NAVITUS CUSTOMER CARE

HOURS:
24 Hours a Day | 7 Days a Week

1-866-333-2757 (toll-free)
TTY (toll-free) 711

MAILING ADDRESS:
Navitus Health Solutions
P.O. Box 999 | Appleton, WI 54912-0999

WEBSITE:
www.navitus.com
Welcome to Navitus Health Solutions, the pharmacy benefit manager for Marquette University’s CPHP. 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
Filling Your Prescription  6
Mail Order Service  8
Frequently Asked Questions  10
Common Terms  14
## PHARMACY BENEFIT SCHEDULE

### Benefit Effective Date
January 1, 2019

### Benefit Type
Three Tier Pharmacy Benefit

### Days’ Supply Dispensed

<table>
<thead>
<tr>
<th>Pharmacy Type</th>
<th>Days’ Supply Dispensed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Network Pharmacy</td>
<td>Up to 30 Days</td>
</tr>
<tr>
<td>Retail Extended Network Pharmacy</td>
<td>Up to 90 Days</td>
</tr>
<tr>
<td>Mail Order Pharmacy</td>
<td>Up to 90 Days</td>
</tr>
</tbody>
</table>

### BENEFIT STRUCTURE

#### Your Deductible

<table>
<thead>
<tr>
<th>Deductible Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Deductible</td>
<td>$300</td>
</tr>
<tr>
<td>Employee +1 or Family Deductible</td>
<td>$600</td>
</tr>
</tbody>
</table>

*Medical and Pharmacy expenses subject to the same deductible.

#### Drug Tier Level

<table>
<thead>
<tr>
<th>Tier Level</th>
<th>Your Retail and Mail Order Pharmacy Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>Tier 2</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Tier 3</td>
<td>40% after deductible</td>
</tr>
</tbody>
</table>

#### Your Out-of-Pocket Maximum

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$3,500</td>
</tr>
<tr>
<td>Employee +1 or Family</td>
<td>$7,000</td>
</tr>
</tbody>
</table>

*Medical and Pharmacy expenses subject to the same out-of-pocket maximum.
**90-Day at Retail Program**

This program is part of your pharmacy benefit. It is voluntary. The 90-day at Retail program allows you to receive a 90-day supply of most drugs at participating retail pharmacies.

**Compound Drugs**

Covered compound drugs are available for a Tier 3 coinsurance. Compound drugs that are more than $200 in cost need prior authorization for coverage to apply.

**Diabetic Supplies Coverage**

All preferred diabetic supplies are covered at 100% (excluding insulin products). Preferred insulin products are covered per formulary at Tier 1 (90%) and are not subject to the deductible.

**Fertility Coverage**

Fertility drugs are limited to a $500 family lifetime maximum benefit.

**Mail Order Service**

The mail order service allows you to receive a 90-day supply of maintenance medications from NoviXus Pharmacy Services, our Mail Order partner. This program is part of your pharmacy benefit and is voluntary. Additional information can be found in the Mail Order section of the pharmacy member booklet.

**Penalty for Brand When Generic Available**

Marquette University urges employees to use generic drugs when they are available. If your physician specifies you use a brand name drug, you will pay the appropriate brand coinsurance. If you request the brand name when a generic is available, you will pay the appropriate brand coinsurance plus the difference in cost between the brand and generic. Penalty payments do not count toward your deductible and/or out-of-pocket maximum.

**Smoking Cessation Products**

Marquette University provides benefits for a smoking cessation program. Marquette University will pay 100% of the cost, up to 180 days per calendar year (two quit attempts per person per year), for any smoking cessation product, including prescription products and over-the-counter (OTC) products. Please note that a prescription from your physician is needed for OTC smoking cessation products to be covered under the smoking cessation program.
Specialty Pharmacy
Navitus SpecialtyRx works with our specialty partner, *Lumicera Health Services*, to help 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. Additional information can be found in the Frequently Asked Questions section of the pharmacy member booklet.

Exclusions (Please Refer to the Health Plan SPD For More Details)
- Non-Federal Legend Drugs
- Emergency Contraceptives
- Medical office administered Injectable medications
- Drugs used to treat impotency (except Yohimbine)
- Dental fluoride products
- Glucowatch
- Mifeprex
- Drugs whose sole purpose is to promote or stimulate hair growth (i.e., Rogaine®, Propecia®) or for cosmetic purposes only (i.e., Renova®, Vaniqa®, Tri-Luma®, Botox-Cosmetic®, Solage®, Avage®, Epiquin®)
- Biologicals, Immunization agents or Vaccines
- Blood or blood plasma products
- Drugs labeled “Caution-limited by Federal law to investigational use,” or experimental drugs, even though a charge is made to the individual
- Medication for which the cost is recoverable under any Workers’ Compensation or Occupational Disease Law or any State or Governmental Agency, or medication furnished by any other Drug or Medical Service for which no charge is made to the member
- Medication that is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, skilled nursing facility, convalescent hospital, nursing home or similar institution that operates on its premises-or allows to be operated on its premises-a facility for dispensing pharmaceuticals
- Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician’s original order
• Charges for the administration or injection of any drug
• Any prescription dispensed prior to the covered person’s effective date or after the termination date of coverage
• Durable Medical Equipment, including but not limited to Peak Flow Meters and ostomy supplies
• Depigmentation products used for skin conditions requiring bleaching agent
• Therapeutic devices or appliances, including support garments, and other non-medicinal substances, except those listed in your Summary Plan Document
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.

