





Navitus Customer Care

Hours:

**24 Hours a Day,
7 Days a Week**

1-866-333-2757 *(toll-free)*
TTY 1-920-225-7005

Mailing Address:
Navitus Health Solutions
P.O. Box 999
Appleton, WI 54912-0999

www.navitus.com



your pharmacy

benefit

Welcome to Navitus Health Solutions, the pharmacy benefit manager for the State of Wisconsin Group Health Insurance Program. 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!

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Pharmacy Benefit Schedule

Benefit Effective Date

January 1, 2010

Benefit Type

Three-Level Pharmacy Benefit

Days Supply Dispensed

Retail Network Pharmacy Up to 30 or 90 Days

Mail Order Up to 90 Days

Benefit Structure

Level	Retail Pharmacy	90-Day at Retail	Mail Order
Level 1*	\$5 copay	\$15 copay	\$10 copay
Level 2*	\$15 copay	\$45 copay	\$30 copay
Level 3	\$35 copay	\$105 copay	\$105 copay
Formulary Glucose Monitors	\$0 copay	\$0 copay	\$0 copay
Disposable Diabetic Supplies (<i>syringes, needles, alcohol swabs, lancets, lancing devices, blood or urine test strips</i>)	20% Coinsurance of total cost	20% Coinsurance of total cost	20% Coinsurance of total cost
Diaphragms and Spacers/Peak Flow Meters	20% Coinsurance of total cost	20% Coinsurance of total cost	20% Coinsurance of total cost

*Applies to Out-of-Pocket Maximum

Annual Out-of-Pocket Maximum

Plan	Individual Max.	Family Max.
HMO or Medicare Plus \$1 Mil.	\$410	\$820
State Participants - State Maintenance Plan (SMP)	\$410	\$820
State Participants - Standard Plan	\$1,000	\$2,000
Local Participants - Standard or State Maintenance Plan	No Out-of-Pocket Maximum	

Annual Out-of-Pocket Maximum

- Once the out-of-pocket maximum is reached, you pay \$0 for Level 1 and Level 2 prescription drugs, insulin and diabetic supplies for the remainder of the year.
- Level 3 copayments do NOT apply toward the out-of-pocket maximum and will continue after the out-of-pocket maximum is reached.

Pharmacy Network

Check the retail pharmacy network directory in this book for a partial list of Participating Pharmacies. Prescriptions may be filled at a non-network pharmacy in **emergency situations**. At a non-network pharmacy, you should pay for the prescription and submit a reimbursement form to Navitus.

Compound Medications

Covered compound medications are available for a Level 3 copayment. Compound drugs that cost more than \$200 require Prior Authorization. Contact Navitus if you are unsure about coverage of your compound medication.

Smoking Cessation Products

Smoking cessation coverage includes products that by law require a written prescription and are prescribed for the purpose of achieving smoking cessation (limited to generic equivalents, nicotine inhaler, spray or patch). These prescriptions must be filled at a Participating Pharmacy. Only one 30-day supply of medication may be obtained at a time and is subject to the prescription drug copayment and annual out-of-pocket maximum. Coverage is limited to a maximum of one three-month course of pharmacotherapy per calendar year.

Generic Equivalents

Cost-effective generic equivalents are dispensed unless the health plan provider specifies that the brand name drug should be used and indicates that no substitutions may be made, in which case the brand name drug will be covered at the copayment specified in the Formulary. A Prior Authorization may be required.

Mail Order Service

This program is **voluntary**. For further information refer to the mail order form in the center of this book.

Generic Copay Waiver Program

This program is **voluntary**. For further information refer to the Frequently Asked Questions.

RxCENTS (Savings Enabled Tablet Splitting)

This program is **voluntary**. For further information refer to the Frequently Asked Questions.

Self-Injectable Medications

Self-injectable medications are injectables that are administered subcutaneously and can be safely administered by the participant and obtained by prescription. In some cases, the PBM may need to limit availability to specific pharmacies. The PBM does not cover self-injectable drugs that are delivered via IM (*intramuscular*), IV (*intravenous*) or IA (*intra-arterial*) injections or any drug administered through infusion. Contact your health plan to determine specific coverage levels of these self-injectable medications.

Additional Coverage Information

- Navitus may limit quantities of medications in certain situations (*for example, due to safety concerns*).
- Single packaged items are limited to 2 items per copayment or up to a 30-day supply; whichever is more appropriate, as determined by Navitus.
- Oral contraceptives are not subject to the 30-day supply and will be dispensed at one copayment per package or a 28-day supply, whichever is less.
- Prescriptions written by dentists are covered as specified in the Formulary.

