



Appendix 9

Pharmacy Benefit Program Fact Sheet (ET-8933)

2/25/2016

Introduction

The State of Wisconsin Group Insurance Board (Board) contracts with a Pharmacy Benefit Manager (PBM) to provide administrative services to State of Wisconsin (State) and Wisconsin Public Employer (WPE) group health insurance program participants. For 2016, all participants receive their pharmacy benefits from the PBM, Navitus Health Solutions (Navitus).

Medicare-eligible retirees and their dependents enrolled in the State and WPE programs receive their Medicare Part D prescription drug benefits from the Navitus MedicareRx (PDP) plan, underwritten by Dean Health Insurance (Dean). Navitus MedicareRx is a self-funded, employer group waiver plan (EGWP), offered by Dean, who contracts directly with Medicare. Supplemental wrap benefits are also provided to pay claims when the Medicare Part D plan does not pay (e.g. in the deductible phase and when participants reach the Medicare Part D coverage gap).

Pharmacy benefits are subject to the terms and conditions of uniform benefits under the fully-insured IYC Health Plan, as well as benefits under the self-insured IYC Access Plan and the high deductible health plans (HDHP).

Pharmacy Benefit Structure

Pharmacy benefits are based on a five-tier design with various cost-sharing levels and applicable out-of-pocket limits (OOPL). In addition, members who select a HDHP are also subject to a combined medical and pharmacy deductible:

Member Cost Share for Prescription Drugs and Insulin		
Level 1	\$5 Copayment	Preferred Generic Drugs and certain lower-cost Preferred Brand Name Drugs.
Level 2	20% Coinsurance (\$50 max)	Preferred Brand Name Drugs and certain higher-cost Preferred Generic Drugs.
Level 3	40% Coinsurance (\$150 max)	Non-preferred Brand Name Drugs and certain high-cost Generic Drugs for which alternative/equivalent Preferred Generic & Brand Name Drugs are covered.
Member Cost Share for Specialty Prescription Drugs		
Level 4 Preferred	\$50 Copayment	Includes only Preferred Specialty Drugs filled at a Preferred Specialty Pharmacy.
Level 4	40% Coinsurance (\$200 max)	Non-preferred Specialty Drugs filled at a Preferred Specialty Pharmacy and all Specialty Drugs filled at a pharmacy other than a Preferred Specialty Pharmacy.

	IYC Health Plan Including all Medicare Plans	IYC HDHP	IYC Access Plan In-network	IYC Access Plan Out-of-network	IYC Access HDHP In-network	IYC Access HDHP Out-of-network
Plan Deductibles						
All Levels	None	\$1,500/ \$3,000 Combined Medical & Rx	None	None	\$1,700/\$3,400 Combined Medical & Rx	\$2,000/\$4,000 Combined Medical & Rx
Plan Out-of-pocket Limits						
Level 1 & 2 Combined	\$600/\$1,200	\$2,500/ \$5,000 Combined Medical & Rx	\$1,000/\$2,000	\$1,000/\$2,000	\$3,500/ \$7,000 Combined Medical & Rx	\$3,800/ \$7,600 Combined Medical & Rx
Level 3	None		None	None		
Level 4 Preferred	\$1,200/\$2,400		\$1,200/\$2,400	\$1,200/\$2,400		
Level 4 (Non-preferred)	None		None	None		

All prescription drug copayments/coinsurance apply toward the Federal Affordable Care Act (ACA) annual combined medical and prescription drug maximum out-of-pocket (MOOP) amounts.

Pharmacy Network

Most prescriptions are filled for a 30-day supply at participating retail pharmacies. However, State and WPE participants also have two options for receiving a 90-day supply of most maintenance medications:

- The **Mail-Order** program uses a preferred mail-order pharmacy, currently WellDyne Rx, and participants can receive a 90-day supply for only two copayments on many Level 1 and Level 2 drugs.
- The **90-Day-at-Retail** program allows participants to receive a 90-day supply of many Level 1 and Level 2 drugs from their retail pharmacy. Three copayments are required **except** for participants enrolled in the Navitus MedicareRx (PDP) plan.

Participants can get more specific information about these two programs, including eligibility and restrictions, by contacting Navitus or DeanCare Rx as applicable.

Frequently asked questions and answers, and additional details about the Pharmacy Benefit Structure can be found on the ETF, Navitus and Navitus MedicareRx Web sites, and in the [It's Your Choice materials](#), which are updated annually by ETF.

Pharmacy Benefit Programs Contact Information

Contact [Navitus](#) or [Navitus MedicareRx](#) for questions regarding pharmacy benefits, the formulary, pharmacy networks, cost savings programs and ID cards. [Contact ETF](#) for questions regarding benefit eligibility:

	Navitus Health Solutions	Navitus MedicareRx (PDP)	Dept. of Employee Trust Funds
Phone	1-866-333-2757 (toll free)	1-866-270-3877 (toll free)	1-877-533-5020 (toll free) 1-608-266-3285 (local Madison)
Mail	P.O. Box 999 Appleton, WI 54912-0999	P.O. Box 1039 Appleton, WI 54912-1039	P.O. Box 7931 Madison, WI 53707-7931
Web	www.navitus.com *	medicarerx.navitus.com *	etf.wi.gov

* Must register for access on the Navitus and Navitus MedicareRx (PDP) web sites using individual Member ID.

2015 PBM Plan Statistics

Data provided by Navitus for the period January 1, 2015, through December 31, 2015.

	Commercial	Medicare	Total
Number of Eligible Participants in 2015	242,228	32,599	274,827
Number Participants Using Pharmacy Benefits in 2015	170,401	30,319	200,720
Total Prescriptions Filled	2,259,839	1,985,487	4,245,326
Total Cost <i>(Includes plan & participant costs)</i>	\$ 254,174,111	\$ 148,365,803	\$ 402,539,914

Prescriptions and Costs based on Pharmacy Type:

	Mail-order	Standard Retail	90-Day Retail	Specialty Pharmacy
Prescriptions (Rx) Filled	97,228	3,064,926	1,069,853	13,319
Percentage of Total Rx	2.29 %	72.20 %	25.20 %	0.31 %
Total Cost of Rx Filled	\$ 11,633,403	\$ 250,098,049	\$ 93,107,482	\$ 47,700,980
Percentage of Total Cost	2.89 %	62.13 %	23.13 %	11.85 %

Prescriptions and Costs based on Drug Cost Share Level:

	Level 1	Level 2	Level 3	Level 4†
Prescriptions (Rx) Filled	3,335,977	755,244	127,784	26,321
Percentage of Total Rx	78.58 %	17.79 %	3.01 %	0.62 %
Total Cost of Rx Filled	\$ 77,851,219	\$ 192,172,555	\$ 34,135,385	\$ 98,380,755
Percentage of Total Cost	19.34 %	47.74 %	8.48 %	24.44 %

† Level 4 includes both Preferred and Non-Preferred Specialty Drugs.