

Schedule of Prescription Drug Benefits - EPO Plan

The Prescription Drug Benefits are separate from the Medical Benefits and are administered by Navitus Health Solutions. Refer to the [Prescription Drug Benefits](#) section for details on the Prescription Drug Benefits.

	NETWORK PHARMACY	NON-NETWORK PHARMACY
Prescription drug out-of-pocket limit, per benefit year		
<i>Per plan participant</i>	\$4,100	
<i>Per family unit</i>	\$8,200	
<i>Prescription drug covered charges are payable at the rate shown each benefit year until the prescription drug out-of-pocket limit shown (above) is reached. Then, prescription drug covered charges, incurred by the plan participant, will be payable at 100% for the rest of the benefit year.</i>		
Retail Pharmacy Option (30-Day Supply)		
Tier 1: Formulary Generics and Certain Low Cost Brand Name Drugs	\$15 <i>co-payment</i>	<i>If you purchase your prescription drugs from a non-network pharmacy, you will have to pay the full price of the prescription minus the network price of the prescription.</i>
Tier 2: Formulary Brand Name Drugs and Certain Higher Cost Generic Drugs	\$35 <i>co-payment</i>	
Tier 3: Non-Formulary Drugs and Compound Medications	\$55 <i>co-payment</i>	
Specialty Drugs: Only available through the Navitus SpecialtyRx Program Pharmacy.	20% up to a maximum of \$300 <i>(deductible waived)</i>	Not Applicable
Mail Order Pharmacy Option (90-Day Supply)		
Tier 1: Formulary Generics and Certain Low Cost Brand Name Drugs	\$30 <i>co-payment</i>	Not Applicable
Tier 2: Formulary Brand Name Drugs and Certain Higher Cost Generic Drugs	\$80 <i>co-payment</i>	
Tier 3: Non-Formulary Drugs and Compound Medications	\$130 <i>co-payment</i>	
Certain preventive care prescription drugs (including contraceptives) received by a network pharmacy are covered at 100% and the deductible/co-payment/co-insurance (if applicable) is waived. Please refer to the following websites for information on the types of payable preventive care drugs: https://www.healthcare.gov/coverage/preventive-care-benefits/ or http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations .		

Present your ID card to the *pharmacy* for *claim* processing. In certain cases, 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 and the reason you are requesting reimbursement. Complete the appropriate *claim* form and mail it, with the receipt, to:

Navitus Health Solutions
 Attn: Manual Claims
 PO Box 999
 Appleton, WI 54912-0999

*Some pharmacies, **including CVS**, are excluded from coverage under the network. Members who utilize excluded pharmacies will be responsible for the full cost of the medication.

Note: For a complete list of covered drugs and supplies, and applicable limitations and exclusions, please refer to the Navitus Health Solutions Drug Coverage List, which is incorporated by reference and is available by calling Navitus at 1-866-333-2757 or by visiting their website at www.navitus.com.