Exclusions and Limitations

Please refer to the Uniform Benefits section in the *It's Your Choice: Reference Guide* booklet. Some examples of exclusions and limitations include:

- Charges for supplies and medicines with or without a doctor's prescription, unless otherwise specifically covered.
- Charges for prescription drugs which require Prior Authorization unless approved by Navitus.
- Charges for cosmetic drug treatments such as Retin-A, Rogaine, or their medical equivalent.
- Any medications, approved by the FDA, for weight loss (for example appetite suppressants, Xenical, etc.).
- Anorexic agents.
- Non-FDA approved prescriptions, including compounded estrogen, progesterone or testosterone products, except as authorized by Navitus.
- All over-the-counter drug items, except those designated as covered by Navitus.
- Unit dose medication, including bubble pack or pre-packaged medications, except for medications that are unavailable in any other dose or packaging.
- Charges for injectable medications, except for self-administered injectable medications.
- Charges for supplies and medicines purchased from a non-participating pharmacy, except when emergency or urgent care is required.
- Drugs recently approved by the FDA may be excluded, until reviewed and approved by Navitus' Pharmacy and Therapeutics Committee, which determines the therapeutic advantage of the drug and the medically appropriate application.
- Infertility and fertility medications.
- Charges for medications obtained through a discount program or over the Internet, unless Prior Authorization is received by Navitus.
- Charges for spilled, stolen or lost prescription drugs.

Formulary Facts



About Drug Formularies

The formulary is a comprehensive list of preferred drugs selected on the basis of quality and efficacy by a professional 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

The Navitus Pharmacy and Therapeutics (P&T) Committee reviews medications based on their therapeutic value, effectiveness and side effects. The committee then compares the cost to similar medications. Formulary additions, exclusions and other changes are made by the P&T Committee, which meets four times per year. The P&T Committee also reviews formulary drug classes at

least once per year. This frequent review of new and existing drugs ensures the formulary is up-to-date and that your needs are met.

Checking Your Formulary

Your formulary is on the Navitus Web site, www.navitus.com. You may search the formulary for a specific drug, or browse alphabetically or by category of use. The coverage or tier for each drug product is noted on the formulary; however, the dollar amount you pay for each medication is not indicated. Also included is information about which drug products need prior authorization and/or have quantity limits. The formulary is an abbreviated list and does not list every covered medication. See the Pharmacy Benefit Schedule included in this booklet for more information, including the copay amount you pay for each medication.

If you have more questions about the formulary or copayments, please contact Navitus Customer Care toll-free at 866-333-2757.

Changes to Your Formulary

Your formulary is evaluated every three months, and could change more frequently.

Navitus will send you a letter, giving you a 90-day notice of the change, if:

1. You are taking a Level 1 or Level 2 medication that will be moved to Level 3 because of a decision made by the P&T Committee, or
2. Your medication will no longer be covered.

Navitus does not send individual notifications if a brand name drug becomes available as a generic drug. The pharmacist usually communicates this information when you fill your next prescription.

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 list of network pharmacies on our Web site, www.navitus.com.

Handling Concerns at the Pharmacy After Business Hours

If a concern should arise at the pharmacy when Navitus Customer Care is closed, your pharmacist has access to our system in order to process your prescription. If you are still not able to have your question or problem resolved, you can pay for your prescription and call Navitus Customer Care the following day to find out how to be paid back.

If your medication requires pre-approval from Navitus before it can be filled, ask your pharmacist for a four-day supply of medication and call Customer Care on the next business day for help.

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 at a cost of only two copays. 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.

Specialty Pharmacy Program

If you take specialty medications, Navitus SpecialtyRx is available to assist with your unique medication needs. Medications available through this program are denoted with “SP” on the Navitus Formulary.

Navitus SpecialtyRx provides free delivery of specialty medications to your home, prescriber’s office, or another location. Our friendly, skilled support team makes getting medications easy, and helps you avoid running out of your medication. If you take specialty medications you may consult with pharmacists experienced in providing care to patients with complex medical conditions. Contact Navitus SpecialtyRx at 800-218-1488 for more information.

Submitting a Claim

On occasion, 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 also available at www.navitus.com or by calling Navitus Customer Care toll-free at 866-333-2757.

Generics: Making Informed Choices



About Generic Drugs

A generic drug is a drug that is the same as a brand-name drug in dosage, safety, strength, how it is taken, how it works in the body, quality, performance and intended use.

Generic Drugs - A Safe Alternative

The Federal Drug Administration (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 benefits and risks as their brand-name counterparts.

