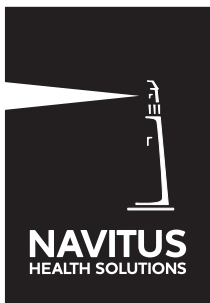


Share a Clear View



SARASOTA MEMORIAL
HEALTH CARE SYSTEM
PHARMACY BENEFIT





YOUR PHARMACY BENEFIT

Welcome to Navitus Health Solutions, the pharmacy benefit manager for Sarasota Memorial Health Care System. 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	2
Filling Your Prescription	6
Formulary Facts	7
Mail Order	8
Frequently Asked Questions	9
Common Terms	13

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.webtpa.com

PHARMACY BENEFIT SCHEDULE

BENEFIT EFFECTIVE DATE	October 1, 2016
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THREE-TIER PHARMACY BENEFIT

BENEFIT STRUCTURE

Limitations	Comprehensive Plan	Basic Plan	Extended Plan
<i>Base Benefit (Net Cost to SMHCS)</i>	\$3,000	\$2,000	\$7,000
<i>Additional Benefit Amount of Coverage if Pharmacy Case Management is Utilized</i>	\$1,000	\$1,000	\$1,000
<i>Coverage Gap Per Participant "Member Deductible"</i>	\$1,000	\$1,000	\$1,000
<i>(After base benefit and additional benefit has been reached)</i>			
			50%
<i>Umbrella Coverage Co-insurance</i>			With a Pharmacy Case Manager: 40%
<i>(Begins after coverage gap has been met)</i>	50% (No per script maximum)	50% (No per script maximum)	With a Pharmacy Case Manager and Chronic Disease Case Manager: 20% with maximum \$300 per prescription

BENEFIT STRUCTURE: COMPREHENSIVE PLAN

Tier	Retail 30 day	Retail 90 day	Mail Order 90 day	Specialty
Tier 1: Preferred generics and some lower cost brand products	\$9	\$20	\$20	N/A
Tier 2: Non-preferred products (may include some high cost non-preferred generics)	40% (\$25 minimum per script, \$75 maximum per script)	40% (\$50 minimum per script; \$75 maximum per script)	40% (\$50 minimum per script, \$75 maximum per script)	N/A

Tier 3: Preferred brand products and some high cost non-preferred generics	60% (\$35 minimum per script, \$75 maximum per script)	60% (\$75 maximum per script)	60% (\$75 maximum per script)	N/A
Tier 4: Specialty	N/A	N/A	N/A	\$100

Annual Out-of-Pocket Maximum

Individual Maximum	\$6,600
Family Maximum	\$13,200

BENEFIT STRUCTURE: BASIC PLAN

Tier	Retail 30 day	Retail 90 day	Mail Order 90 day	Specialty
Tier 1: Preferred generics and some lower cost brand products	\$9	\$20	\$20	N/A
Tier 2: Preferred brand products and some high cost non-preferred generics	40% (\$25 minimum per script; \$75 maximum per script)	40% (\$50 minimum per script; \$75 maximum per script)	40% (\$50 minimum per script, \$75 maximum per script)	N/A
Tier 3: Non-preferred products (may include some high cost non-preferred generics)	60% (\$35 minimum per script, \$75 maximum per script)	60% (\$75 maximum per script)	60% (\$75 maximum per script)	N/A
Tier 4: Specialty	N/A	N/A	N/A	\$100

Annual Out-of-Pocket Maximum

Individual Maximum	\$6,600
Family Maximum	\$13,200

BENEFIT STRUCTURE: EXTENDED PLAN

Tier	Retail 30 day	Retail 90 day	Mail Order 90 day	Specialty
Tier 1: Preferred generics and some lower cost brand products	\$9	\$20	\$20	N/A
Tier 2: Preferred brand products and some high cost non-preferred generics	40% (\$25 minimum per script, \$100 maximum per script)	40% (\$50 minimum per script; \$100 maximum per script)	40% (\$50 minimum per script, \$100 maximum per script)	N/A
Tier 3: Non-preferred products (may include some high cost non-preferred generics)	60% (\$35 minimum per script, \$100 maximum per script)	60% (\$75 minimum per script; \$100 maximum per script)	60% (\$100 maximum per script)	N/A
Tier 4: Specialty	N/A	N/A	N/A	\$100