Navi-Gate® for Members Portal
There is a pharmacy search tool on the Navi-Gate for Members portal at www.navitus.com>Members>Member login or by calling Customer Care toll-free at 1-866-333-2757. Information on how to access the member website can be found in the Frequently Asked Questions section of this booklet.

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 coinsurance before going to the pharmacy, call Customer Care toll-free at 1-866-333-2757. You can also use the Cost Compare Tool on the Navi-Gate for Members portal at www.navitus.com>Members>Member login.
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 on the Navi-Gate for Members portal at www.navitus.com>Members>Member login or by calling Customer Care toll-free at 1-866-333-2757.
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 enrollment process online at [www.novixus.com](http://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-preserve: [www.novixus.com](http://www.novixus.com)
- 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 payment by phone at 1-888-240-2211 or by mail. NoviXus accepts checks, major credit cards, and/or FSA and HSA debit 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. Novixus will not automatically refill your prescriptions.

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

What is a Pharmacy Benefit Manager?
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 do I contact with questions about my pharmacy benefit (such as formulary, claims, participating pharmacies, etc.)?
Your formulary, pharmacy search tool, Cost Compare Tool and other information about your pharmacy benefit can be found on the Navi-Gate for Members portal at www.navitus.com>Members>Member login. You can also call Navitus Customer Care toll-free at 1-866-333-2757 with questions about your pharmacy benefit. Navitus Customer Care is available 24 hours a day, 7 days a week.
How do I find out about my benefit online?
Your health comes first, and the Navi-Gate for Members portal can help you with your pharmacy benefit questions and more. The Navi-Gate for Members portal provides you with online access to a wealth of information to help you better understand your prescription drug benefits, add convenience to your life and help identify cost-saving options. Whether it is helping you find a local pharmacy or reviewing your medication profile, the Navi-Gate for Members portal will provide you with the information to take control of your personal health. You can sign up for the Navi-Gate for Members portal by visiting www.navitus.com>Members>Member Login.

Where can I find my formulary?
The list of drugs covered by your benefit is available on the Navi-Gate for Members portal at www.navitus.com>Members>Member Login.

Will my dependent’s information be available on my Navi-Gate for members portal?
Only dependents under the age of 12 will be available on the cardholder’s Navi-Gate for Members portal. All dependents 12 years and older will need to register separately to access their information on the Navi-Gate for Members portal.

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

Can prescriptions be mailed to me if I’m outside of the United States?
Prescriptions cannot legally be mailed from the mail order pharmacy or any pharmacy in the United States to locations outside of the country, except for U.S. territories, protectorates and military installations.
How do I register with the Mail Order pharmacy?
Navitus partners with NoviXus Pharmacy Services. NoviXus offers mail order services. Drugs available through mail order include those covered as part of your formulary. 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. Complete the mail order enrollment process online at www.novixus.com. You can also contact NoviXus by phone for assistance. They can be reached toll-free at 1-888-240-2211. You will need to provide your original prescription. You can also have your health care provider send your prescription to NoviXus. Please allow 10 to 14 calendar days from the day you submit your order to receive your medicine(s).

How do I use the Navitus SpecialtyRx program?
Navitus SpecialtyRx works with our specialty partner, Luminera Health Services, 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. Local courier service is available for emergency, same day medication needs. To start using Navitus SpecialtyRx, please call toll-free 1-855-847-3553. Luminera 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 1-866-333-2757. 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
   P.O. Box 999
   Appleton, WI 54912-0999

**FAX** Navitus Health Solutions
   1-855-673-6507
   Attn: Appeals Department
**COMMON TERMS**

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Brand Drug</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>The amount a member must pay before coinsurance applies and the plan begins to pay.</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Refers to that portion of the total prescription cost, calculated as a percent, that the member must pay once the deductible is satisfied.</td>
</tr>
<tr>
<td><strong>Out-of-Pocket</strong></td>
<td>The maximum dollar amount the member can pay per calendar year.</td>
</tr>
<tr>
<td><strong>Formulary</strong></td>
<td>A list of drugs that are covered under your benefit plan. The drugs on your formulary are chosen 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.</td>
</tr>
<tr>
<td><strong>Generic Drugs</strong></td>
<td>Prescription drugs that have the same active ingredients, same dosage form and strength as their brand-name counterparts.</td>
</tr>
<tr>
<td><strong>Over-the-Counter Medication</strong></td>
<td>A drug you can buy without a prescription.</td>
</tr>
<tr>
<td><strong>Prescription Drug</strong></td>
<td>Any drug you may get by prescription only.</td>
</tr>
<tr>
<td><strong>Prior Authorization</strong></td>
<td>Advanced approval from Navitus for coverage of a prescription drug.</td>
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</tbody>
</table>
**Specialty Drug**
Drugs used as part of the treatment for many chronic illnesses and complex diseases that commonly have special handling requirements. Patients taking these drugs typically benefit from personalized coordination between the member, the prescriber and the pharmacy.

**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 1-866-333-2757 (toll-free) or 711 (TTY).