The Availability of Generic Drugs

Brand-name drugs are generally given patent protection for 20 years from the date of submission of the patent. This provides protection for the innovator who laid out the initial costs (including research, development and marketing expenses) to develop the new drug. However, when the patent expires, other drug companies can introduce competitive generic versions, but only after they have been thoroughly tested by the manufacturer and approved by the FDA.

Saving Money with Generic Drugs

Generic drugs are less expensive because generic manufacturers don't have the investment costs of the developer of a new drug. New drugs are developed under patent protection. The patent protects the investment — including research, development, marketing and promotion — by giving the company the sole right to sell the drug while it is in effect. As patents near expiration, manufacturers can apply to the FDA to sell generic versions. Because those manufacturers don't have the same development costs, they can sell their product at substantial discounts and pass the savings on to you. Also, once generic drugs are approved, there is greater competition, which keeps the price down. Today, about half of all prescriptions are filled with generic drugs. Their availability continues to expand.

Why to Choose Generic Drugs

Choosing a generic drug can save you money. By choosing a generic medication, you can save on your prescription drug copay and will receive the same quality and effectiveness of a brand-name drug. Generic drugs help keep costs down for everyone.

Diabetic Supplies

What meters are available?

Meters are available from Accu-Check and Therasense (Abbott)

Meter technology and features are regularly improved so we recommend contacting the meter companies directly to learn about the most up-to-date models available.



Contacting Meter Companies

Accu-Chek Customer Services is available 24 hours a day, 7 days a week. Assistance is available in English, Spanish and many other languages. Call toll-free at 1-888-355-4242 or access their Web site at www.accu-chek.com.

Therasense (Abbott) Customer Service is available 24 hours a day, 7 days a week. Assistance is available in English and Spanish. Call toll-free at 1-888-522-5226 or their Web site at www.therasense.com.

Changing Meters

You can receive a new meter at no cost.

- You may call the toll-free number for either company and they will send you a new meter.
 - **Roche** (*Accu-Chek meters*) 1-888-355-4242
 - **Therasense** (*FreeStyle Meters*) 1-866-224-8887
- You may contact your physician or diabetic educator, who may have the meters to dispense to you.
- You may contact your physician to write a prescription for a meter that can be dispensed by your local pharmacy.

Training for Your New Meter

You may visit your physician, your pharmacy or your diabetic educator to learn how to operate your new meter. A list of recommended diabetic educators is located on the Navitus Web site, www.navitus.com.

The Meters on Your Formulary

The Navitus Pharmacy and Therapeutics Committee reviewed numerous meters to determine which meters provided superior service and accuracy. As a result, the Accu-Chek and Free-Style meters were chosen to be on the Navitus formulary.

Frequently Asked Questions



What 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 the State of Wisconsin.

What is a pharmacy benefit manager (PBM)?

A PBM processes and pays prescription drug claims for its members. It contracts with pharmacies and builds and maintains drug formularies. APBM also negotiates discounts and rebates with drug manufacturers. Navitus is the State's PBM and passes all savings back to the State.

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

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.

How do I know if my medication is covered, and what my copayment is?

The copayment level for each medication is shown on the Navitus Formulary, as well as information about which drugs need prior authorization and/or have quantity limits. The Navitus Formulary also shows which medications are included in the Navitus Clinical programs. The Formulary is available to your physician. It is always good practice for you to keep track of your Formulary so that you are aware of which medications have the lowest copayment.

Please note that these documents do not show the dollar amount you pay for each medication. You should refer to the "Schedule of Benefits" in the Uniform Benefits section of the *It's Your Choice: Reference Guide* booklet for copayment information. For questions about the Navitus Formulary, drug coverage and copayments, please contact Navitus Customer Care toll-free at 866-333-2757.

Do some medications require prior authorization from Navitus?

Yes, some medications do require prior authorization. More information about which medications 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, while medications that require prior authorization for a reduced copayment are marked with “PA*.”

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.



Can I use my health plan card to fill prescriptions at my pharmacy?

No, State of Wisconsin members are not able to use their health plan ID cards to fill prescriptions. Included in this booklet is a separate Navitus ID card to use at the pharmacy. If you need extra cards, please contact Navitus Customer Care toll-free at 866-333-2757.

When can I refill my prescription?

Your Prescriptions can be refilled when approximately two-thirds or 70% of the prescription has been taken.

Which copayments apply to the out-of-pocket maximum?

Level 1 and Level 2 drugs apply to the out-of-pocket maximum, while Level 3 drugs do not. Level 3 drugs do not apply because for most people, Level 1 and Level 2 drugs are as safe and effective as any of the Level 3 drugs—and they cost less. This system provides incentives to members to choose the most cost effective drugs.