Annual Out-of-Pocket Maximum

Individual Maximum	\$6,350
Family Maximum	\$12,700

ADDITIONAL DETAIL

90 day supply –applies to both retail and mail order	\$150 Max per script, plus Tier 1 co-pay, if you or your Provider choose not to substitute with the available lower cost alternatives including scripts that are medical necessity.
Penalty for Brand when Generic Available	Sarasota Memorial Health Care System urges employees to use generic drugs when they are available. If you or your physician specifies you use a brand name drug when a generic is available, you will pay the appropriate coinsurance plus the difference in cost between the brand and generic. Penalty payments do not count toward the Annual Out-of-Pocket Maximum.
Compound Drugs	Covered compound drugs are available for a Tier 3 copay. Compound drugs that are more than \$400 in cost need prior authorization for coverage to apply.
Mail Order Drug Program	To receive prescriptions through the mail order program, submit the original prescription with a mail order claim form and payment of the appropriate co-payment amount. If you do not know the amount of your co-payment, call NoviXus at 1-888-240-2211. NoviXus may also be accessed via the internet at www.novixus.com to access updated claims information, order refills, view drug information, or ask questions.

Specialty Pharmacy	Navitus SpecialtyRx through Walgreen's Specialty Pharmacy 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 and is mandatory .
Pharmacy Case Management	Information on the benefits available through this free program is available at www.gulfcoastmemberservices.org or by calling the Pharmacy Case Manager at 941-917-1473.

PRESCRIPTION PLAN EXCLUSIONS

- Non-FDA approved drugs, dosage forms, strengths or indications/uses; or
- Drugs or medicines that are not for Medically Necessary care;
- Over-the-counter (OTC) drugs and drugs with OTC equivalents, other than insulin;
- Prescriptions covered under Worker's Compensation;
- Charges for the administration or injection of any drug;
- Therapeutic devices or appliances, including support garments, and other non-medicinal substances, regardless of intended use;
- Medication which is to be taken by or administered to a Covered Person, in whole or in part, while he or she is a patient in a licensed Hospital, rest home, sanitarium, extended care facility, convalescent Hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals to the extent such medications are already covered under the Medical Plan;
- Any prescription refilled in excess of the number specified by the Physician, or any refill dispensed after one year from the Physician's original order;
- Replacements for lost or stolen prescriptions;
- Any prescription drugs bearing the label "Caution – limited by federal law to investigational use," or Experimental drugs;
- Injectables other than insulin;
- Mechanical contraceptive devices and contraceptive implants;
- Fertility drugs;
- Special Diets;
- CII, CIII, Benzodiazepine, and Hypnotics delivered or administered by the prescriber;
- CII, CIII, Benzodiazepine, and Hypnotics prescribed or dispensed by any person in your immediate Family or any person in your Dependents Immediate Family;
- Any prescription directing pre-natal administration or use (in-utero treatment);
- Drugs or medicines for which you or your Dependent have no financial liability or that would be provided at no charge in the absence of coverage;
- Drugs or medicines paid for or furnished by the US government or one of its agencies (except as required under Medicaid provisions of federal law);
- Drugs or medicines provided as a result of sickness or Injury due to war or an act of war or to voluntary participation in criminal activities.
- Self-Injectables other than Epi-pen, Anticoagulant Agents or Insulin, and specialty medications
- Compound drugs that include bulk chemicals

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.webtpa.com**.

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 Navitus Customer Care toll-free.

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 visit **www.webtpa.com** 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.webtpa.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.

Checking Your Formulary

Your formulary is on the Navitus website through the member portal. You can access your member portal by going to www.webtpa.com. 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 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 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 a Pharmacy Benefit Manager?

Navitus Health Solutions is your Pharmacy Benefit 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 help lower drug costs and promote good member health.

Who is Navitus?

Navitus Health Solutions is a full-service health management company specializing in pharmacy benefit administration. Navitus delivers comprehensive clinical programs and cost-saving strategies that lower drug costs and promote good member health. It negotiates drug costs with manufacturers, and contracts with most pharmacies on behalf of their clients.

I'm new to Navitus Health Solutions. Do I need to change to a new pharmacy?

Most often, you will be able to continue to use your current pharmacy. There are over 64,000 pharmacies in the Navitus network. Please provide your ID card information to the pharmacy when you fill a prescription. This will ensure you pay only the member out-of-pocket expense for your prescription. A complete list of participating pharmacies is available on our website at www.webtpa.com or through Navitus Customer Care toll-free at 866-333-2757.

Who should I contact with questions or problems outside of the normal Customer Care business hours? Who should my pharmacist contact?

Navitus' Customer Care team is available 24 hours a day, seven days a week. You can reach Customer Care toll-free at 866-333-2757.

