

Share a Clear View



University of Detroit Mercy
Base Plan

PHARMACY BENEFIT

Printed on:



Share a Clear View



NAVITUS CUSTOMER CARE

HOURS:

24 Hours a Day | 7 Days a Week

855-673-6504 (toll-free)

TTY (toll-free) 711

MAILING ADDRESS:

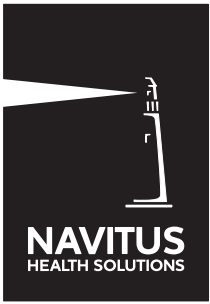
Navitus Health Solutions

P.O. Box 999 | Appleton, WI 54912-0999

WEBSITE:

www.navitus.com





YOUR PHARMACY BENEFIT

Welcome to Navitus Health Solutions, the pharmacy benefit manager for University of Detroit Mercy. We are 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

July 1, 2018

BENEFIT TYPE

3-Tier Pharmacy Benefit

DAYS SUPPLY DISPENSED

Participating Pharmacy	Up to 30 or 90 Days
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Mail Order	Up to 30 or 90 Days
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BENEFIT STRUCTURE

Tier Level	Retail 30 Day Pharmacy	Retail 90 Day Pharmacy	90 Day Mail Order	Applies to Out-of- Pocket Maximum
Tier 1	\$15 copay	\$30 copay	\$30 copay	YES
Tier 2	\$40 copay	\$80 copay	\$80 copay	YES
Tier 3	\$80 copay	\$160 copay	\$160 copay	YES
Specialty	20% Coinsurance Up to \$400 Max			YES

ANNUAL OUT-OF-POCKET MAXIMUM

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

You must pay applicable copay plus 20% of the cost of prescriptions filled at pharmacies that are not in the network.

COMPOUND DRUGS

Covered compound drugs are available for a Contracted Rate Minus Member Copay.

RXCENTS (TABLET SPLITTING)

This program is part of your pharmacy benefit and is **voluntary**. This program allows members to pay only one-half of their usual copay for certain drugs. More information can be found in your member booklet.

ADDITIONAL COVERAGE INFORMATION

Impotence agents, such as Viagra and Cialis, are covered with a quantity limit of 8 tablets per 30 days supply.

University of Detroit Mercy urges employees to use generic drugs when they are available. If you request the brand name when a generic is available, you will pay the appropriate brand copay plus the difference in cost between the brand and generic.

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. If you get a prescription filled on a regular, recurring basis, talk your doctor about writing a prescription for a 90 day supply.

GENERIC EQUIVALENTS

Cost-effective generic equivalents are dispensed unless the health plan provider specifies the brand name drug should be used. The provider must also require that no substitutions may be made. If both of these conditions are met, the brand name drug will be covered at the copay specified in the Formulary.

PENALTY FOR BRAND WHEN GENERIC AVAILABLE

University of Detroit Mercy urges employees to use generic drugs when a generic is available. If your physician specifies that you use a brand name drug, you will pay the appropriate coinsurance. If you request the brand name 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.

SELF-INJECTABLE MEDICATIONS

Self-injectable drugs are given subcutaneously. They can be safely administered by the participant and obtained by prescription. This does not include drugs given via IM (intramuscular), IV (intravenous) or IA (intra-arterial) injections. This also does not include any infused drug. In some cases, the PBM may need to limit availability to certain pharmacies.

SMOKING CESSATION PRODUCTS

Smoking cessation coverage includes products that by law require a written prescription and are prescribed in order to achieve smoking cessation. These are limited to generic equivalents, nicotine inhalers, the spray or the patch. They require a prescription from a physician and must be filled at a Participating Pharmacy. Only one 90-day supply of a drug may be obtained at a time. It is subject to the prescription drug copay and annual out-of-pocket maximum. Coverage is limited to a maximum of two three-month courses per calendar year.