What is Coordination of Benefits (COB)? How are my COB claims processed?

Coordination of Benefits takes place when you have coverage under Navitus and another policy. Usually, that policy is your primary coverage, and Navitus is your secondary coverage. Your claims are submitted to your other policy first, and Navitus covers the remaining cost of covered medications up to the allowed amount.

At the pharmacy, prescriptions are paid under your primary insurance. To be reimbursed for your secondary coverage, you must complete a reimbursement form and submit it



to Navitus. Reimbursement forms are included in this member packet. They are also available on the Navitus Web site, www.navitus.com, or by calling Navitus Customer Care toll-free at 866-333-2757.

How are Medicare Part B eligible drugs covered?

Claims for certain drugs/supplies may include test strips, lancets, inhalation drugs and IV drugs requiring a pump. These drugs/supplies need to be submitted to Medicare Part B first for primary coverage. Navitus may cover the remaining cost up to the allowed amount under your policy as secondary coverage. In many instances your pharmacy will be able to submit the secondary claim to Navitus

electronically. However, in cases where this is not possible you may submit a ***Direct Member Reimbursement Form***, accompanied with your Medicare Summary Notice, to be reimbursed by your Navitus secondary coverage. This form is available on the Navitus Web site, www.navitus.com, or by calling Navitus Customer Care toll-free at 866-333-2757.

Does Medicare Part D affect my prescription drug coverage?

If you are a retired state employee:

You are already paying for and receiving comprehensive prescription drug coverage through the state's group health insurance program. Participation in Medicare Part D is voluntary and your current drug coverage, administered through Navitus is considered creditable coverage in comparison to the Medicare prescription drug benefit. If you would like to maintain your current level of prescription drug benefits under state's group health insurance program, it is not necessary to enroll in a Medicare Prescription Drug Plan at this time.

If you retired from a local employer who participated in the Wisconsin Public Employers group health insurance program:

After you become eligible for Medicare Part D prescription drug benefits are no longer provided through Navitus and you must voluntarily enroll in a Medicare Part D Prescription Drug Plan (PDP). A PDP will provide primary coverage for prescription benefits. You will be automatically enrolled for secondary coverage provided by Dean Health Insurance (DHI) through what is called a WRAP product. This provides you with additional benefits that "wrap around" the benefits available from your PDP. Your health insurance premium already includes the WRAP coverage through DHI.

The Department of Employee Trust Funds recommends that you enroll in the Group Insurance Board's preferred PDP, DeanCare Rx, provided by DHI. Your health insurance premium already includes the cost of the DeanCare Rx Medicare Part D coverage through DHI. Navitus will work directly with DHI to ensure that your Medicare Part D benefits are coordinated with your coverage under this plan.

We recommend you refer to the "Frequently Asked Questions" section in your It's Your Choice: Reference Guide booklet for more detailed information.

Will Navitus coordinate my benefits if I use a discount card?

No, most discount cards are designed for people who do not have pharmacy benefits. They are not designed to be coordinated with pharmacy benefits offered through group coverage. Your pharmacy benefits through the State of Wisconsin Group Health Insurance program are comprehensive. It is rare to get a better price using a discount card rather than your pharmacy benefits. However, you may wish to check with your pharmacist about your medications.

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.

Can prescriptions be mailed to me if I'm out of the United States?

Prescriptions cannot legally be mailed from the mail order pharmacy, Prescription Solutions, or any pharmacy in the United States, to locations outside of the country, except for U.S. territories, protectorates and military installations.

What is 90-Day at Retail?

The 90-day at Retail program allows you to receive up to a 90-day supply of maintenance medications at participating retail pharmacies. Maintenance medications are prescriptions taken on a regular, recurring basis. A list of pharmacies participating in the 90-Day at Retail program can be found at www.navitus.com. To receive a 90-day supply a member must have three consecutive, 30-day supply claims processed for that drug in Navitus' claims system. Three copayments are still required.

What is the Generic Copay Waiver program?

The Generic Copay Waiver program lets you try certain lower-cost medications rather than using high-cost, brand-name medications. Your first fill on a sample medication is free. Medications included in the Generic Copay Waiver Program are marked with "GW" in your Formulary.

To try this program, your doctor needs to write a prescription for one of the program medications. If it is your first time filling this prescription, you get the medication at no cost.

How does the RxCENTS (Tablet Splitting) program work?

The Tablet Splitting program saves you money by breaking a higher-strength tablet in half to provide the needed dose. You will receive the same medication and dosage while purchasing fewer tablets and saving on your copayment. Medications included in the program are marked with “¢” in the Navitus Formulary.