Can I use my health plan card to fill prescriptions at my pharmacy?	Yes, WebTPA has provided you with a combined medical/prescription drug ID card. When filling prescriptions at your pharmacy, you will need to present this ID card.
Do some medications require prior authorization from Navitus?	<p>Yes, some medications do require prior authorization. More information about which drugs require prior authorization is available on www.navitus.com. On the formulary, medications that require prior authorization for coverage are marked with “PA” next to the medication.</p> <p>Your physician submits the prior authorization request on your behalf. Navitus will review the prior authorization request within 48 hours of receiving complete information from your physician.</p>
How do I know if a certain drug is covered? How do I know what my copay will be for this drug?	<p>Your formulary, or preferred drug list, is available in a quick or complete version on the Navitus website, www.webtpa.com through the member portal, Navi-Gate for Members. The coverage tier for each drug is noted on the formulary. Also included on the list is information about which drug products are subject to prior authorization, step therapy, and/or quantity limits.</p> <p>For other questions related to the formulary and copays, please contact Navitus Customer Care toll-free at 866-333-2757.</p>
Some drugs on the formulary have PA, ST or QL listed after them. What does that mean?	Drugs listed on the formulary with a label of “PA” require prior authorization before the drug will be covered by the plan. A label “ST” means the drug falls under the step therapy program. Usually, this means that you may need to first try a safe and more cost-effective drug before moving to a more costly treatment. A “QL” label identifies drugs that have quantity limits applied. For more information, please contact Navitus Customer Care toll-free at 866-333-2757 or visit www.webtpa.com .
What is the difference between generic drugs and brand name drugs?	A generic drug is a drug that is the same as a brand name drug in dosage, safety and strength. It is also the same in how it is taken, how it works in the body, quality, performance and intended use. Typically, generic drugs are less expensive than their brand counterparts. They can save you money by reducing copays or—in the case of over-the-counter drugs—by allowing less out-of-pocket expense at the cash register.
When can I refill my prescription?	Your retail prescriptions can be refilled when 75% of the prescription has been taken and mail at 70%.

When may I request a reimbursement?	You can use the pharmacy benefit information in this booklet to find out how much you will pay for different drugs at the pharmacy. You can also use the What's My Copay tool on Navitus' member portal. Go to www.webtpa.com for Navi-Gate for Members. If you have questions, please contact Navitus Customer Care toll-free at 866-333-2757.
What happens if the cost of my medication is less than my copay?	You will pay whichever is less: the cash price or your copay as long as you have your prescriptions filled at a participating pharmacy.
What is 90-Day at Retail?	The 90-day at Retail program allows you the convenience of getting up to 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. A list of pharmacies participating in the 90-Day at Retail program can be found at www.webtpa.com .
How do I fill a prescription through mail order?	<p>First you will need to register for mail order service. Please refer to the Mail Order Service section included in this booklet for registration options.</p> <p>You will be required to mail an original prescription or have your health care provider fax or call in a prescription directly to NoviXus in order to initiate this service. We recommend submitting your order three weeks prior to running out of your medication.</p> <p>NoviXus will dispense the days supply as written by the prescriber. For example, if your prescription is written for 30 days, NoviXus will fill the 30-day supply as written. You can receive up to a 90-day supply through mail order.</p>
How do I fill an existing mail order prescription on or after October 1, 2016?	NoviXus is working with your current mail service provider to receive a transfer of active mail order prescriptions that have refills left on them. This transfer will occur just before October 1, 2016. This timing will ensure you may continue to get mail service prescriptions from your current mail service provider through the end of the Plan year. You will still need to contact NoviXus to ensure your prescriptions transferred and provide payment information. You will need to request a refill of your mail order prescription in order to get your next fill.

What if my prescription(s) was not transferred?	<p>Prescriptions may not transfer to NoviXus for several reasons:</p> <ul style="list-style-type: none"> • The medication is a controlled substance and cannot be transferred • The prescription had no refills left and was considered inactive • The prescription had expired and was considered inactive <p>If the prescription was not transferred with the group's prescriptions, you will need to obtain a new prescription from your doctor.</p>
How do I use the Navitus SpecialtyRx program?	<p>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. They will give advice to help you stay on course with your treatment. Specialty drugs are delivered free right to your door or to your prescriber's office.</p> <p>You can contact a Patient Care Specialist at 941-260-7001 for more information.</p>
What is Step Therapy?	<p>A step therapy program encourages the safe and cost-effective use of prescription drugs. This program requires a "step" approach to receive coverage for certain high-cost drug products. This means that to receive coverage, you may need to first try a proven, safe and cost-effective medication before moving to a more costly treatment, if necessary. If your doctor wants you to "skip" steps, our doctor will need to submit a prior authorization request and receive approval for the drug to be covered.</p>

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.

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.

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