MAIL ORDER SERVICE

The Mail Order Services allows you to receive a 90-day supply of maintenance medications. This program is part of your pharmacy benefit and is **voluntary**.

SPECIALTY PHARMACY

Navitus SpecialtyRx 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**.

RXCENTS (SAVINGS ENABLED TABLET SPLITTING)

Through this program, members may pay only one-half of their usual copay on certain prescription drugs. This program is part of your pharmacy benefit and is **voluntary**.

EXCLUSIONS

- All over-the-counter drugs, unless designated as covered by the Pharmacy Benefit Manager (PBM).
- Any product dispensed for the purpose of appetite suppression and other weight loss products. (Any FDA approved

prescriptions for weight loss and/or appetite suppression.)

- Coverage for Prescription Drug Products for any amount dispensed that exceeds maximum day supply or quantity limit.
 - Drugs that are prescribed, dispensed or intended for use while you are an inpatient in a Hospital, Skilled Nursing Facility, or Alternate Facility.
 - Durable Medical Equipment, prescribed or non-prescribed outpatient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered.
 - Experimental, Investigational or Unproven Services and medications; drugs used for experimental indications and/or dosage regimens.
 - General vitamins, except the following, which require a Prescription Order or Refill: prenatal vitamins, vitamins with fluoride, and single entity vitamins.
 - Prescription Drug Products for any condition, Injury, Sickness or mental illness arising out of, or in the course of, employment for which benefits are available under any workers' compensation law or other similar laws, whether or not a claim for such benefits is made or payment or benefits are received.
 - Prescription Drug Products furnished by the local, state or federal government.s and allergy serum). These drugs must typically be administered or supervised by a qualified provider or licensed/certified health professional in an outpatient setting.
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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 your member portal. You can find information on how to access your member portal in the Frequently Asked Questions section of this booklet. 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 Customer Care.

MAIL ORDER



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. 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 Navitus?

Navitus Health Solutions is your Pharmacy Benefits 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 will lower drug costs and promote good member health.

What is a Pharmacy Benefit Manager?

Who do I contact with questions about my pharmacy benefit (such as preferred drug list, claims, participating pharmacies, etc.)?

Your preferred drug list, list of participating pharmacies and other information about your pharmacy benefit can be found on www.navitus.com > Members > Member Login. You can also call Navitus Customer Care toll-free at 855-673-6504 with questions about your pharmacy benefit.

How do I find information about my benefit online?

Your health comes first, and Navi-Gate can help you with your pharmacy benefit questions and more. Navi-Gate for Members 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, Navi-Gate will provide you with the information to take control of your personal health. You can sign up for Navi-Gate for Members 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 our website at www.navitus.com > Members > Member Login.

When can I refill my prescription?

Your prescription can be refilled at a retail pharmacy when approximately three-quarters or 75% of the prescription has been taken.

How much will I pay at the pharmacy?

You can use the pharmacy benefit information in this booklet to find out how much you will pay for different medications at the pharmacy. If you have questions about how to get this information, please contact Navitus Customer Care toll-free at 855-673-6504.

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 855-673-6504.

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 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 use the Navitus SpecialtyRx program?

You Lumicera 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 Lumicera, delivery of your specialty medications is free, and right to your door or prescriber's office via FedEx. Local courier service is available for emergency, same day medication needs. To start using Lumicera please call toll-free 855-847-3553. We 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 855-673-6504 . Our Customer Care Specialists will answer your questions and resolve your concerns quickly.