There are two ways to get started with the Tablet Splitting program:

1. Call your doctor and ask about the RxCENTS program. He or she can update your prescription with your pharmacy.
2. Ask your pharmacist to help change your prescription to one that can be split through the Navitus Tablet Splitting program.

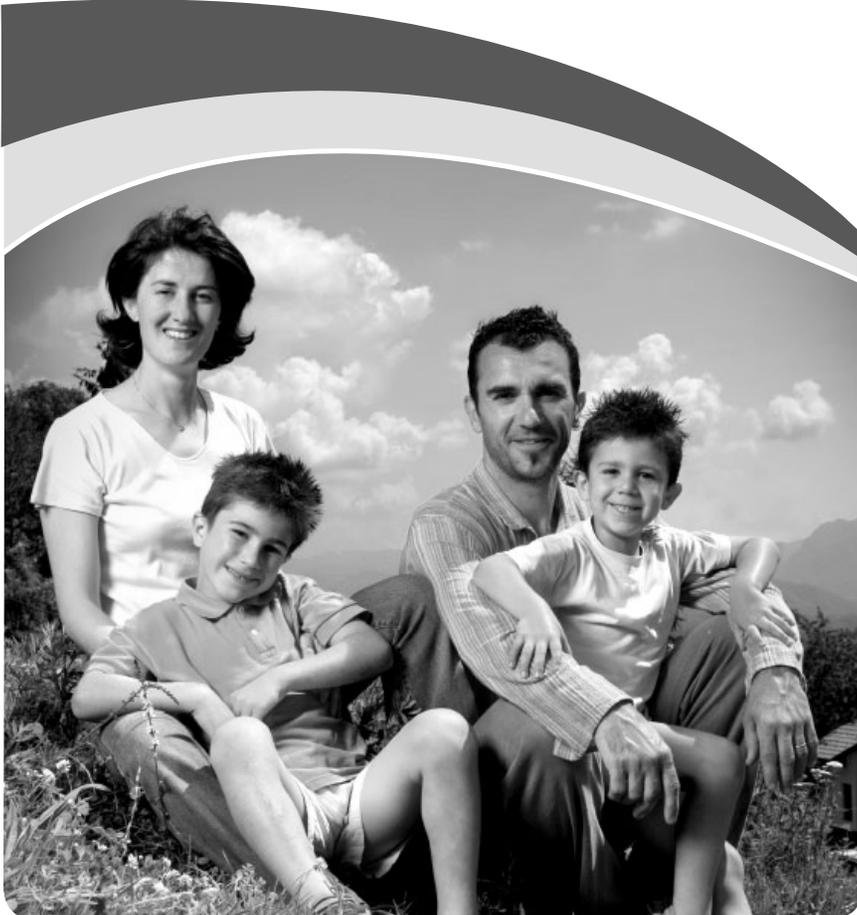
How do I make a complaint or file a grievance?

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 attempt to resolve your concerns quickly.

If your issue or concern is not resolved by calling Customer Care, you have the right to file a written grievance with Navitus. Please send this grievance, along with any related information from your doctor, to:

MAIL	FAX
Navitus Health Solutions Attn: Appeals Department P.O. Box 999, Appleton, WI 54912-0999	Navitus Health Solutions 920-831-1930 Attn: Appeals Department

Once Navitus receives your grievance, you will get a letter within 14 days confirming receipt of your grievance, and informing you of the date and time of the Grievance Committee Meeting. At this meeting, your case will be reviewed. You have the right to participate in this meeting. You may also be entitled to an independent review of your case by medical professionals who have no connection to Navitus if your dispute involves a medical judgment. This review can take place after the Navitus appeal process. For more details on the appeal process, please refer to Section VI. of the Uniform Benefits in the It's Your Choice: Reference Guide booklet.



Common Terms

Copayment/Coinsurance - Refers to that portion of the total prescription cost which is the financial responsibility of the member.

Formulary - A list of drugs that are covered under your benefit plan. The drugs on your formulary are specially chosen for your formulary by an independent group of doctors and pharmacists. These experts evaluate medications based on effectiveness, side-effects, potential for drug interactions, and cost. Drugs which are both clinically sound and cost effective are added to your formulary.

Generic Drugs - Prescription drugs that contain the same active ingredients, same dosage form and strength as their brand-name counterparts.

Out-of-Pocket Maximum - The maximum dollar amount the member is responsible for paying per contract year.

Over-the-Counter Medication - Medication that can be purchased without a prescription.

Prescription Drug - Any drug which may be obtained by prescription only.

Prior Authorization - Obtaining 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.



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 1-866-333-2757 (toll-free) or 920-225-7005 TTY.



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