member ID#

BILLING INFORMATION

Check Enclosed: ☐

Please Charge My: ☐ Visa ☐ Master Card
☐ Discover ☐ Am. Express

Credit Card* #:

Expiration Date:

Cardholder's Name:

Signature:

*Credit Card Will Be Used For All Future Orders

Acknowledgement: I understand that when permitted by law, NoviXus will substitute an FDA approved generic equivalent drug for any brand-name medications enclosed with this order unless specified by the Plan or prohibited by me or the prescriber in writing. For all prescriptions submitted, I certify that I or my family members are eligible to receive prescriptions under this plan. I will take personal responsibility for payment of all medications that I or my family members receive.

MEMBER INFORMATION				DRUG ALLERGIES										
*Please enclose additional family member information, such as drug allergies, on another piece of paper.														
Member Name	ID Number	Date of Birth	Relationship to Subscriber	Gender (M/F)	None	Ampicillin	Aspirin	Cephalosporins	Codeine	Erythromycin	Penicillin	Sulfa	Tetracyclines	Other* (Please Specify)

☐ Check here if you want Easy Open Caps.
Child proof caps are used for safety in shipping.

Please print member ID on each prescription.

If transferring prescriptions from another pharmacy, please include the following information on a separate sheet of paper. Member Name, Date of Birth, Medication Name and Strength, Prescriber Name and Phone Number.

Once Novixus has received all necessary and correct information, please allow 2 weeks for prescription order delivery.

If you have questions, please contact Novixus Customer Service at 1-888-240-2211.

Signature

Novixus Will Contact Your Prescriber for New Prescriptions

Complete this section only if requesting new mail order prescriptions from your prescriber. We substitute generics on prescriptions unless otherwise noted by your doctor.

[illegible]

Once Novixus has received all necessary and correct information, please allow 2 weeks for prescription order delivery.

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 Drugs through Mail Order

Navitus Health Solutions partners with NoviXus Pharmacy Services to offer mail order services. Drugs available through mail order include prescriptions covered as part of your pharmacy benefit. We recommend mail order service for maintenance (long-term) drugs only. For drugs needed on a short-term basis (e.g., antibiotics for a short-term illness), we recommend using a retail pharmacy.

IT'S EASY TO START:

Step 1: Enroll

Complete the mail order form included in this booklet, or complete the mail order enrollment process online at www.novixus.com. You may also contact NoviXus by phone toll-free at 1-888-240-2211.

Step 2: Fill Your Prescription

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

-
- Call: 1-888-240-2211
 - E-prescribe
 - Fax: 1-877-395-4836
 - Mail: P.O. Box 8004 Novi, MI 48376

Please print your member ID on each prescription.

Step 3: Complete Payment Make your copayment by phone at 1-888-240-2211 or by mail. NoviXus accepts checks or major credit cards.

Obtaining Refills Once you've received your first prescription via mail order, refills can be ordered using any of the following methods:

ONLINE www.novixus.com

CALL NoviXus Automated Service
1-888-240-2211
24 hours, 7 days a week

Refill orders should be placed three weeks prior to when the medication will be needed.

Prescriptions cannot legally be mailed from a mail order pharmacy (or any other pharmacy operating within the United States) to locations outside of the United States, with the exception of U.S. territories, protectorates and military installations.

FREQUENTLY ASKED QUESTIONS



What is Navitus?

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

What is a Pharmacy Benefit Manager?

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. You can also call Navitus Customer Care toll-free at 866-333-2757 with questions about your pharmacy benefit.

Can I use my health plan card to fill prescriptions at my pharmacy?	No, you are required to present a Navitus ID card to the pharmacy when you fill a prescription. Your cards are affixed to this booklet's back cover. You can request replacement cards from Navitus by calling Customer Care toll-free at 866-333-2757.
Whom do I call to request additional cards?	Please call Navitus Customer Care toll free at 866-333-2757 to request additional ID cards. We will mail your new cards, and you should receive them within 7-10 calendar days from the date of your request.
When can I refill my prescription?	Your prescription can be refilled when approximately two-thirds or 70% of the prescription has been taken.
How much will I pay at the pharmacy?	If you have questions about how to get this information, please contact Navitus Customer Care toll-free at 866-333-2757.
What is Step Therapy?	The Step Therapy Program requires a "step" approach to receive coverage for certain high-cost medications. This means you may need to first try a proven, cost effective medication before moving to a more costly treatment, if necessary. Generic drugs are usually in the first step, and brand-name drugs are usually in the second step.
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 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.

How can I receive my medications if I'm outside of the United States?

Prescription medication cannot legally be mailed from a mail order pharmacy or any pharmacy in the United States to locations outside of the country.

However, you can receive reimbursement for prescriptions purchased outside of the United States by submitting a Foreign Claim Form. The form is available on www.navitus.com, or by calling Navitus Customer Care toll-free at 866-333-2757. You will be reimbursed directly for covered services up to the contracted amount.

How do I use the Navitus SpecialtyRx program?

Navitus SpecialtyRx works with Walgreens Specialty Pharmacy 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 800-218-1488. We will work with your prescriber for current or new specialty prescriptions.

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 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
PO Box 999
Appleton, WI 54912-0999

FAX

Navitus Health Solutions
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.
Formulary	A list of drugs that are covered under your benefit plan. The drugs on your formulary are chosen for your formulary by an independent group of doctors and pharmacists. These experts evaluate drugs based on effectiveness, side-effects, potential for drug interactions, and cost. Drugs that are both clinically sound and cost effective are added to your formulary.
Generic Drugs	Prescription drugs that have the same active ingredients, same dosage form and strength as their brand-name counterparts.
Over-the-Counter Medication	A drug you can buy without a prescription.
Prescription Drug	Any drug you may 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.

Share a Clear View



Voice your feedback, concerns or complaints or report errors regarding your prescription drug benefit. 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 top priorities.

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 866-333-2757 (toll-free) or 711 (TTY).

Oakland County Human Resources
2100 Pontiac Lake Rd
Waterford, MI 48328



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