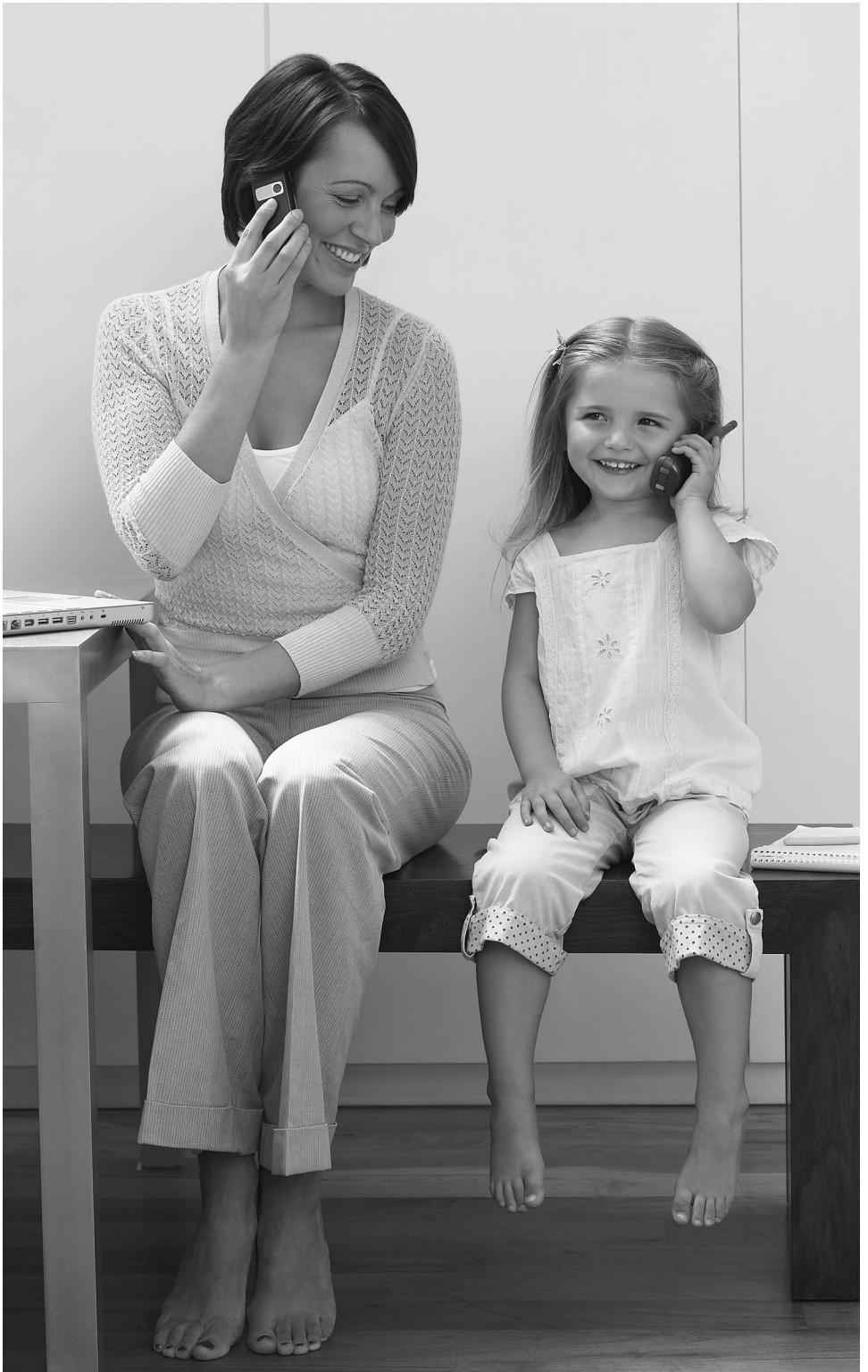
If your issue or concern is not resolved by calling Customer Care, you have the right to file a written appeal with Navitus. Please send this appeal, along with related information from your doctor, to:

MAIL

Navitus Health Solutions
Attn: Appeals Department
P.O. Box 999
Appleton, WI 54912-0999

FAX

Navitus Health Solutions
855-673-6507
Attn: Appeals Department



COMMON TERMS

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.
Out-of-Pocket Maximum	The maximum dollar amount the member can pay per contract year.
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.

Share a Clear View



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 855-673-6504 (toll-free) or 711 (TTY).

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